Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [X] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [ ] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
IBEW LOCAL UNION 64 PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1970

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES

33 FITCH BLVD
YOUNGSTOWN, OH 44515

2b Employer Identification Number (EIN)
34-6654696

2c Sponsor's telephone number
330-270-0453

2d Business code (see instructions)
238210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/03/2011	JAMES BURGHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES

33 FITCH BLVD
YOUNGSTOWN, OH 44515

3b Administrator's EIN
34-6654696

3c Administrator's telephone number
330-270-0453

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	504
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	272
b	Retired or separated participants receiving benefits	**6b**	116
c	Other retired or separated participants entitled to future benefits	**6c**	84
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	472
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	24
f	Total. Add lines **6d** and **6e**	**6f**	496
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	21

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1F 1G

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
IBEW LOCAL UNION 64 PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES

D Employer Identification Number (EIN)
34-6654696

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2009		
b	Assets		
(1)	Current value of assets	**1b(1)**	15675347
(2)	Actuarial value of assets for funding standard account	**1b(2)**	18810416
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	24324083
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	24324083
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information **:**		
(a)	Current liability	**1d(2)(a)**	41280756
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	123256
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	1955560
(3)	Expected plan disbursements for the plan year	**1d(3)**	1834807

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	09/11/2010 Date
HORIZON ACTUARIAL SERVICES, LLC	08-03401
Type or print name of actuary	Most recent enrollment number
STANLEY GOLDFARB	240-247-4512
Firm name	Telephone number (including area code)
8601 GEORGIA AVENUE, SUITE 700, SILVER SPRING, MD 20910	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)		**2a**	15675347
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		143	19919364
(2) For terminated vested participants		71	4166320
(3) For active participants:			
(a) Non-vested benefits			750069
(b) Vested benefits			16445003
(c) Total active		290	17195072
(4) Total		504	41280756
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	37.97 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2009	1229759				
			Totals ► 3(b)	1229759	3(c)

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to item 5.	**4a**	E
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4b**	77.3 %
c Is the plan making the scheduled progress with any applicable funding improvement or rehabilitation plan?		☐ Yes ☒ No
d If the plan is in critical status, were any adjustable benefits reduced?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	**4e**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate
e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall
i ☐ Reorganization **j** ☐ Other (specify):

k If box h is checked, enter period of use of shortfall method	**5k**	
l Has a change been made in funding method for this plan year?		☐ Yes ☒ No
m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40?		☐ Yes ☐ No
n If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5n**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			**6a**	4.82 %
		Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:				
(1) Males	**6c(1)**	8		8
(2) Females	**6c(2)**	8		8
d Valuation liability interest rate	**6d**	8.00%		8.00 %
e Expense loading	**6e**	10.2%		%
f Salary scale	**6f**	%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date			**6g**	-5.0 %
h Estimated investment return on current value of assets for year ending on the valuation date			**6h**	-21.7 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2679422	289848

8 Miscellaneous information:

a	If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b	Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.		[X] Yes [ ] No
c	Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		[ ] Yes [X] No
d	If line c is "Yes," provide the following additional information:		
	(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		[ ] Yes [ ] No
	(2) If line (1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
	(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		[ ] Yes [ ] No
	(4) If line (3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
	(5) If line (3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
	(6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		[ ] Yes [ ] No
e	If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

	Charges to funding standard account:			
a	Prior year funding deficiency, if any		**9a**	
b	Employer's normal cost for plan year as of valuation date		**9b**	123256
c	Amortization charges as of valuation date:		Outstanding balance	
	(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	16762427	2432483
	(2) Funding waivers	**9c(2)**		
	(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d	Interest as applicable on lines 9a, 9b, and 9c		**9d**	204459
e	Total charges. Add lines 9a through 9d		**9e**	2760198
	Credits to funding standard account:			
f	Prior year credit balance, if any		**9f**	3153615
g	Employer contributions. Total from column (b) of line 3		**9g**	1229759
			Outstanding balance	
h	Amortization credits as of valuation date	**9h**	8095145	1220335
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	399106
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)**	12879655	
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	18966055	
	(3) FFL credit		**9j(3)**	
k	**(1)** Waived funding deficiency		**9k(1)**	
	(2) Other credits		**9k(2)**	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	6002815
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	3242617
n	Funding deficiency: If line 9e is greater than 9l, enter the difference		**9n**	

9 o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2009 plan year	**9o(1)**	
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	
	(3) Total as of valuation date	**9o(3)**	
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. ☐ Yes ☒ No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
IBEW LOCAL UNION 64 PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES

D Employer Identification Number (EIN)
34-6654696

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

COMPENSATION PROGRAMS OF OHIO INC.

34-1787882

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	25560	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

MANNING & NAPIER ADVISORS INC.

16-0995736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	39650	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

YANNI PARTNERS INC.

25-1590035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	32500	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

HORIZON ACTUARIAL

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	27840	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

GREAT LAKES ADVISORS

36-3707782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	14384	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

YURCHYK & DAVIS CPAS INC.

34-1638235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	12750	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

GREEN HAINES SGAMBATICO.

34-1224415

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	11159	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

PNC BANK NATIONAL ASSOCIATION

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	7035	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
IBEW LOCAL UNION 64 PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES

D Employer Identification Number (EIN)
34-6654696

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: MULTI EMPLOYER PROPERTY TRUST

b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY

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)
52-6218800-001	C	1385471

a Name of MTIA, CCT, PSA, or 103-12 IE: C S MCKEE SMALL CAP CORE EQUITY FD

b Name of sponsor of entity listed in (a): UNION BANK NA POOLED INVEST FUND

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)
26-6096175-001	C	1124272

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)

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

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
IBEW LOCAL UNION 64 PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES

D Employer Identification Number (EIN)
34-6654696

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	178472	116189
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	82517	103271
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	182738	91736
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	729220	469507
(2) U.S. Government securities	1c(2)	2719920	2645754
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2041625	2005445
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4399604	6318994
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2123462	2509743
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3243072	3429504
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	15700630	17690143
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	25283	20725
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	25283	20725
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15675347	17669418

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1229759	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1229759
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1323	
	(B) U.S. Government securities	2b(1)(B)	128270	
	(C) Corporate debt instruments	2b(1)(C)	107713	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		237306
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	79102	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	44673	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		123775
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	8800253	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9161550	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-361297

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	2270132	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2270132
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		-501594
	(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)		939294
c	Other income	2c		4782
d	Total income. Add all **income** amounts in column (b) and enter total	2d		3942157
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1762907	
	(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)		1762907
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)	51749	
	(2) Contract administrator fees	2i(2)	25560	
	(3) Investment advisory and management fees	2i(3)	93569	
	(4) Other	2i(4)	14301	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		185179
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1948086
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		1994071
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) [X] 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 [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: YURCHYK DAVIS CPAS INC **(2)** EIN: 34-1638235

