

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> a single-employer plan         <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div> </div> |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div>                                                                                                                                                                                     |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>                                                                                                                                                                                                |

|                |                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                           |           |                                                        |           |                                                   |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|-----------|--------------------------------------------------------|-----------|---------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                             |           |                                                           |           |                                                        |           |                                                   |
| <b>1a</b>      | Name of plan<br><u>PLACER COMMUNITY ACTION COUNCIL, INC. 403B PLAN</u>                                                                                                                                                                                                                                                                                                                     |           |                                                           |           |                                                        |           |                                                   |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1b</b></td> <td>Three-digit plan number (PN) ▶ <u>002</u></td> </tr> <tr> <td><b>1c</b></td> <td>Effective date of plan<br/><u>01/01/1992</u></td> </tr> </table>                                                                                                                       | <b>1b</b> | Three-digit plan number (PN) ▶ <u>002</u>                 | <b>1c</b> | Effective date of plan<br><u>01/01/1992</u>            |           |                                                   |
| <b>1b</b>      | Three-digit plan number (PN) ▶ <u>002</u>                                                                                                                                                                                                                                                                                                                                                  |           |                                                           |           |                                                        |           |                                                   |
| <b>1c</b>      | Effective date of plan<br><u>01/01/1992</u>                                                                                                                                                                                                                                                                                                                                                |           |                                                           |           |                                                        |           |                                                   |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>PLACER COMMUNITY ACTION COUNCIL, INC.</u><br><br><u>1166 HIGH STREET</u><br><u>AUBURN, CA 95603-5110</u>                         |           |                                                           |           |                                                        |           |                                                   |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>2b</b></td> <td>Employer Identification Number (EIN)<br/><u>94-1647240</u></td> </tr> <tr> <td><b>2c</b></td> <td>Plan Sponsor's telephone number<br/><u>530-885-0432</u></td> </tr> <tr> <td><b>2d</b></td> <td>Business code (see instructions)<br/><u>813000</u></td> </tr> </table> | <b>2b</b> | Employer Identification Number (EIN)<br><u>94-1647240</u> | <b>2c</b> | Plan Sponsor's telephone number<br><u>530-885-0432</u> | <b>2d</b> | Business code (see instructions)<br><u>813000</u> |
| <b>2b</b>      | Employer Identification Number (EIN)<br><u>94-1647240</u>                                                                                                                                                                                                                                                                                                                                  |           |                                                           |           |                                                        |           |                                                   |
| <b>2c</b>      | Plan Sponsor's telephone number<br><u>530-885-0432</u>                                                                                                                                                                                                                                                                                                                                     |           |                                                           |           |                                                        |           |                                                   |
| <b>2d</b>      | Business code (see instructions)<br><u>813000</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/16/2018 | NANCY MYERS                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>PLACER COMMUNITY ACTION COUNCIL, INC.<br><br>1166 HIGH STREET<br>AUBURN, CA 95603-5110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>3b</b> Administrator's EIN<br>94-1647240<br><br><b>3c</b> Administrator's telephone number<br>530-885-0432                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>5</b> 178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 112<br><b>6a(2)</b> 109<br><b>6b</b> 6<br><b>6c</b> 81<br><b>6d</b> 196<br><b>6e</b> 0<br><b>6f</b> 196<br><b>6g</b> 92<br><b>6h</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2L 2M<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>2</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                        |                                                             |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017             |                                                             |
| <b>A</b> Name of plan<br>PLACER COMMUNITY ACTION COUNCIL, INC. 403B PLAN                               | <b>B</b> Three-digit plan number (PN) ▶ 002                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PLACER COMMUNITY ACTION COUNCIL, INC. | <b>D</b> Employer Identification Number (EIN)<br>94-1647240 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                 |
|---------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>AMERICAN UNITED LIFE INSURANCE CCOMPANY |
|---------------------------------------------------------------------------------|

| (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     |
| 34-0145825 | 60895         | G76004                                | 121                                                                         | 01/01/2017              | 12/31/2017 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                     |                                           |
|-----------------------------------------------------|-------------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br>9543 | <b>(b)</b> Total amount of fees paid<br>0 |
|-----------------------------------------------------|-------------------------------------------|

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>WS CALIFORNIA INSURANCE SERVIC<br>401 SOUTH TYRON 11TH FL<br>CHARLOTTE, NC 28288 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 7406                                          | 0 NA                            |             | 3                     |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

|                                                                        |
|------------------------------------------------------------------------|
| NIAGARA INTL CAPITAL LTD<br>16935 W BERNARDO DR<br>SAN DIEGO, CA 92127 |
|------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 2137                                          | 0 NA                            |             | 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 |                       |
|                                               |                                 |             |                       |

**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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 157076  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 2019893 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ANNUITY CONTRACT**

|                                                        |           |        |
|--------------------------------------------------------|-----------|--------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 163338 |
|--------------------------------------------------------|-----------|--------|

|                                                                       |              |       |
|-----------------------------------------------------------------------|--------------|-------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 10259 |
|                                                                       | <b>7c(2)</b> | 0     |
|                                                                       | <b>7c(3)</b> | 1094  |
|                                                                       | <b>7c(4)</b> | 10358 |
|                                                                       | <b>7c(5)</b> | 0     |

|                           |              |       |
|---------------------------|--------------|-------|
| (6) Total additions ..... | <b>7c(6)</b> | 21711 |
|---------------------------|--------------|-------|

|                                                                                       |           |        |
|---------------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 185049 |
|---------------------------------------------------------------------------------------|-----------|--------|

**e** Deductions:

|                                                                                 |              |       |
|---------------------------------------------------------------------------------|--------------|-------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 26225 |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 177   |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 894   |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 677   |

▶ **LOAN ISSUED**

|                            |              |       |
|----------------------------|--------------|-------|
| (5) Total deductions ..... | <b>7e(5)</b> | 27973 |
|----------------------------|--------------|-------|

|                                                                                                         |           |        |
|---------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 157076 |
|---------------------------------------------------------------------------------------------------------|-----------|--------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                        |                                                             |     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017             |                                                             |     |
| <b>A</b> Name of plan<br>PLACER COMMUNITY ACTION COUNCIL, INC. 403B PLAN                               | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                                        |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PLACER COMMUNITY ACTION COUNCIL, INC. | <b>D</b> Employer Identification Number (EIN)<br>94-1647240 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                              |
|------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>AXA EQUITABLE LIFE INSURANCE COMPANY |
|------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-5570651 | 62944         | 748803                                | 108                                                                         | 01/01/2017              | 12/31/2017 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|                                             |                                      |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> 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 |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> 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.