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
IBEW LOCAL UNION 64 PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES

D Employer Identification Number (EIN)
34-6654696

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 34-6654696

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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 JOE DICKEY ELECTRIC INC

b EIN 34-1267828 **c** Dollar amount contributed by employer 213316

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 05 Day 31 Year 2012

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 2.70
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): PERCENTAGE OF PAY

a Name of contributing employer GELLER ELECTRIC INC

b EIN 34-1517199 **c** Dollar amount contributed by employer 141977

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 05 Day 31 Year 2012

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 3.03
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): PERCENTAGE OF PAY

a Name of contributing employer TRIAREA ELECTRIC CO

b EIN 34-1268968 **c** Dollar amount contributed by employer 123857

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 05 Day 31 Year 2012

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 2.85
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): PERCENTAGE OF PAY

a Name of contributing employer JES ELECTRIC INC

b EIN 20-2270183 **c** Dollar amount contributed by employer 104599

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 05 Day 31 Year 2012

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 3.22
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): PERCENTAGE OF PAY

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 items 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 items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

a The current year	**14a**	152
b The plan year immediately preceding the current plan year	**14b**	190
c The second preceding plan year	**14c**	180

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0.80
b The corresponding number for the second preceding plan year	**15b**	0.84

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

YURCHYK & DAVIS CPA's, Inc.
CERTIFIED PUBLIC ACCOUNTANTS

3701 BOARDMAN-CANFIELD RD., SUITE #2 • CANFIELD, OHIO 44406 • PHONE (330) 533-5000 • FAX (330) 533-5161
www.ydcpa.com

Independent Auditor's Report

Board of Trustees
IBEW Local Union No. 64 Pension Fund
Youngstown, Ohio

We have audited the accompanying statements of net assets available for benefits of the IBEW Local Union No. 64 Pension Fund as of December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits for the years then ended, and the statement of accumulated plan benefits as of January 1, 2009, and the related statement of changes in accumulated plan benefits for the year then ended. These financial statements are the responsibility of the Fund's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the IBEW Local Union No. 64 Pension Fund's net assets available for benefits as of December 31, 2009, and changes therein for the year then ended and its financial status as of December 31, 2008, and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held for investment purposes and schedule of reportable transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Yurchyk & Davis

Yurchyk & Davis CPA's, Inc.
August 27, 2010

I.B.E.W. Local Union No. 64
Pension Plan

Audited Financial Statements and
Supplementary Information

Years Ended December 31, 2009 and 2008

Yurchyk & Davis CPA's, Inc.
3701 Boardman-Canfield Road, Suite #2
Canfield, OH 44406

I.B.E.W. Local Union No. 64 Pension Fund

Audited Financial Statements

For The Years Ended December 31, 2009 and 2008

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YURCHYK
& DAVIS
CPA's, Inc.
CERTIFIED PUBLIC
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Independent Auditor's Report

Board of Trustees
IBEW Local Union No. 64 Pension Fund
Youngstown, Ohio

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Yurchyk & Davis

Yurchyk & Davis CPA's, Inc.
August 27, 2010

I.B.E.W. Local Union No. 64 Pension Fund

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

ASSETS

	2009	2008
Investments, at Fair Value -		
Common Stocks	$ 6,318,994	$ 4,399,604
Mutual Funds	3,429,504	3,243,072
U.S. Government Securities	2,645,754	2,719,920
Corporate Bonds and Debentures	2,005,445	2,041,625
Common/Collective Trust Funds	2,509,743	2,123,462
Money Market Funds	469,507	729,220
Total Investments	17,378,947	15,256,903
Receivables:		
Employers' Contributions	85,845	82,517
Reciprocity Receivable	17,426	49,286
Accrued Interest and Dividends	58,340	61,915
Employer Withdrawal Liability Receivable	33,396	71,537
Total Receivables	195,007	265,255
Cash	116,189	178,472
Total Assets	17,690,143	15,700,630

LIABILITIES

Accounts Payable	$ 10,205	$ 17,147
Accounts Payable - Reciprocal	10,520	8,136
Total Liabilities	20,725	25,283
Net Assets Available for Benefits	$ 17,669,418	$ 15,675,347

The accompanying notes are an integral part of these statements.

I.B.E.W. Local Union No. 64 Pension Fund

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2009 and 2008

	2009	2008
Investments Income:		
Net Appreciation/(Depreciation) in Fair Value of Investments	$ 2,346,535	$ (4,767,698)
Interest and Dividends	361,081	435,027
Total Investment Income	2,707,616	(4,332,671)
Less Investment Expenses	(61,069)	(74,293)
Net Investment Income	2,646,547	(4,406,964)
Contributions:		
Employer	970,097	1,025,049
Reciprocity Contributions less Reciprocity Distributions	259,662	290,036
Employer Withdrawal Contribution	-	91,126
Total Contributions	1,229,759	1,406,211
Other Income	4,782	2,032
Total Additions	3,881,088	(2,998,721)
Benefits Paid Directly to Participants	1,762,907	1,742,402
Professional Fees:		
Actuary	27,840	33,185
Legal	11,159	8,185
Auditing	12,750	10,280
Investment Consultant	32,500	32,500
Administration Fees-Services	25,560	25,560
Other Administrative Expenses	14,301	13,546
Total Deductions	1,887,017	1,865,658
Net Increase	1,994,071	(4,864,379)
Net Assets Available for Benefits:		
Beginning of Year	15,675,347	20,539,726
End of Year	$ 17,669,418	$ 15,675,347

The accompanying notes are an integral part of these statements.

I.B.E.W. Local Union No. 64 Pension Fund

Statement of Accumulated Plan Benefits

January 1, 2009

Actuarial Present Value of Accumulated Plan Benefits:	
Vested Benefits:	
Participants Currently Receiving Payments	$ 14,459,668
Other Participants	9,379,170
Total Vested Benefits	23,838,838
Nonvested Benefits	485,245
Total Actuarial Present Value of Accumulated Plan Benefits	$ 24,324,083

The accompanying notes are an integral part of these statements.

I.B.E.W. Local Union No. 64 Pension Fund

Statement of Changes in Accumulated Plan Benefits

Year Ended January 1, 2009

Actuarial Present Value of Accumulated Plan Benefits as of January 1, 2008	$	24,135,913
Increase (Decrease) During the Year Attributable to:		
Benefits Accumulated		-
Actuarial (Gains)/Losses		69,395
Decrease in Discount Period		1,861,177
Actual Benefits Paid		(1,742,402)
Plan Amendment		-
Changes in Actuarial Assumptions		-
Total		188,170
Actuarial Present Value of Accumulated Plan Benefits as of January 1, 2009		24,324,083
Net Assests Available for Plan Benefits as of January 1, 2009		15,675,347
Deficit of Net Assets Available for Plan Benefits over Actuarial Present Value of Accumulated Plan Benefits as of January 1, 2009	$	(8,648,736)

The accompanying notes are an integral part of these statements.