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 847477 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 424399 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ **GUARANTEED INTEREST OPTION**

|                                                        |           |        |
|--------------------------------------------------------|-----------|--------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 821032 |
|--------------------------------------------------------|-----------|--------|

|                                                                       |              |       |  |
|-----------------------------------------------------------------------|--------------|-------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 37489 |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> | 24050 |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 0     |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> | 0     |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 11464 |  |

▶ **LOAN REPAYMENTS**

|                           |              |       |
|---------------------------|--------------|-------|
| (6) Total additions ..... | <b>7c(6)</b> | 73003 |
|---------------------------|--------------|-------|

|                                                                                       |           |        |
|---------------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 894035 |
|---------------------------------------------------------------------------------------|-----------|--------|

**e** Deductions:

|                                                                                 |              |       |  |
|---------------------------------------------------------------------------------|--------------|-------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 44844 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 928   |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 0     |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 786   |  |

▶ **LOAN SERVICE FEES**

|                            |              |       |
|----------------------------|--------------|-------|
| (5) Total deductions ..... | <b>7e(5)</b> | 46558 |
|----------------------------|--------------|-------|

|                                                                                                         |           |        |
|---------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 847477 |
|---------------------------------------------------------------------------------------------------------|-----------|--------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

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

|                                                                                                        |                                                             |     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017             |                                                             |     |
| <b>A</b> Name of plan<br>PLACER COMMUNITY ACTION COUNCIL, INC. 403B PLAN                               | <b>B</b> Three-digit plan number (PN) ►                     | 002 |
|                                                                                                        |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PLACER COMMUNITY ACTION COUNCIL, INC. | <b>D</b> Employer Identification Number (EIN)<br>94-1647240 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br>AMERICAN UNITED LIFE INSURANCE CO<br><br>35-0145825 |
|                                                                                                                                                                          |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

---

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

---

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

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

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

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

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

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

---

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

---

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

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

| <b>(b)</b><br>Service Code(s)          | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 50 64 37<br>38 52 59 60<br>63 66 67 | NONE                                                                                                     | 4093                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 17401                                                                                                                                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

AXA EQUITABLE LIFE INSURANCE CO.

13-5570651

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 25 28 37 59<br>60 62 63 67    | RECORD KEEPER                                                                                            | 786                                                                           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 8540                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| AMERICAN UNITED LIFE INSURANCE CO                                   | 66 67                                                                                                                                                              | 17401                                     |
| (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. |                                           |
| AMERICAN UNITED LIFE INSURANCE CO<br><br>35-0145825                 | ASSET CHARGE                                                                                                                                                       |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2017</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

|                                                                                                                      |                                                                            |            |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>PLACER COMMUNITY ACTION COUNCIL, INC. 403B PLAN</u>                                      | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>PLACER COMMUNITY ACTION COUNCIL, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>94-1647240</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) |                                                                                                   |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: POOLED SEPARATE ACCOUNT 48

**b** Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

|                                       |                               |                                                                                                                                                 |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>13-5570651-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>0</u></span> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT II

**b** Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO

|                                       |                               |                                                                                                                                                       |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>35-0145825-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>2019893</u></span> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**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)**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)**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)**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)**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)**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)**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)**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)**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)**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)

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>PLACER COMMUNITY ACTION COUNCIL, INC. 403B PLAN</u>                                                                                                                                                                                          | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>002</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PLACER COMMUNITY ACTION COUNCIL, INC.</u>                                                                                                                                                            | <b>D</b> Employer Identification Number (EIN)<br><u>94-1647240</u>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 0                     | 1874            |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    | 104911                | 88680           |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   | 2112923               | 2444292         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 0                     | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 984370                | 1004553         |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 3202204               | 3539399         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 3202204 | 3539399 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 87516      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 238411     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 37489      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 363416    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 5394       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 5394      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 322280    |
| c Other income .....                                                                           | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 691090    |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 347903 |        |
| (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) |        | 347903 |
| f Corrective distributions (see instructions) .....                                 | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        |        |
| h Interest expense.....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 5992   |        |
| (2) Contract administrator fees .....                                               | 2i(2) |        |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) |        |        |
| (4) Other .....                                                                     | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 5992   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 353895 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 337195 |
| 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: JOHN WADDELL & COMPANY

(2) EIN: 94-2329070

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 350000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |        |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |        |

**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.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

|                                                                                                               |                                                                    |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>PLACER COMMUNITY ACTION COUNCIL, INC. 403B PLAN</u>                               | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PLACER COMMUNITY ACTION COUNCIL, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>94-1647240</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                                      |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                                               | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>35-0145825</u> <u>13-5570651</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                                              |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                     | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

# PLACER COMMUNITY ACTION COUNCIL, INC. 403(B) PLAN

EIN #94-1647240

Plan #002

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October 15, 2018

## **INDEPENDENT AUDITOR'S REPORT**

To the Plan Administrator  
Placer Community Action Council, Inc. 403(b) Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Placer Community Action Council, Inc. 403(b) Plan, which comprise the Statements of Net Assets Available for Benefits as of December 31, 2017 and 2016, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2017, 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.

### **Auditor's Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (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 5, which was certified by the AXA Equitable Life Insurance Company (AXA) and American United Life Insurance Company (AUL), the custodians of the Plan, except for comparing

To the Plan Administrator  
Placer Community Action Council, Inc. 403(b) Plan  
October 15, 2018



Page 2

the information with the related information included in the financial statements. We have been informed by the plan administrator that AXA and AUL hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from AXA and AUL as of December 31, 2017 and 2016, and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the custodians is complete and accurate.

### **Disclaimer of Opinion**

Because of the significance of the matters 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 – Supplemental Schedule**

The supplemental Schedule of Assets (Held at End of Year) as of and for the year ended December 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by AXA and AUL, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*John Waddell & Co., CPAs*

**PLACER COMMUNITY ACTION COUNCIL, INC. 403(B) PLAN**

**Statements of Net Assets Available for Benefits  
December 31, 2017 and 2016**

|                                          | <u>2017</u>                | <u>2016</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>ASSETS</b>                            |                            |                            |
| Investments                              |                            |                            |
| Investments at fair value                |                            |                            |
| Annuity contract investment accounts     | \$ 2,444,292               | \$ 2,112,923               |
| Guaranteed investment contract           | <u>847,477</u>             | <u>821,032</u>             |
|                                          | 3,291,769                  | 2,933,955                  |
| Investments at contract value            |                            |                            |
| Guaranteed investment contract           | <u>157,076</u>             | <u>163,338</u>             |
|                                          |                            |                            |
| Total Investments                        | 3,448,845                  | 3,097,293                  |
| Receivables                              |                            |                            |
| Employer contributions                   | 1,874                      | -                          |
| Notes receivable from participants       | <u>88,679</u>              | <u>104,911</u>             |
|                                          |                            |                            |
| Total Assets                             | <u>3,539,398</u>           | <u>3,202,204</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 3,539,398</u></u> | <u><u>\$ 3,202,204</u></u> |

See accompanying notes to financial statements.