NOTE A - DESCRIPTION OF PLAN

The following brief discussion of I.B.E.W. Local Union No. 64 Pension Fund (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

1.) **General** - The I.B.E.W. Local Union No. 64 Pension Fund is a defined benefit plan covering all eligible members of Local Union No. 64 of the International Brotherhood of Electrical Workers. Established in 1970, the Plan provides for pension, death, and disability benefits. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2.) **Pension Benefits** - Under the Plan, employees with 5 or more years of service, at least 3 of which are after May 1, 1970, are entitled to monthly pension benefits beginning at normal retirement age (62) equal to $4.50 for each year of service between May 1, 1960, and May 1, 1970 plus, 4.00% (percent) of the contributions made on their behalf between May 1, 1970 and January 1, 2003, and 2.25% of contributions after January 1, 2003 to February 26, 2006 with no benefits accruing after February 26, 2006, with a guaranteed return of 100% of the contributions made to the fund on their behalf. Participants may elect to receive their pension benefits in the form of a joint and survivor annuity. If employees terminate before 5 years of service, they forfeit the right to receive the benefits they have accumulated.

3.) **Death and Disability Benefits** - When a participant dies prior to retirement, a death benefit equal to the amount of contributions made on his behalf is paid to the participant's beneficiary. Active employees who become totally disabled after completing 5 years of service are entitled to full benefits commencing on the first day of the seventh month following the date of disability and continuing for the duration of the disability.

4.) **Early Retirement Benefits** - Participants who have 10 years of service and who have reached the age of 57 may elect to retire and receive benefits computed as previously described, reduced by 1/4 of 1% (percent) for each month that the participant retires prior to reaching normal retirement age (62).

5.) **Contributions** – Effective February 26, 2006 the union agreement stipulates that employers who employ members of I.B.E.W. Local Union No. 64 are required to contribute to the plan an amount equal to eleven percent (11%) of the employee's wages. The previous rate was six percent (6%).

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1.) **Basis of Accounting** - The financial statements of the Plan are prepared under the accrual method of accounting.

2.) **Investment Valuation and Income Recognition** - The Plan's investments in securities and bonds are valued at fair value using quoted market prices. Units of the common/collective trusts are valued based on the underlying assets of the Trust. 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.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

3.) **Actuarial Present Value of Accumulated Plan Benefits** - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances--retirement, death, disability, and termination of employment--are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2009 (date of most recent actuary report) are (a) life expectancy of participants (the IRS combined table option was used), (b) retirement age assumptions (the assumed average retirement age was 62.0) and (c) investment return. The January 1, 2009 valuation included an assumed average rate of return of 8.00% (percent) net of investment expenses, current liability rate of 4.82%, down from 5.06% in the January 1, 2008 report, and expenses are added to normal cost. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4.) **Payment of Benefits** - Benefit payments to participants are recorded upon distribution.

5.) **Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE C – FUNDING POLICY

As a condition of the I.B.E.W. collective bargaining agreement, effective February 26, 2006 participating employers are required to contribute 11 percent (11%) of the employees' pay to the Plan on a monthly basis. The previous rate was six percent (6%). The contributions for 2008 exceeded the minimum funding requirements required by ERISA.

Although there is no intention to do so, contributions to the plan can be discontinued at any time and the plan can be terminated subject to the provisions set forth in ERISA.

NOTE D - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements at Reporting Date Using:		
December 31, 2009	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common Stock	$ 6,318,994	$ 6,318,994	$ -	$ -
Mutual Funds	3,429,504	3,429,504	-	-
U.S. Government Securities	2,645,754	2,645,754	-	-
Corporate Bonds	2,005,445	2,005,445	-	-
Common/Collective Funds	2,509,743	-	1,124,273	1,385,470
Money Market	469,507	469,507	-	-
	$ 17,378,947	$ 14,869,204	$ 1,124,273	$ 1,385,470
December 31, 2008				
Common Stock	$ 4,399,604	$ 4,399,604	$ -	$ -
Mutual Funds	3,243,072	3,243,072	-	-
U.S. Government Securities	2,719,920	2,719,920	-	-
Corporate Bonds	2,041,625	2,041,625	-	-
Common/Collective Funds	2,123,462	-	-	2,123,462
Money Market	729,220	729,220	-	
	$ 15,256,903	$ 13,133,441	$ -	$ 2,123,462

The fair value authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements - The fair values of common stock, mutual funds, U.S. securities, corporate bonds and money market funds are based on quoted market prices.

Level 2 Fair Value Measurements The fair value of the common and collective trust is based on other significant observable inputs (including quoted prices for similar investments, interest rates, credit risks, etc.)

Level 3 Fair Value Measurements - The fair value of the common and collective funds is based on significant unobservable inputs. The investments of the Fund consist of real estate and real estate notes. These investments have been designated as level 3 investments by the Fund. The following table provides further details of the Level 3 fair value measurements.

NOTE D – FAIR VALUE MEASUREMENTS - Continued

December 31, 2009		
Beginning balance	$	2,123,462
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits		(595,544)
Purchases, sales, issuances, settlements, (net)		(142,448)
Ending balance	$	1,385,470
Total gains or losses for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date	$	(562,880)

December 31, 2008		
Beginning balance	$	2,370,106
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits		(246,644)
Purchases, sales, issuances, settlements, (net)		-
Ending balance	$	2,123,462
Total gains or losses for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date	$	(246,644)

NOTE E – INVESTMENTS

The following table presents investments. Investments that represent five percent or more of the Plan's net assets are separately identified.

		2009		2008
Investments at Fair Value as Determined by Quoted Market Price				
Common Stocks	$	6,318,994	$	4,399,604
Mutual Funds		1,714,248		1,064,024
Delaware Group Equity Funds		-		949,888
Euro-Pacific Growth Fund		1,715,256		1,229,160
U.S. Government Securities		2,645,754		2,719,920
Corporate Bonds and Debentures		2,005,445		2,041,625
Common Trust Funds				
Multi-Employer Property Trust		1,385,471		2,123,462
CS McKee Small Cap Core Fund		1,124,272		-
Money Market Funds		469,507		729,220
Total Investments	$	17,378,947	$	15,256,903

NOTE E – INVESTMENTS - Continued

During 2009 and 2008, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value by $ 2,346,535 and $(4,767,698), respectively as follows:

	2009	2008
Common Stocks	$ 1,791,240	$ (2,472,139)
U.S. Government Securities	(55,776)	129,028
Corporate Bonds and Debentures	110,404	(74,701)
Common Trust Funds	(501,594)	(246,644)
Mutual Funds	1,002,261	(2,103,242)
Net appreciation in fair value of investments	$ 2,346,535	$ (4,767,698)

NOTE F - TAX STATUS

The Plan qualifies pursuant to section 401(a) of the Internal Revenue Code, and accordingly, is exempt from income taxes.

The Plan obtained its latest determination letter on December 11, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE G – RISKS AND UNCERTAINTIES

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

The plan maintains cash balances with financial institutions which frequently exceed federally insured limits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE H - PLAN TERMINATION

In the event the Plan terminates, accrued benefits for each participant will become fully vested. No termination distribution shall be made pending notification from the Pension Benefit Guaranty Corporation (who insures the plan) as to whether the trust assets are sufficient to discharge all insured benefit obligations. Notification that assets are not sufficient shall be treated as termination by the Pension Benefit Guaranty Corporation as of the date of notification.

Should the Fund terminate at some future time, whether all participants receive their benefits will depend on the sufficiency of the Fund's net assets at that time to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE I – WITHDRAWAL LIABILITY

During the plan year 2007, a contributing employer ceased making contributions to the Plan. The contractor continues to perform work in the jurisdiction of the collective bargaining agreement, thereby triggering a complete withdrawal from the Plan pursuant to ERISA Section 4203(b)(2). Accordingly, the Plan's actuary has calculated the employer's withdrawal liability. Based on the actuary's calculation, the employer's liability was $91,126. The employer will pay nine quarterly payments of $10,421 beginning August 2008. A final payment of $3,216 will then be made. Payments include interest. The balance due on the note at December 31, 2009 is $33,396.

NOTE J – SUBSEQUENT EVENTS

In preparing these financial statements, the Fund has evaluated events and transactions for potential recognition or disclosure through August 27, 2010 the date the financial statements were available for use.

I.B.E.W. Local Union No. 64 Pension Fund

Supplementary Information

Schedule of Assets Held for Investment Purposes

December 31, 2009

I.B.E.W. Local Union No. 64 Pension Fund - EIN 34-6654696 PN 002

Schedule of Assets Held for Investment Purposes

December 31, 2009

Shares	Description	Cost	Market Value
Common Stocks			
970	Accenture Place	31,560	40,255
2,800	American Express Co.	79,359	113,456
1,080	American Tower Corp	34,592	46,667
3,780	Autodesk Inc.	112,547	96,050
2,335	Automatic Data Processing Inc.	84,251	99,985
2,470	Baker Hughes Inc.	134,308	99,986
5,520	Bank New York Mellon Corp	162,972	154,394
1,310	Becton Dickinson & Co.	90,088	103,307
2,885	Carnival Corp	117,668	91,426
1,040	Cerner Corp	48,748	85,738
8,330	Cisco Systems Inc.	210,143	199,420
2,900	Crown Castle International Corp	64,271	113,216
4,000	Deans Foods Co.	87,376	72,160
3,750	Dicks Sporting Goods Inc.	52,241	93,263
6,790	Disney Walt Co.	161,019	218,978
9,020	EMC Corp	129,087	157,579
7,420	Electronic Arts Inc.	218,609	131,705
3,280	Federated Invs. Inc.	72,492	90,200
1,480	Fedex Corp.	122,191	123,506
1,940	Gen-Probe Inc.	82,619	83,265
1,440	General Mills Inc.	73,548	101,966
1,660	Genzyme Corp Com - Gen Div	95,607	81,357
330	Google Inc.	151,134	204,593
1,730	Heartland Express Inc.	25,548	26,417
2,960	Hess Corporation	166,291	179,080
1,510	Home Depot Inc.	41,433	43,684
1,400	Hunt JB Trans SVCS Inc.	45,598	45,178
3,930	International Game Technology	123,954	73,766
2,210	Inverness Med Innovations Inc.	65,101	91,737
1,500	Johnson & Johnson	92,579	96,615
1,740	Juniper Networks Inc.	38,308	46,406
1,890	Kellogg Co.	75,051	100,548
1,620	Knight Transn Inc.	24,897	31,250
3,630	Kroger Co.	79,689	74,524
2,140	Lowes Cos Inc.	49,357	50,055
4,930	Microsoft Corp	146,496	150,266
1,690	Millipore Corp.	120,405	122,271

I.B.E.W. Local Union No. 64 Pension Fund - EIN 34-6654696 PN 002

Schedule of Assets Held for Investment Purposes

December 31, 2009

Shares	Description	Cost	Market Value
Common Stocks - continued			
1,780	Monsanto Co.	137,699	145,515
2,680	Nordstrom, Inc.	33,629	100,714
1,540	Northern Tr. Corp.	80,238	80,696
3,180	Pall Corp.	108,933	115,116
3,770	Paychex Inc	102,763	115,513
4,390	Perkinelmer Inc.	89,629	90,390
6,880	Progressive Corp.	114,697	123,771
1,720	Quest Diagnostics Inc.	90,356	103,854
2,770	Safeway Inc.	59,881	58,973
1,210	Sherwin Williams Co.	67,196	74,597
18,000	Southwest Airlines Co.	187,739	205,740
2,080	Thermo Fischer Corp.	72,598	99,195
2,485	United Parcel Service Inc.	171,668	142,564
2,800	Waste Management Inc	87,391	94,668
2,510	Weyerhaeuser Co.	124,883	108,281
1,400	Advantest Corp.	38,946	36,329
410	Lonza AG (CHF)	35,188	28,751
2,920	Nestle SA Cham	177,680	140,811
600	Tokyo Electron LTD	28,978	38,325
2,860	Cameco Corp.	77,915	92,006
10,210	Nokia Corp	155,687	131,199
1,890	SAP Aktiengesellschaft	89,631	88,471
1,570	Schlumberger Ltd.	102,371	102,191
4,930	Unilever PLC	117,952	157,267
6,130	Weatherford Intl LTD Inc.	111,702	109,788
TOTAL COMMON STOCKS		5,976,487	6,318,994
Mutual Funds			
35,388	Manning & Napier Fin Svcs-A	300,199	196,404
33,730	Manning & Napier Life Sciences	409,794	357,880
9,878	Manning & Napier Real Estate	97,191	104,810
29,306	Manning & Napier Small Cap	310,809	216,571
23,478	Manning & Napier Technology	216,421	228,446
40,719	Manning & Napier International	395,915	341,634
33,067	Manning & Napier World Opp	286,435	268,503
44,808	Euro Pac Growth	1,886,988	1,715,256
TOTAL MUTUAL FUNDS		3,903,752	3,429,504