**PLACER COMMUNITY ACTION COUNCIL, INC. 403(B) PLAN**

**Statement of Changes in Net Assets Available for Benefits  
For the Year Ended December 31, 2017**

Additions

Investment Income:

|                                               |                |
|-----------------------------------------------|----------------|
| Interest                                      | \$ 24,050      |
| Net appreciation in fair value of investments | <u>299,002</u> |
| Total Investment Income                       | <u>323,052</u> |

|                                  |              |
|----------------------------------|--------------|
| Participant loan interest income | <u>5,393</u> |
|----------------------------------|--------------|

Contributions:

|             |                |
|-------------|----------------|
| Employer    | 87,516         |
| Rollovers   | 24,477         |
| Participant | <u>238,411</u> |

|                     |                |
|---------------------|----------------|
| Total Contributions | <u>350,404</u> |
|---------------------|----------------|

|                 |                |
|-----------------|----------------|
| Total Additions | <u>678,849</u> |
|-----------------|----------------|

Deductions

|                               |              |
|-------------------------------|--------------|
| Distributions to participants | 334,891      |
| Administrative expenses       | <u>6,764</u> |

|                  |                |
|------------------|----------------|
| Total Deductions | <u>341,655</u> |
|------------------|----------------|

|              |         |
|--------------|---------|
| Net Increase | 337,194 |
|--------------|---------|

Net Assets Available for Benefits

|                   |                  |
|-------------------|------------------|
| Beginning of year | <u>3,202,204</u> |
|-------------------|------------------|

|             |                            |
|-------------|----------------------------|
| End of Year | <u><u>\$ 3,539,398</u></u> |
|-------------|----------------------------|

See accompanying notes to financial statements.

# **Placer Community Action Council, Inc. 403(b) Plan**

## **Notes to Financial Statements December 31, 2017**

### **NOTE 1 DESCRIPTION OF PLAN**

The following description of the Placer Community Action Council, Inc. 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

#### **General**

The Plan was established effective January 1, 1992. The Plan was amended and restated effective November 1, 2012. All employees who work more than 20 hours per week with are eligible to participate in the Plan, in accordance with the universal availability standards. Employees must have three months of service to be eligible for employer contributions.

The Plan is a defined contribution 403(b) plan subject to the provisions of the Employee Retirement Income Security Act (ERISA) and is administered by the employer.

#### **Vesting**

Contributions are immediately 100% vested.

#### **Contributions**

Participants may contribute up to the limits permitted by the Internal Revenue Code, including "catch up" contributions for participants attaining age 50. The Plan also allows Roth elective deferrals. Participants may also contribute amounts representing distributions from other qualified plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The employer may make discretionary non-elective contributions. The employer made a 2.5% of salary non-elective contribution during the years ended December 31, 2017 and 2016. Employer contributions are funded each pay period.

#### **Participant Accounts**

Each participant's account is credited with the participant's contributions, the employer's contributions, plan earnings, and administrative expenses. Allocations are based on account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### **Plan Benefits**

Participants may receive all or a portion of their account balance upon termination of employment. Depending upon the event, the withdrawal may be subject to early withdrawal penalties imposed by the Internal Revenue Code and the California Revenue and Taxation Code. Payments will be made in the form of a lump sum amount, except in the case of required minimum distributions which are made in installments, or other types of distribution options depending on the investment product selected. In-service distributions are permitted for those attaining age 59 1/2 and in the case of hardship.

# **Placer Community Action Council, Inc. 403(b) Plan**

## **Notes to Financial Statements December 31, 2017**

### **NOTE 1 DESCRIPTION OF PLAN – CONTINUED**

#### **Notes Receivable from Participants**

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of 50% of their account balance. No loans greater than \$50,000 are permitted. The loans are secured by the balance in the Participant's account and bear interest at locally prevailing rates. Principal and interest are paid ratably through payroll deductions.

#### **Plan Termination**

Although it has not expressed any intent to do so, the employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

### **NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### **Basis of Accounting**

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

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

#### **Estimates**

Management uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

#### **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value as reported to the plan by AXA and AUL (see Note 4). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

# **Placer Community Action Council, Inc. 403(b) Plan**

## **Notes to Financial Statements December 31, 2017**

### **NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED**

#### **Investment Valuation and Income Recognition – Continued**

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the gains and losses on investments bought and sold during the year as well as the unrealized appreciation or depreciation of those investments.

#### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. 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.

#### **Administrative Costs**

Certain expenses of maintaining the Plan are paid directly by the plan sponsor and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

#### **Payment of Benefits**

Benefits are recorded when paid.

#### **Subsequent Events**

Management has evaluated subsequent events through the date the financial statements were available to be issued, which was October 15, 2018.

# Placer Community Action Council, Inc. 403(b) Plan

## Notes to Financial Statements December 31, 2017

### NOTE 3 INSURANCE COMPANY CONTRACTS

The Plan has investment contracts with AXA Equitable Life Insurance Company (AXA) and American United Life Insurance Company (AUL). Both contracts provide a selection of investment options based on the value of the underlying open-ended mutual funds. Participants may, without restriction, transact at the daily Net Unit Values, which represent the Net Asset Values of the underlying mutual funds.

Each contract also offers a guaranteed interest option as described further below.

#### **AXA Guaranteed Interest Option**

The AXA Guaranteed Interest Option (GIO) is an investment option available to Plan participants for contributions made prior to November 1, 2012. AXA guarantees the interest and principal. Contributions to the GIO become part of AXA's general account.

AXA assigns an interest rate to each amount allocated to the GIO. Over time, different rates may apply to different amounts invested. Each year, AXA sets the lifetime minimum guaranteed interest rate and the annual minimum guaranteed interest rate. These rates apply to all contracts issued in that calendar year. AXA sets current interest rates for the GIO on a monthly basis. Current rates may be equal to or higher than the annual minimum guaranteed rate, but will never be lower. There are two components of the current rate – a new money rate and a pooled interest rate. The pooled interest rate applies to money that has been invested in the GIO longer than 13 months. Crediting rates for the year ended December 31, 2017 ranged from 1.75% - 3.00%.

Investments in the GIO are subject to a withdrawal charge depending on the contract series in effect in the year the participant selected the GIO option. Contracts in the 201 Series are subject to a 5% withdrawal charge for six years based on the date of the applicable contribution. Contracts in the 100 & 200 series are subject to a withdrawal charge based on the contract issue date as follows:

| <b>Contract<br/>Year</b> | <b>Charge</b> |
|--------------------------|---------------|
| 1 - 5                    | 6%            |
| 6 - 8                    | 5%            |
| 9                        | 4%            |
| 10                       | 3%            |
| 11                       | 2%            |
| 12                       | 1%            |
| 13                       | 0             |

# Placer Community Action Council, Inc. 403(b) Plan

## Notes to Financial Statements December 31, 2017

### NOTE 3 INSURANCE COMPANY CONTRACTS – CONTINUED

#### AUL Stable Value Account

The Plan has a group annuity contract with AUL that offers a fixed interest investment option (the Stable Value Account) through AUL's general account. Funds allocated to the Stable Value Account are placed in the AUL general account where they are invested in accordance with AUL's general account investment policy. The Stable Value Account has no stated maturity. Interest rates are declared annually prior to the beginning of the calendar year and guaranteed for that year until a new rate is set for the next year. Participants can transfer funds into and out of the account without any restrictions. The termination and subsequent distribution of the entire contract, which can only be initiated by the plan sponsor and not by individual participants, may result in the application of a surrender charge.