I.B.E.W. Local Union No. 64 Pension Fund - EIN 34-6654696 PN 002

Schedule of Assets Held for Investment Purposes

December 31, 2009

SECURITY	PAR VALUE	INT. RATE	DUE DATE	COST	MARKET VALUE
U.S. GOVERNMENT SECURITIES					
Treasury Note	250,000	2.750%	02/15/19	251,036	230,158
Treasury Note	315,000	4.250%	08/15/14	312,253	339,831
Treasury Note	200,000	4.875%	08/15/16	203,416	219,938
Treasury Discounts/Strips	173,000	N/A	02/15/18	98,532	126,517
Federal Home Loan Bank	100,000	5.000%	11/17/17	101,109	108,188
FNMA	152,000	5.250%	08/01/12	153,283	162,204
FHLM	64,785	6.000%	09/01/22	65,716	69,781
FHLM	70,034	6.500%	06/01/26	70,921	75,578
FHLM	56,638	6.000%	06/01/16	56,709	60,672
FHLM	117,642	8.000%	06/01/15	122,936	128,402
FHLM	67,612	5.500%	10/01/17	67,897	71,973
FHLM	73,434	4.986%	03/01/34	70,955	76,987
FHLM	96,425	6.000%	12/01/32	97,510	102,220
FHLM	69,333	6.500%	03/01/22	71,370	75,483
FNMA	87,686	6.000%	11/01/18	88,357	93,918
FNMA	145,763	5.580%	06/01/11	152,642	152,025
GNMA	87,573	6.500%	05/15/24	89,064	93,330
FHLM	145,000	4.500%	02/15/19	153,020	149,337
FNMA	64,692	6.500%	11/25/15	66,512	69,523
FNMA	73,599	6.000%	01/25/32	74,002	78,708
GNMA	68,958	6.000%	12/20/17	70,143	70,209
GNMA	87,195	4.695%	12/16/24	85,151	90,772
TOTAL U.S. GOVERNMENT SECURITIES				2,522,534	2,645,754
CORPORATE NOTES/BONDS					
Abbott Laboratories	50,000	5.125%	4/1/2019	50,091	52,298
American General Financial Corp	98,000	4.000%	3/15/2011	92,560	88,603
BB&T Corp	50,000	3.375%	9/25/2013	49,955	50,394
Bellsouth Corp.	94,000	4.750%	11/15/2012	91,383	100,374
Boeing Co.	50,000	3.750%	11/20/2016	49,454	48,335
Caterpillar Inc.	50,000	7.900%	12/15/2018	50,278	60,996
Cisco Systems Inc.	50,000	5.250%	2/22/2011	49,905	52,466
Citigroup Inc.	92,000	5.125%	5/5/2014	91,731	91,568
Coca-Cola Enterprises Inc	50,000	4.250%	3/1/2015	50,557	52,521
Danaher Corp	75,000	5.625%	1/15/2018	74,543	80,161
Duke Energy Carolinas LLC	50,000	5.250%	1/15/2018	50,058	52,354

I.B.E.W. Local Union No. 64 Pension Fund - EIN 34-6654696 PN 002

Schedule of Assets Held for Investment Purposes

December 31, 2009

SECURITY	PAR VALUE	INT. RATE	DUE DATE	COST	MARKET VALUE
CORPORATE NOTES/BONDS - Continued					
General Elec Cap Corp	146,000	5.875%	2/15/2012	151,954	156,420
Honeywell Intl	138,000	7.500%	3/1/2010	151,343	139,660
Intl Lease Finance Corp.	50,000	5.450%	3/24/2011	49,903	46,081
John Deere Cap Corp	100,000	4.125%	1/15/2010	96,591	100,089
JP Morgan Chase & Co	93,000	5.125%	9/15/2014	91,684	98,093
Kraft Foods Inc.	50,000	5.250%	10/1/2013	49,418	52,837
Lowes	50,000	6.100%	9/15/2017	49,959	55,317
Merrill Lynch & Co. Inc.	50,000	6.875%	4/25/2018	49,957	53,872
Oracle Corp.	50,000	5.750%	4/25/2018	51,137	54,060
St. Jude Medical Inc	50,000	3.750%	7/15/2014	49,925	50,540
United Technologies Corp.	50,000	6.125%	2/1/2019	49,919	55,253
Unitedhealth Group Inc.	50,000	5.250%	3/15/2011	49,920	51,811
Verizon Global FDG Corp	100,000	4.900%	9/15/2015	96,349	106,140
Wells Fargo Company	94,000	5.125%	9/15/2016	92,856	93,789
BHP Billiton Finance	100,000	5.400%	3/29/2017	99,687	107,138
Canadian Natl Ry Co	50,000	5.850%	11/15/2017	49,841	54,275
TOTAL CORPORATE BONDS AND DEBENTURES				1,930,958	2,005,445
COMMON TRUST FUNDS					
Multi Employer Property Trust		N/A	N/A	1,022,350	1,385,471
C S McKee Small Cap		N/A	N/A	1,030,321	1,124,272
TOTAL COMMON TRUST FUNDS				2,052,671	2,509,743
MONEY MARKET FUNDS					
Allegiant Money Market Fund I		N/A	N/A	469,507	469,507
Total Investments				$ 16,855,909	$ 17,378,947

I.B.E.W. Local Union No. 64 Pension Fund

Employer ID Number: 34-6654696
Plan Number 002
Form 5500 - Annual Return/Report of Employee Benefit Plan
Schedule of Reportable Transactions

December 31, 2009

(a) Identity of party involved (b) Description of security	(c) Purchase Price	(d) Selling Price	(f) Exp. incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
C.S. McKee Small Cap Core Fund	1,030,322	-	-	1,030,322	1,030,322	-
Delaware Group Equity Funds	-	1,030,322	-	1,538,127	1,030,322	(507,805)

Schedule MB, Line 8b - Schedule of Active Participant Data

Number Distributed by Attained Age and Attained Years of Vesting Service[1]

EIN/Plan Number: 34-6654696/001

Attained Age	Attained Years of Vesting Service													
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25		2	6	7	1									16
25-29		4	6	18	1	18	1							48
30-34			1	7	1	20	10							39
35-39				1		17	13	7						38
40-44	2					8	15	17	4					46
45-49				2		9	6	6	16	5				44
50-54						3	3	8	6	13	2			35
55-59				1		3	4	1		3	5	4		21
60-64						1						2		3
65-69														
70&Over														
Total	2	6	13	36	3	79	52	39	26	21	7	6		290

Average:	Age	40.23	Number of participants:	Fully vested	230	Males 284
	Service	12.94		Partially vested	0	Females 6

[1] Ages and service totals for purposes of determining category are based on exact (not rounded) values.

I.B.E.W. Local Union No. 64 Pension Fund

Employer ID Number: 34-6654696
Plan Number 002
Form 5500 - Annual Return/Report of Employee Benefit Plan
Schedule of Reportable Transactions

December 31, 2009

(a) Identity of party involved (b) Description of security	(c) Purchase Price	(d) Selling Price	(f) Exp. incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
C.S. McKee Small Cap Core Fund	1,030,322	-	-	1,030,322	1,030,322	-
Delaware Group Equity Funds	-	1,030,322	-	1,538,127	1,030,322	(507,805)

I.B.E.W. Local Union No. 64 Pension Fund - EIN 34-6654696 PN 002

Schedule of Assets Held for Investment Purposes

December 31, 2009

Shares	Description	Cost	Market Value
Common Stocks			
970	Accenture Place	31,560	40,255
2,800	American Express Co.	79,359	113,456
1,080	American Tower Corp	34,592	46,667
3,780	Autodesk Inc.	112,547	96,050
2,335	Automatic Data Processing Inc.	84,251	99,985
2,470	Baker Hughes Inc.	134,308	99,986
5,520	Bank New York Mellon Corp	162,972	154,394
1,310	Becton Dickinson & Co.	90,088	103,307
2,885	Carnival Corp	117,668	91,426
1,040	Cerner Corp	48,748	85,738
8,330	Cisco Systems Inc.	210,143	199,420
2,900	Crown Castle International Corp	64,271	113,216
4,000	Deans Foods Co.	87,376	72,160
3,750	Dicks Sporting Goods Inc.	52,241	93,263
6,790	Disney Walt Co.	161,019	218,978
9,020	EMC Corp	129,087	157,579
7,420	Electronic Arts Inc.	218,609	131,705
3,280	Federated Invs. Inc.	72,492	90,200
1,480	Fedex Corp.	122,191	123,506
1,940	Gen-Probe Inc.	82,619	83,265
1,440	General Mills Inc.	73,548	101,966
1,660	Genzyme Corp Com - Gen Div	95,607	81,357
330	Google Inc.	151,134	204,593
1,730	Heartland Express Inc.	25,548	26,417
2,960	Hess Corporation	166,291	179,080
1,510	Home Depot Inc.	41,433	43,684
1,400	Hunt JB Trans SVCS Inc.	45,598	45,178
3,930	International Game Technology	123,954	73,766
2,210	Inverness Med Innovations Inc.	65,101	91,737
1,500	Johnson & Johnson	92,579	96,615
1,740	Juniper Networks Inc.	38,308	46,406
1,890	Kellogg Co.	75,051	100,548
1,620	Knight Transn Inc.	24,897	31,250
3,630	Kroger Co.	79,689	74,524
2,140	Lowes Cos Inc.	49,357	50,055
4,930	Microsoft Corp	146,496	150,266
1,690	Millipore Corp.	120,405	122,271

I.B.E.W. Local Union No. 64 Pension Fund - EIN 34-6654696 PN 002

Schedule of Assets Held for Investment Purposes

December 31, 2009

Shares	Description	Cost	Market Value
Common Stocks - continued			
1,780	Monsanto Co.	137,699	145,515
2,680	Nordstrom, Inc.	33,629	100,714
1,540	Northern Tr. Corp.	80,238	80,696
3,180	Pall Corp.	108,933	115,116
3,770	Paychex Inc	102,763	115,513
4,390	Perkinelmer Inc.	89,629	90,390
6,880	Progressive Corp.	114,697	123,771
1,720	Quest Diagnostics Inc.	90,356	103,854
2,770	Safeway Inc.	59,881	58,973
1,210	Sherwin Williams Co.	67,196	74,597
18,000	Southwest Airlines Co.	187,739	205,740
2,080	Thermo Fischer Corp.	72,598	99,195
2,485	United Parcel Service Inc.	171,668	142,564
2,800	Waste Management Inc	87,391	94,668
2,510	Weyerhaeuser Co.	124,883	108,281
1,400	Advantest Corp.	38,946	36,329
410	Lonza AG (CHF)	35,188	28,751
2,920	Nestle SA Cham	177,680	140,811
600	Tokyo Electron LTD	28,978	38,325
2,860	Cameco Corp.	77,915	92,006
10,210	Nokia Corp	155,687	131,199
1,890	SAP Aktiengesellschaft	89,631	88,471
1,570	Schlumberger Ltd.	102,371	102,191
4,930	Unilever PLC	117,952	157,267
6,130	Weatherford Intl LTD Inc.	111,702	109,788
TOTAL COMMON STOCKS		5,976,487	6,318,994
Mutual Funds			
35,388	Manning & Napier Fin Svcs-A	300,199	196,404
33,730	Manning & Napier Life Sciences	409,794	357,880
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44,808	Euro Pac Growth	1,886,988	1,715,256
TOTAL MUTUAL FUNDS		3,903,752	3,429,504

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December 31, 2009

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FNMA	152,000	5.250%	08/01/12	153,283	162,204
FHLM	64,785	6.000%	09/01/22	65,716	69,781
FHLM	70,034	6.500%	06/01/26	70,921	75,578
FHLM	56,638	6.000%	06/01/16	56,709	60,672
FHLM	117,642	8.000%	06/01/15	122,936	128,402
FHLM	67,612	5.500%	10/01/17	67,897	71,973
FHLM	73,434	4.986%	03/01/34	70,955	76,987
FHLM	96,425	6.000%	12/01/32	97,510	102,220
FHLM	69,333	6.500%	03/01/22	71,370	75,483
FNMA	87,686	6.000%	11/01/18	88,357	93,918
FNMA	145,763	5.580%	06/01/11	152,642	152,025
GNMA	87,573	6.500%	05/15/24	89,064	93,330
FHLM	145,000	4.500%	02/15/19	153,020	149,337
FNMA	64,692	6.500%	11/25/15	66,512	69,523
FNMA	73,599	6.000%	01/25/32	74,002	78,708
GNMA	68,958	6.000%	12/20/17	70,143	70,209
GNMA	87,195	4.695%	12/16/24	85,151	90,772
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Bellsouth Corp.	94,000	4.750%	11/15/2012	91,383	100,374
Boeing Co.	50,000	3.750%	11/20/2016	49,454	48,335
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Cisco Systems Inc.	50,000	5.250%	2/22/2011	49,905	52,466
Citigroup Inc.	92,000	5.125%	5/5/2014	91,731	91,568
Coca-Cola Enterprises Inc	50,000	4.250%	3/1/2015	50,557	52,521
Danaher Corp	75,000	5.625%	1/15/2018	74,543	80,161
Duke Energy Carolinas LLC	50,000	5.250%	1/15/2018	50,058	52,354