The guaranteed minimum interest rate was 0.5% as of December 31, 2017 and 2016. The crediting interest rate was 0.50% and 0.75% as of December 31, 2017 and 2016, respectively.

### NOTE 4 FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The three levels of fair value hierarchy are described as follows:

Level 1: Unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable, inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

# Placer Community Action Council, Inc. 403(b) Plan

## Notes to Financial Statements December 31, 2017

### NOTE 4 FAIR VALUE MEASUREMENTS – CONTINUED

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

*Group annuity contract investment accounts:* Valued at NAV of units within the separate account of each portfolio, which is based on the NAV of the underlying mutual funds. For investments through AUL, each separate account is a registered unit investment trust. For investments through AXA, each investment option is a subaccount of an AXA separate account. Amounts allocated to any investment account are invested in shares of the corresponding mutual fund.

*Guaranteed investment contracts:* Valued at fair value by discounting the related cash flows based on yields of similar instruments with comparable durations considering the credit worthiness of the issuer. Interest rates were reset monthly for AXA GIO. Accordingly, contract value, which represented net contributions plus interest at the contract rate, approximated fair value.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

#### Assets at Fair Value as of December 31, 2017

|                                       | Level 1 | Level 2 | Level 3    | Total        |
|---------------------------------------|---------|---------|------------|--------------|
| Guaranteed investment contract        | \$ -    | \$ -    | \$ 847,477 | \$ 847,477   |
| Annuity contract investment accounts* |         |         |            |              |
| Mutual funds                          | -       | -       | -          | 2,444,292    |
| Total assets at fair value            | \$ -    | \$ -    | \$ 847,477 | \$ 3,291,769 |

#### Assets at Fair Value as of December 31, 2016

|                                       | Level 1 | Level 2 | Level 3    | Total        |
|---------------------------------------|---------|---------|------------|--------------|
| Guaranteed investment contract        | \$ -    | \$ -    | \$ 821,032 | \$ 821,032   |
| Annuity contract investment accounts* |         |         |            |              |
| Mutual funds                          | -       | -       | -          | 2,112,923    |
| Total assets at fair value            | \$ -    | \$ -    | \$ 821,032 | \$ 2,933,955 |

\* In accordance with Subtopic 820-10, certain investments that were measured at NAV per share have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

# Placer Community Action Council, Inc. 403(b) Plan

## Notes to Financial Statements December 31, 2017

### NOTE 4 FAIR VALUE MEASUREMENTS – CONTINUED

The following table sets forth a summary of changes in fair value of the Plan's Level 3 investments for the year ended December 31, 2017:

|                            | <u>Level 3</u>    |
|----------------------------|-------------------|
| Balance, beginning of year | \$ 821,032        |
| Investment earnings        | 24,050            |
| Purchases                  | 48,952            |
| Sales                      | <u>(46,557)</u>   |
|                            | <u>\$ 847,477</u> |

The following table presents selected information with respect to the valuation of the Plan's Level 3 investments:

|                         | <u>Valuation<br/>Technique</u> | <u>Unobservable<br/>Inputs</u> | <u>2017 Range<br/>(Average)</u> | <u>2016 Range<br/>(Average)</u> |
|-------------------------|--------------------------------|--------------------------------|---------------------------------|---------------------------------|
| AXA Guaranteed Interest | Discounted<br>Cash flows       | Risk-adjusted<br>discount rate | 1.75% - 3.00%<br>(2.81%)        | 1.75% - 3.00%<br>(2.85%)        |

The following table sets forth a summary of the Plan's investments for which fair value is measured using the NAV per share as a practical expedient as of December 31, 2017 and 2016:

|                                      | <u>Fair Value at December 31</u> |              | <u>Unfunded</u>    | <u>Redemption</u> | <u>Redemption</u>    |
|--------------------------------------|----------------------------------|--------------|--------------------|-------------------|----------------------|
|                                      | <u>2017</u>                      | <u>2016</u>  | <u>Commitments</u> | <u>Frequency</u>  | <u>Notice Period</u> |
| Annuity contract investment accounts | \$ 2,444,292                     | \$ 2,112,923 | None               | Daily             | None                 |

### NOTE 5 CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2017 and 2016, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2017, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by AUL and AXA (the custodians of the Plan).

### NOTE 6 INCOME TAX STATUS

The Plan is intended to comply with the applicable requirements of Section 403(b) of the Internal Revenue Code of 1986, as amended (IRC). A tax determination letter program is not yet available for IRC Section 403(b) plans through the Internal Revenue Service (IRS). The terms of the Plan have been prepared to conform to the sample language provided by the IRS in Revenue Procedures 2007-71. The Plan administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC and as such is exempt from Federal income taxes.

# **Placer Community Action Council, Inc. 403(b) Plan**

## **Notes to Financial Statements December 31, 2017**

### **NOTE 6 INCOME TAX STATUS – CONTINUED**

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

### **NOTE 7 RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS**

Certain Plan investments are managed by AXA and AUL. AXA and AUL are the custodians as defined by the Plan and, therefore, these investments and investment transactions qualify as party-in-interest transactions. All administrative expenses were paid to AUL. Fees incurred by the Plan for investment management services are included in the net appreciation in fair value of investments, as they are paid through revenue sharing rather than direct payment.

### **NOTE 8 RISKS AND UNCERTAINTIES**

The Plan assets are invested in a variety of investments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

### **NOTE 9 OPERATIONAL DEFECTS**

Subsequent to year end, it was discovered that certain of the Plan's provisions were not properly applied in the daily operation of the Plan. The Plan sponsor intends to make additional deposits to the plan in 2018 to make the affected participants and the Plan whole, including interest. The amount to be deposited is expected to be less than \$1,000 thus it has not been accrued in these financial statements.

**Attachment to 2017 Form 5500**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** PLACER COMMUNITY ACTION COUNCIL INC. 403b PLAN