I.B.E.W. Local Union No. 64 Pension Fund - EIN 34-6654696 PN 002

Schedule of Assets Held for Investment Purposes

December 31, 2009

SECURITY	PAR VALUE	INT. RATE	DUE DATE	COST	MARKET VALUE
CORPORATE NOTES/BONDS - Continued					
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Intl Lease Finance Corp.	50,000	5.450%	3/24/2011	49,903	46,081
John Deere Cap Corp	100,000	4.125%	1/15/2010	96,591	100,089
JP Morgan Chase & Co	93,000	5.125%	9/15/2014	91,684	98,093
Kraft Foods Inc.	50,000	5.250%	10/1/2013	49,418	52,837
Lowes	50,000	6.100%	9/15/2017	49,959	55,317
Merrill Lynch & Co. Inc.	50,000	6.875%	4/25/2018	49,957	53,872
Oracle Corp.	50,000	5.750%	4/25/2018	51,137	54,060
St. Jude Medical Inc	50,000	3.750%	7/15/2014	49,925	50,540
United Technologies Corp.	50,000	6.125%	2/1/2019	49,919	55,253
Unitedhealth Group Inc.	50,000	5.250%	3/15/2011	49,920	51,811
Verizon Global FDG Corp	100,000	4.900%	9/15/2015	96,349	106,140
Wells Fargo Company	94,000	5.125%	9/15/2016	92,856	93,789
BHP Billiton Finance	100,000	5.400%	3/29/2017	99,687	107,138
Canadian Natl Ry Co	50,000	5.850%	11/15/2017	49,841	54,275
TOTAL CORPORATE BONDS AND DEBENTURES				1,930,958	2,005,445
COMMON TRUST FUNDS					
Multi Employer Property Trust		N/A	N/A	1,022,350	1,385,471
C S McKee Small Cap		N/A	N/A	1,030,321	1,124,272
TOTAL COMMON TRUST FUNDS				2,052,671	2,509,743
MONEY MARKET FUNDS					
Allegiant Money Market Fund I		N/A	N/A	469,507	469,507
Total Investments				$ 16,855,909	$ 17,378,947

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning and ending

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
IBEW Local Union No. 64 Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IBEW Joint Board of Trustees

D Employer Identification Number (EIN)
34-6654696

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 1 Day 1 Year 2009		
b	Assets		
	(1) Current value of assets	**1b(1)**	15,675,347
	(2) Actuarial value of assets for funding standard account	**1b(2)**	18,810,416
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	24,324,083
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	**1c(2)(a)**	
	(b) Accrued liability under entry age normal method	**1c(2)(b)**	
	(c) Normal cost under entry age normal method	**1c(2)(c)**	
	(3) Accrued liability under unit credit cost method	**1c(3)**	24,324,083
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
	(2) "RPA '94" information :		
	(a) Current liability	**1d(2)(a)**	41,280,756
	(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	123,256
	(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	1,955,560
	(3) Expected plan disbursements for the plan year	**1d(3)**	1,834,807

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

SEPT. 14, 2010
Date

Stanley I. Goldfarb
Type or print name of actuary

08-03401
Most recent enrollment number

Horizon Actuarial Services, LLC
Firm name

(240)247-4512
Telephone number (including area code)

8601 Georgia Avenue, Suite 700
Silver Spring MD 20910-
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	**2a**		15,675,347
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		143	19,919,364
(2) For terminated vested participants		71	4,166,320
(3) For active participants:			
(a) Non-vested benefits			750,069
(b) Vested benefits			16,445,003
(c) Total active		290	17,195,072
(4) Total		504	41,280,756
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		37.97 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	1,229,759				
			Totals ▶ 3(b)	1,229,759	3(c) 0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to item 5	**4a**	E
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4b**	77.3 %
c Is the plan making the scheduled progress with any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status, were any adjustable benefits reduced?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	**4e**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Reorganization **j** ☐ Other (specify):

k If box h is checked, enter period of use of shortfall method	**5k**	
l Has a change been made in funding method for this plan year?		☐ Yes ☒ No
m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40?		☐ Yes ☐ No
n If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5n**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**		4.82 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	8+3	8+3
(2) Females	**6c(2)**	8F	8F
d Valuation liability interest rate	**6d**	8.00 %	8.00 %
e Expense loading	**6e**	10.2 %	.0 %
f Salary scale	**6f**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**		(5.0) %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**		(21.7) %

Line 3(a) contributions are made continuously throughout the year.

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2,679,422	289,848

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval — **8a**

b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule. [X] Yes [ ] No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? [ ] Yes [X] No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? [ ] Yes [ ] No

(2) If line (1) is "Yes," enter the number of years by which the amortization period was extended — **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? [ ] Yes [ ] No

(4) If line (3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) — **8d(4)**

(5) If line (3) is "Yes," enter the date of the ruling letter approving the extension — **8d(5)**

(6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? [ ] Yes [ ] No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) — **8e**

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	123,256
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	16,762,427	2,432,483
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	204,459
e Total charges. Add lines 9a through 9d		**9e**	2,760,198

Credits to funding standard account:

f Prior year credit balance, if any		**9f**	3,153,615
g Employer contributions. Total from column (b) of line 3		**9g**	1,229,759
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	8,095,145	1,220,335
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	399,106
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	12,879,655	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	18,966,055	
(3) FFL credit		**9j(3)**	0
k (1) Waived funding deficiency		**9k(1)**	0
(2) Other credits		**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	6,002,815
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	3,242,617
n Funding deficiency: If line 9e is greater than 9l, enter the difference		**9n**	

9o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2009 plan year	**9o(1)**	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
	(3) Total as of valuation date	**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.		[X] Yes [ ] No

SCHEDULE MB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	IBEW Joint Board of Trustees
EIN / PN	34-6654696/001
Plan Name	IBEW Local Union No. 64 Pension Plan
Valuation Date	January 1, 2009
Enrolled Actuary	Stanley I. Goldfarb
Enrollment Number	08-03401

The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Line 3 of Schedule MB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2009

EIN/Plan Number: **34-6654696/001**

Plan Sponsor	Joint Board of Trustees of the International Brotherhood of Electical Workers Local Union Number 64 Pension Trust Fund	
EIN/PN	34-6654696/001	
Interest Rates	Valuation	8.00%
	RPA '94 Current liability	4.82%
Compensation Increases	N/A.	
Future Increases in Social Security	N/A.	
Future Increases in Maximum Benefits and Plan Compensation Limitations	It is assumed that maximum benefit and plan compensation limitations under the Internal Revenue Code will not increase in the future.	
Assumed Cost-of-Living Adjustments	None.	
Expenses	Any unreimbursed expenses paid from the Trust during the prior Plan Year are added to the Normal Cost, payable at the beginning of the year. The amount included this year for Administrative Expenses is $123,256.	
Mortality	The UP-94 Mortality Tables for males and females with a three year set forward for males. However, for purposes of developing RPA '94 current liability in 2009, the mortality table required by the Internal Revenue Service was used.	