**EIN:** 94-1647240

**Plan Sponsor's Name** PLACER COMMUNITY ACTION COUNCIL INC.

**PN:** 002

| (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 |
|----------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *        | AMERICAN UNITED LIFE INS CO.                              | Amer Fds FRTH R3                                                                                             | -        | \$ 2,083          |
| *        | AMERICAN UNITED LIFE INS CO.                              | Amer Fds Europacific Growth                                                                                  | -        | -                 |
| *        | AMERICAN UNITED LIFE INS CO.                              | Amer Fds New Perspective                                                                                     | -        | 13,060            |
| *        | AMERICAN UNITED LIFE INS CO.                              | Pimco Real Return R                                                                                          | -        | 897               |
| *        | AMERICAN UNITED LIFE INS CO.                              | Pimco Total Return                                                                                           | -        | 8,286             |
| *        | AMERICAN UNITED LIFE INS CO.                              | State Street Equity 500 Index                                                                                | -        | 79,750            |
| *        | AMERICAN UNITED LIFE INS CO.                              | T Rowe Price Equity Inc. R                                                                                   | -        | 29,979            |
| *        | AMERICAN UNITED LIFE INS CO.                              | Amcent One Choice 2015                                                                                       | -        | -                 |
| *        | AMERICAN UNITED LIFE INS CO.                              | Amcent One Choice 2020                                                                                       | -        | 189,548           |
| *        | AMERICAN UNITED LIFE INS CO.                              | Amcent One Choice 2025                                                                                       | -        | 214,432           |
| *        | AMERICAN UNITED LIFE INS CO.                              | Amcent One Choice 2030                                                                                       | -        | 213,519           |
| *        | AMERICAN UNITED LIFE INS CO.                              | Amcent One Choice 2035                                                                                       | -        | 155,023           |
| *        | AMERICAN UNITED LIFE INS CO.                              | Amcent One Choice 2040                                                                                       | -        | 232,196           |
| *        | AMERICAN UNITED LIFE INS CO.                              | Amcent One Choice 2045                                                                                       | -        | 61,618            |
| *        | AMERICAN UNITED LIFE INS CO.                              | Amcent One Choice 2050                                                                                       | -        | 135,761           |
| *        | AMERICAN UNITED LIFE INS CO.                              | Amercent One Choice 2055 A                                                                                   | -        | 63,419            |
| *        | AMERICAN UNITED LIFE INS CO.                              | Amercent OneChoice Inc Inv                                                                                   | -        | -                 |
| *        | AMERICAN UNITED LIFE INS CO.                              | Amercent Equity Growth A                                                                                     | -        | 11,286            |
| *        | AMERICAN UNITED LIFE INS CO.                              | Blackrock Global Alloc R                                                                                     | -        | 109,784           |
| *        | AMERICAN UNITED LIFE INS CO.                              | Calvert VP SRI Midcap Grth Prt                                                                               | -        | 7,298             |
| *        | AMERICAN UNITED LIFE INS CO.                              | Fidelity Adv Lev Comp Stock T                                                                                | -        | 15,466            |
| *        | AMERICAN UNITED LIFE INS CO.                              | Fidelity Adv New Insights FD T                                                                               | -        | 27,355            |
| *        | AMERICAN UNITED LIFE INS CO.                              | Goldmansachs Midcap Val.                                                                                     | -        | -                 |
| *        | AMERICAN UNITED LIFE INS CO.                              | Goldmansachs SmallCap Val Svc                                                                                | -        | 37,842            |
| *        | AMERICAN UNITED LIFE INS CO.                              | Invesco Energy FD A                                                                                          | -        | -                 |
| *        | AMERICAN UNITED LIFE INS CO.                              | Invesco Smcap Grth R                                                                                         | -        | 20,251            |
| *        | AMERICAN UNITED LIFE INS CO.                              | Nuveen Midcap Index R3                                                                                       | -        | -                 |
| SUBTOTAL |                                                           |                                                                                                              |          | \$ 1,628,853      |

## Attachment to 2017 Form 5500

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

Plan Name PLACER COMMUNITY ACTION COUNCIL INC. 403b PLAN

EIN: 94-1647240

Plan Sponsor's Name PLACER COMMUNITY ACTION COUNCIL INC.

PN: 002

| (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 |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     |                                                           | BALANCE FORWARD                                                                                              | \$       | 1,628,853         |
| *   | AMERICAN UNITED LIFE INS CO.                              | Pax World Global Env. Markets                                                                                | -        | -                 |
| *   | AMERICAN UNITED LIFE INS CO.                              | Pioneer Bond A                                                                                               | -        | 2,250             |
| *   | AMERICAN UNITED LIFE INS CO.                              | Pioneer Strat Inc A                                                                                          | -        | 13,403            |
| *   | AMERICAN UNITED LIFE INS CO.                              | Prudential Global Real Estate A                                                                              | -        | 2,939             |
| *   | AMERICAN UNITED LIFE INS CO.                              | Prudential High Yield A                                                                                      | -        | 9,767             |
| *   | AMERICAN UNITED LIFE INS CO.                              | Prudential Total Return Bond A                                                                               | -        | 2,095             |
| *   | AMERICAN UNITED LIFE INS CO.                              | T Rowe Price Intl Growth & Inc.                                                                              | -        | -                 |
| *   | AMERICAN UNITED LIFE INS CO.                              | Alger Cap App Inst R                                                                                         | -        | 8,586             |
| *   | AMERICAN UNITED LIFE INS CO.                              | Virtus Ceredex Lev Eqty A                                                                                    | -        | 519               |
| *   | AMERICAN UNITED LIFE INS CO.                              | Oppenheimer Gold & Spcl Min A                                                                                | -        | 3,431             |
| *   | AMERICAN UNITED LIFE INS CO.                              | Oppenheimer Intl Grth A                                                                                      | -        | 7,776             |
| *   | AMERICAN UNITED LIFE INS CO.                              | Oppenheimer Dev Mkts A                                                                                       | -        | 28,715            |
| *   | AMERICAN UNITED LIFE INS CO.                              | Amercent One Choice IN Ret A                                                                                 | -        | 299,511           |
| *   | AMERICAN UNITED LIFE INS CO.                              | MFS Mid CapValue R2                                                                                          | -        | 1,601             |
| *   | AMERICAN UNITED LIFE INS CO.                              | Thornburg Ltd-Term Inc R3                                                                                    | -        | 5,242             |
| *   | AMERICAN UNITED LIFE INS CO.                              | Goldmansachs Tech Opps Svc                                                                                   | -        | 224               |
| *   | AMERICAN UNITED LIFE INS CO.                              | Goldmansachs Lrg CP GR Ins Svc                                                                               | -        | 1,154             |
| *   | AMERICAN UNITED LIFE INS CO.                              | Amercent One Choice 2060 A                                                                                   | -        | 49                |
| *   | AMERICAN UNITED LIFE INS CO.                              | Pax Gbl Environmental Mks Inv                                                                                | -        | 3,275             |
| *   | AMERICAN UNITED LIFE INS CO.                              | Victory Sy Cam Small Co OP R                                                                                 | -        | 501               |
| *   | AMERICAN UNITED LIFE INS CO.                              | AUL Stable Value Acct                                                                                        | -        | 157,076           |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/Com Stck Index                                                                                            | -        | 57,795            |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA Lg Cap Val Managed Vol                                                                                   | -        | 40,465            |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/BlackRock Basic Value Eqty                                                                                | -        | 19,959            |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/BlackRock Basic Value Eqty                                                                                | -        | 8,862             |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA Mid Cap Val Managed Vol                                                                                  | -        | 4,176             |
|     |                                                           | SUBTOTAL                                                                                                     | \$       | 2,308,224         |

**Attachment to 2017 Form 5500**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** PLACER COMMUNITY ACTION COUNCIL INC. 403b PLAN  
**Plan Sponsor's Name** PLACER COMMUNITY ACTION COUNCIL INC.

**EIN:** 94-1647240  
**PN:** 002

| (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 |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     |                                                           | BALANCE FORWARD                                                                                              |          | \$ 2,308,224      |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/International Equity Index                                                                                | -        | 1,959             |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA Lg Cap Grw Managed Vol                                                                                   | -        | 14,241            |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA/Loomis Sayles Growth                                                                                     | -        | 7,399             |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA/EQ Morgan Stanley Mid Cap Gr                                                                             | -        | 12,678            |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA/EQ Morgan Stanley Mid Cap Gr                                                                             | -        | 3,919             |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA/AB Small Cap Growth                                                                                      | -        | 2,947             |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA Glb Eqty Managed Vol                                                                                     | -        | 19,846            |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA Glb Eqty Managed Vol                                                                                     | -        | 8,290             |
| *   | AXA EQUITABLE LIFE INS CO.                                | Multimanager Aggressive Equity                                                                               | -        | 54,879            |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/Equity 500 Index                                                                                          | -        | 3,427             |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA Moderate Allocation                                                                                      | -        | 18,297            |
| *   | AXA EQUITABLE LIFE INS CO.                                | 1290 VT GAMCO Small Co Val                                                                                   | -        | 20,691            |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/GAMCO Small Company Value                                                                                 | -        | 4,605             |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/UBS Growth and Income                                                                                     | -        | 7,615             |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/JPMorgan Val Opportunities                                                                                | -        | 12,935            |
| *   | AXA EQUITABLE LIFE INS CO.                                | Multimanager Mid Cap Value                                                                                   | -        | 4,201             |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/MFS International Growth                                                                                  | -        | 4,088             |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA Conserv-Plus Allocation                                                                                  | -        | 909               |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/Large Cap Growth Index                                                                                    | -        | 13,190            |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/Oppenheimer Global                                                                                        | -        | 2,021             |
| *   | AXA EQUITABLE LIFE INS CO.                                | American Cntry VP Mid Cap Val                                                                                | -        | 3                 |
| *   | AXA EQUITABLE LIFE INS CO.                                | Ivy Funds VIP Small Cap Growth                                                                               | -        | 2                 |
| *   | AXA EQUITABLE LIFE INS CO.                                | Invesco V.I. International Gr                                                                                | -        | 410               |
| *   | AXA EQUITABLE LIFE INS CO.                                | Lazard Retiremt Emg Mrkts Eqty                                                                               | -        | 408               |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA/Mut Lg Cp Eqty Managed Vol                                                                               | -        | 395               |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/Core Bond Index                                                                                           | -        | 1,791             |
|     |                                                           | SUBTOTAL                                                                                                     |          | \$ 2,529,370      |

## Attachment to 2017 Form 5500

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

Plan Name PLACER COMMUNITY ACTION COUNCIL INC. 403b PLAN

EIN: 94-1647240

Plan Sponsor's Name PLACER COMMUNITY ACTION COUNCIL INC.

PN: 002

| (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 |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     |                                                           | BALANCE FORWARD                                                                                              |          | \$ 2,529,370      |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/Intermediate Government Bnd                                                                               | -        | 1,416             |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/Quality Bond PLUS                                                                                         | -        | 2,251             |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/Calvert Socially Responsible                                                                              | -        | 2,686             |
| *   | AXA EQUITABLE LIFE INS CO.                                | Multimanager Mid Cap Growth                                                                                  | -        | 1,504             |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA Int Core Managed Vol                                                                                     | -        | 6,976             |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA Int Val Managed Vol                                                                                      | -        | 13,705            |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/T. Rowe Price Growth Stock                                                                                | -        | 7,419             |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/T. Rowe Price Growth Stock                                                                                | -        | 8,731             |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/Invesco Comstock                                                                                          | -        | 913               |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/PIMCO Ultra Short Bond                                                                                    | -        | 34                |
| *   | AXA EQUITABLE LIFE INS CO.                                | Charter Small Cap Value                                                                                      | -        | 2,325             |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA/Tmp Glb Eqty Managed Vol                                                                                 | -        | 1,653             |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA Lg Cap Core Managed Vol                                                                                  | -        | 3,111             |
| *   | AXA EQUITABLE LIFE INS CO.                                | Multimanager Core Bond                                                                                       | -        | 208               |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ Boston Advisors Equity Income                                                                             | -        | 565               |
| *   | AXA EQUITABLE LIFE INS CO.                                | Charter Multi-Sector Bond                                                                                    | -        | 814               |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA Moderate-Plus Allocation                                                                                 | -        | 69                |
| *   | AXA EQUITABLE LIFE INS CO.                                | Fidelity VIP Mid Cap                                                                                         | -        | 954               |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/Mid Cap Index                                                                                             | -        | 3,115             |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/Small Company Index                                                                                       | -        | 3,034             |
| *   | AXA EQUITABLE LIFE INS CO.                                | EQ/Large Cap Value Index                                                                                     | -        | 258               |
| *   | AXA EQUITABLE LIFE INS CO.                                | Ivy Funds VIP Mid Cap Growth                                                                                 | -        | 156               |
| *   | AXA EQUITABLE LIFE INS CO.                                | Charter Small Cap Growth                                                                                     | -        | 2,876.00          |
| *   | AXA EQUITABLE LIFE INS CO.                                | Multimanager Technology                                                                                      | -        | 138.00            |
| *   | AXA EQUITABLE LIFE INS CO.                                | AXA Aggressive Allocation                                                                                    | -        | 511.00            |
|     |                                                           | SUBTOTAL                                                                                                     | \$       | 2,594,792         |

**Attachment to 2017 Form 5500**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** PLACER COMMUNITY ACTION COUNCIL INC. 403b PLAN

**EIN:** 94-1647240

**Plan Sponsor's Name** PLACER COMMUNITY ACTION COUNCIL INC.

**PN:** 002

| (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          |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|----------------------------|
|     |                                                           | BALANCE FORWARD                                                                                              |          | \$ 2,594,792               |
| *   | AXA EQUITABLE LIFE INS CO.                                | Goldman Sachs VIT Mid Cap Val                                                                                | -        | 33.00                      |
| *   | AXA EQUITABLE LIFE INS CO.                                | MFS International Value                                                                                      | -        | 35.00                      |
| *   | AXA EQUITABLE LIFE INS CO.                                | Invesco V.I. Glbl Real Estate                                                                                | -        | 27.00                      |
| *   | AXA EQUITABLE LIFE INS CO.                                | MFS Investors Gr Stock                                                                                       | -        | 307.00                     |
| *   | AXA EQUITABLE LIFE INS CO.                                | Target 2055 allocation                                                                                       | -        | 6,174.00                   |
| *   | AXA EQUITABLE LIFE INS CO.                                | Guaranteed Interest Account                                                                                  | -        | 826,253.00                 |
| *   | AXA EQUITABLE LIFE INS CO.                                | Guaranteed Interest Account                                                                                  | -        | 21,224.00                  |
|     |                                                           | PARTICIPANT LOANS, RATES 4.79% - 6.00%                                                                       |          | <u>88,679</u>              |
|     |                                                           |                                                                                                              |          | <u><u>\$ 3,537,524</u></u> |

\* Denotes party in interest

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► Placer Community Action Council, Inc. 403(b) Plan

Employer Identification Number: ► 94-1647240

For plan year (beginning/ending): ► 01/01/2017-12/31/2017

Plan number: ► 002

| (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 |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | FRED ALGER & COMPANY INC                                  | ALGER CAP APP INST R                                                                                       |          | 8,585.89          |
| *   | VIRTUS INVESTMENTS                                        | VIRTUS CEREDX LEV EQTY A                                                                                   |          | 519.31            |
| *   | OPPENHEIMER FUNDS INC.                                    | OPPENHEIMER GOLD & SPCL MIN A                                                                              |          | 3,431.10          |
| *   | OPPENHEIMER FUNDS INC.                                    | OPPENHEIMER INTL GRTH A                                                                                    |          | 7,776.33          |
| *   | OPPENHEIMER FUNDS INC.                                    | OPPENHEIMER DEV MKTS A                                                                                     |          | 28,714.88         |
| *   | MFS INVESTMENT MANAGEME                                   | MFS MID CAP VALUE R2                                                                                       |          | 1,600.90          |
| *   | AMERICAN CENTURY INVESTM                                  | AMERCENT ONE CHOICE 2060 A                                                                                 |          | 49.15             |
| *   | GOLDMAN SACHS ASSET MANA                                  | GOLDMANSACHS LRG CP GR INS SVC                                                                             |          | 1,154.05          |
| *   | PAX WORLD INVESTMENTS                                     | PAX GLBL ENVIRONMENTAL MKS INV                                                                             |          | 3,274.99          |
| *   | THORNBURG INVESTMENT MA                                   | THORNBURG LTD-TERM INC R3                                                                                  |          | 5,241.86          |
| *   | FIRST AMERICAN FUNDS                                      | NUVEEN MIDCAP INDX R3                                                                                      |          | 0.00              |
| *   | AMERICAN FUNDS                                            | AMERFDS FRTH R3                                                                                            |          | 2,082.67          |
| *   | AMERICAN FUNDS                                            | AMERFDS NEW PERSPECTIVE R3                                                                                 |          | 13,059.79         |
| *   | GOLDMAN SACHS ASSET MANA                                  | GOLDMANSACHS SMCAPVAL SVC                                                                                  |          | 37,841.99         |
| *   | GOLDMAN SACHS ASSET MANA                                  | GOLDMANSACHS TECH OPPS SVC                                                                                 |          | 223.98            |
| *   | AMERICAN CENTURY INVESTM                                  | AMERCENT ONE CHOICE 2055 A                                                                                 |          | 63,419.16         |
| *   | BLACKROCK INC.                                            | BLACKROCK GLOBAL ALLOC R                                                                                   |          | 109,784.21        |
| *   | CALVERT INVESTMENTS                                       | CALVERT VP SRI MIDCAP GRTH PRT                                                                             |          | 7,297.67          |
| *   | FIDELITY INVESTMENTS                                      | FIDELITY ADV NEW INSIHGHTS M                                                                               |          | 27,355.42         |
| *   | FIDELITY INVESTMENTS                                      | FIDELITY ADV COMP STOCK M                                                                                  |          | 15,466.18         |
| *   | INVESCO                                                   | INVESCO SMCAP GRTH R                                                                                       |          | 20,250.72         |
| *   | PRUDENTIAL INVESTMENTS                                    | PRUDENTIAL GLOBAL REALESTATE A                                                                             |          | 2,939.07          |
| *   | PRUDENTIAL INVESTMENTS                                    | PRUDENTIAL HIGH YIELD A                                                                                    |          | 9,766.99          |
| *   | PRUDENTIAL INVESTMENTS                                    | PRUDENTIAL TOTAL RETURN BOND A                                                                             |          | 2,095.31          |
| *   | AMERICAN CENTURY INVESTM                                  | AMERCENT EQTY GRTH A                                                                                       |          | 11,286.27         |
| *   | PIMCO                                                     | PIMCO TOTAL RETURN R                                                                                       |          | 8,285.88          |
| *   | PIMCO                                                     | PIMCO REAL RETURN R                                                                                        |          | 896.67            |
| *   | PIONEER INVESTMENTS                                       | PIONEER STRAT INC A                                                                                        |          | 13,403.06         |
| *   | PIONEER INVESTMENTS                                       | PIONEER BOND A                                                                                             |          | 2,250.37          |
| *   | T ROWE PRICE                                              | TROWEPRICE EQTY INC R                                                                                      |          | 29,979.02         |
| *   | PAX WORLD INVESTMENTS                                     | PAX GLOBAL ENV MKTS R                                                                                      |          | 0.00              |
| *   | VICTORY                                                   | VICTORY SYCAM SMALL CO OP R                                                                                |          | 500.74            |
| *   | STATE STREET INSTITUTIONAL                                | STATE STREET EQUITY 500 INDX R                                                                             |          | 79,750.45         |
| *   | AMERICAN CENTURY INVESTM                                  | AMERCENT ONE CHOICE 2020A                                                                                  |          | 189,548.47        |
| *   | AMERICAN CENTURY INVESTM                                  | AMERCENT ONE CHOICE 2025A                                                                                  |          | 214,431.69        |
| *   | AMERICAN CENTURY INVESTM                                  | AMERCENT ONE CHOICE 2030A                                                                                  |          | 213,518.80        |
| *   | AMERICAN CENTURY INVESTM                                  | AMERCENT ONE CHOICE 2035A                                                                                  |          | 155,023.31        |
| *   | AMERICAN CENTURY INVESTM                                  | AMERCENT ONE CHOICE 2040A                                                                                  |          | 232,195.91        |
| *   | AMERICAN CENTURY INVESTM                                  | AMERCENT ONE CHOICE 2045A                                                                                  |          | 61,618.21         |
| *   | AMERICAN CENTURY INVESTM                                  | AMERCENT ONE CHOICE 2050A                                                                                  |          | 135,761.18        |
| *   | AMERICAN CENTURY INVESTM                                  | AMERCENT ONE CHOICE IN RET A                                                                               |          | 299,511.47        |
| *   | AMERICAN UNITED LIFE INS CO                               | AUL STABLE VALUE ACCOUNT                                                                                   |          | 157,076.05        |
| *   | PARTICIPANTS                                              | LOANS: ONE AMERICA                                                                                         |          | 49,965.41         |
| *   | AXA EQUITABLE LIFE INS CO                                 | GUARANTEED INTEREST ACCOUNT                                                                                |          | 847,476.68        |
| *   | AXA EQUITABLE LIFE INS CO                                 | AXA LG CAP GRW MANAGED VOL                                                                                 |          | 14,241.42         |

|   |                           |                                  |  |           |
|---|---------------------------|----------------------------------|--|-----------|
| * | AXA EQUITABLE LIFE INS CO | AXA/LOOMIS SAYLES GROWTH         |  | 7,398.56  |
| * | AXA EQUITABLE LIFE INS CO | AXA LG CAP VAL MANAGED VOL       |  | 40,464.91 |
| * | AXA EQUITABLE LIFE INS CO | AXA/JANUS ENTERPRISE             |  | 16,596.67 |
| * | AXA EQUITABLE LIFE INS CO | AXA/AB SMALL CAP GROWTH          |  | 2,946.90  |
| * | AXA EQUITABLE LIFE INS CO | AXA GLB EQTY MANAGED VOL         |  | 28,135.62 |
| * | AXA EQUITABLE LIFE INS CO | MULTIMANAGER AGGRESSIVE EQUITY   |  | 54,879.39 |
| * | AXA EQUITABLE LIFE INS CO | EQ/COM STCK INDEX                |  | 57,794.50 |
| * | AXA EQUITABLE LIFE INS CO | AXA MODERATE ALLOCATION          |  | 18,296.85 |
| * | AXA EQUITABLE LIFE INS CO | 1290 VT GAMCO SMALL CO VAL       |  | 25,295.82 |
| * | AXA EQUITABLE LIFE INS CO | EQ/UBS GROWTH AND INCOME         |  | 7,615.31  |
| * | AXA EQUITABLE LIFE INS CO | EQ/JPMORGAN VAL OPPORTUNITIES    |  | 12,935.44 |
| * | AXA EQUITABLE LIFE INS CO | MULTIMANAGER MID CAP VALUE       |  | 4,200.81  |
| * | AXA EQUITABLE LIFE INS CO | EQ/MFS INTERNATIONAL GROWTH      |  | 4,088.06  |
| * | AXA EQUITABLE LIFE INS CO | AXA CONSERV-PLUS ALLOCATION      |  | 908.75    |
| * | AXA EQUITABLE LIFE INS CO | EQ/LARGE CAP GROWTH INDEX        |  | 13,189.62 |
| * | AXA EQUITABLE LIFE INS CO | EQ/BLACKROCK BASIC VALUE EQTY    |  | 28,821.04 |
| * | AXA EQUITABLE LIFE INS CO | EQ/OPPENHEIMER GLOBAL            |  | 2,021.12  |
| * | AXA EQUITABLE LIFE INS CO | AMERICAN CNTRY VP MID CAP VAL    |  | 2.80      |
| * | AXA EQUITABLE LIFE INS CO | IVY VIP SMALL CAP GROWTH         |  | 1.59      |
| * | AXA EQUITABLE LIFE INS CO | INVESCO VI INTERNATIONAL GR      |  | 409.75    |
| * | AXA EQUITABLE LIFE INS CO | LAZARD RETIREMENT EMG MRKTS EQTY |  | 407.52    |
| * | AXA EQUITABLE LIFE INS CO | AXA.MUT LG CP EQTY MANAGED VOL   |  | 395.22    |
| * | AXA EQUITABLE LIFE INS CO | EQ/CORE BOND INDEX               |  | 1,790.70  |
| * | AXA EQUITABLE LIFE INS CO | EQ/INTERMEDIATE GOVT BOND        |  | 1,415.87  |
| * | AXA EQUITABLE LIFE INS CO | EQ/QUALITY BOND PLUS             |  | 2,250.81  |
| * | AXA EQUITABLE LIFE INS CO | 1290 VT SOCIALLY RESPONSIBLE     |  | 2,686.45  |
| * | AXA EQUITABLE LIFE INS CO | MULTIMANAGER MID CAP GROWTH      |  | 1,503.89  |
| * | AXA EQUITABLE LIFE INS CO | AXA MID CAP VAL MANAGED VOL      |  | 4,176.01  |
| * | AXA EQUITABLE LIFE INS CO | AXA INT CORE MANAGED VOL         |  | 6,975.78  |
| * | AXA EQUITABLE LIFE INS CO | AXA INT VAL MANAGED VOL          |  | 13,705.19 |
| * | AXA EQUITABLE LIFE INS CO | CHARTER SMALL CAP VOL            |  | 2,325.12  |
| * | AXA EQUITABLE LIFE INS CO | EQ/T. ROWE PRICE GROWTH STOCK    |  | 16,150.15 |
| * | AXA EQUITABLE LIFE INS CO | AXA/TMP GLB EQTY MANAGED VOL     |  | 1,652.76  |
| * | AXA EQUITABLE LIFE INS CO | AXA LG CAP CORE MANAGED VOL      |  | 3,111.43  |
| * | AXA EQUITABLE LIFE INS CO | MULTIMANAGER CORE BOND           |  | 207.67    |
| * | AXA EQUITABLE LIFE INS CO | EQ/PIMCO ULTRA SHORT BOND        |  | 33.65     |
| * | AXA EQUITABLE LIFE INS CO | EQ/INTERNATIONAL EQUITY INDEX    |  | 1,959.07  |
| * | AXA EQUITABLE LIFE INS CO | CHARTER MULTI-SECTOR BOND        |  | 813.81    |
| * | AXA EQUITABLE LIFE INS CO | AXA MODERATE - PLUS ALLOCATION   |  | 68.86     |
| * | AXA EQUITABLE LIFE INS CO | 1290 VT EQUITY INCOME            |  | 565.39    |
| * | AXA EQUITABLE LIFE INS CO | EQ/INVESCO COMSTOCK              |  | 912.82    |
| * | AXA EQUITABLE LIFE INS CO | FIDELITY VIP MID CAP             |  | 953.88    |
| * | AXA EQUITABLE LIFE INS CO | EQ/EQUITY 500 INDEX              |  | 3,426.96  |
| * | AXA EQUITABLE LIFE INS CO | EQ/MID CAP INDEX                 |  | 3,115.39  |
| * | AXA EQUITABLE LIFE INS CO | EQ/SMALL COMPANY INDEX           |  | 3,034.01  |
| * | AXA EQUITABLE LIFE INS CO | EQ/LARGE CAP VALUE INDEX         |  | 258.06    |
| * | AXA EQUITABLE LIFE INS CO | IVY VIP MID CAP GROWTH           |  | 155.69    |
| * | AXA EQUITABLE LIFE INS CO | TARGET 2055 ALLOCATION           |  | 6,174.47  |
| * | AXA EQUITABLE LIFE INS CO | CHARTER SMALL CAP GROWTH         |  | 2,876.39  |
| * | AXA EQUITABLE LIFE INS CO | MULTIMANAGER TECHNOLOGY          |  | 138.21    |
| * | AXA EQUITABLE LIFE INS CO | AXA AGGRESSIVE ALLOCATION        |  | 510.79    |
| * | AXA EQUITABLE LIFE INS CO | GOLDMAN SACHS VIT MID CAP VAL    |  | 32.99     |
| * | AXA EQUITABLE LIFE INS CO | MFS INTERNATIOAL VALUE           |  | 35.17     |
| * | AXA EQUITABLE LIFE INS CO | INVESCO V.I. GLBL REAL ESTATE    |  | 26.93     |
| * | AXA EQUITABLE LIFE INS CO | MFS MASS INVESTORS GRWTH STOCK   |  | 307.04    |
| * | AXA EQUITABLE LIFE INS CO | LOAN BALANCE: AXA                |  | 38,714.43 |