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number: **34-6654696/001**

Retirement

The following rates have been utilized as the assumed incidence of retirement:

Attained Age	Rate of Retirement
57	1%
58	1
59	2
60	2
61	2
62	60
63	40
64	60
65	100%

Disability Rates

The DP-1985 Disability Table (Class 1) using sex distinct rates for male and female employees. The rates at the following illustrative ages indicate the disability incidence assumptions used:

Attained Age	Incidence of Disability (per 1,000) Males	Females
20	0.29	0.30
25	0.38	0.47
30	0.48	0.80
40	1.17	2.11
50	3.58	5.33
55	7.22	9.52
60	12.56	11.59

Disabled Mortality

1985 Pension Disability Mortality for males and females. However, for purposes of developing RPA '94 current liability in 2009, the healthy mortality table required by the Internal Revenue Service was used.

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2009

EIN/Plan Number: **34-6654696/001**

Representative Termination Rates

The valuation includes Plan participants only, for whom a moderate rate of withdrawal has been assumed. The following rates are illustrative:

Attained Age	Annual Rate of Withdrawal Males	Females
20	0.150	0.250
30	0.069	0.099
40	0.028	0.049
50	0.004	0.017
55	0.000	0.004

Form of Payment

Participants are assumed to elect the normal form.

Marriage

85% of participants are assumed to be married.

Employees

It was assumed that there will be no new or rehired employees.

Inclusion Date

The valuation date coincident with or next following the enrollment date on which the employee has employer contributions made on his behalf.

Compensation for Plan Participants

Equal to a participant's expected hours worked times the hourly wage specified in the collective bargaining agreement.

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number: **34-6654696/001**

Cost Method	The Traditional Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability for retirement, termination, and ancillary benefits. Under this method, an accrued benefit is calculated as of the beginning of the year and as of the end of the year for each benefit that may be payable in the future. The accrued benefit is based on the plan's accrual formula and upon service as of the beginning or end of the year. For benefits where the plan's accrual formula is not relevant, benefits are assumed to accrue on a straight-line basis over the period during which the employee earns credited service. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for employed participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.
Asset Method	The actuarial value is calculated under the adjusted market value method that recognizes asset gains and loses over 4 years. This method was initialized at the market value of assets as of January 1, 2006.
Employment and Hourly Rate	For purposes of projecting future benefits (if applicable) and future payroll, it is assumed that the number of hours worked in future years by each non-retired participant will be the average annual hours the participant worked during the last 3 years. For participants with fewer than 3 years of service, the average is based on the average of hours during all complete calendar years. 1,800 hours is assumed for participants who have not worked a complete calendar year. The actual contribution is governed by contractual agreement providing that 11% of the base hourly rate will be contributed to the pension fund. The base hourly rates as of January 1, 2009 are $29.10 for Commercial members, $16.75 Residential members and $18.00 for Teledata members.
Participant Data	Participant data were supplied electronically as of the valuation date. Data on persons receiving benefits were supplied from the Plan Administrator.

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number:	**34-6654696/001**
Benefits Not Included in Valuation	None.
Changes in Assumptions and Methods Since Last Actuarial Valuation	The current liability interest rates changed from 5.06% to 4.82% in order to remain within the allowable corridor specified by the IRS. The mortality rates used in determining current liability were changed as required by Treasury Regulation and IRS guidance. There have been no other changes to the assumptions and methods since the last actuarial valuation.

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number:	**34-6654696/001**
Plan Sponsor	Joint Board of Trustees of the International Brotherhood of Electical Workers Local Union Number 64 Pension Trust Fund
EIN/PN	34-6654696/001
Effective Date	May 1, 1970 (as we understand the Plan to be in effect on January 1, 2009).
Covered Employment	Covered employment shall mean employment on the basis for which an employer is obligated to contribute to the Fund. The term "covered employment" shall also mean full-time employment of a Union member by the Union for which contributions are paid into the Fund on behalf of such Union member.
Participation Service	An employee will become a participant as of the first day of the Plan Year in which he works a minimum of 420 hours. a. **Vesting Service** – Prior to May 1, 1970, an employee is credited with Vesting Service equal to the number of years of membership (max. 10) in the Union. After May 1, 1970, an employee is credited with one year of Vesting Service for each Plan Year he has received credit for at least 1,000 hours. b. **Credited Service** – Prior to May 1, 1970, an employee is credited with Credited Service equal to the number of years of membership (max. 10) in the Union. After May 1, 1970, an employee is credited with one year of Credited Service for each Plan Year he has received credit for at least 1,400 hours.

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number:	**34-6654696/001**
Normal Retirement	Eligible at age 62 with both ten years of credited service and three years of future service credit. The normal retirement benefit shall be equal to the sum of (i) a past service benefit, equal to $4.50 per month per year of credited service (maximum of 10 years), plus (ii) a future service benefit, equal to 4.00% of the aggregate employer contributions made to the pension fund with respect to such employee prior to January 1, 2003 and 2.25% of aggregate contributions made after January 1, 2003 and before February 26, 2006. No benefits accrue after February 26, 2006.
Early Retirement	Eligible at age 57 with both ten years of credited service and three years of future service credit. The monthly early retirement benefit is determined in accordance with the normal retirement benefit based on past service credit and contributions to date of termination of employment reduced by ¼% for each month that the benefits are paid prior to the normal retirement date.
Disability Retirement	Eligible if totally and permanently disabled after completion of at least five years of future service credit. The monthly disability retirement benefit is equal to the normal retirement benefit based on the past service credit and contributions made on behalf of the participant at the date he became disabled.
Deferred Vested Retirement	Eligible at any age with both five years of vesting service and three years of future service credit. The deferred vested benefit available following termination is determined under the normal retirement formula deferred to age 62. After attaining age 57, a participant may request immediate benefits reduced for commencement prior to normal retirement date.

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number:	**34-6654696/001**
Surviving Spouse's Benefit	Eligible upon the death of a married participant who has completed five years of Vesting Service. The participant's spouse will receive, at the date the participant would have reached age 57, unless a later is selected by the surviving spouse, 50% of the pension to which the participant would have been entitled had the participant retired on the day immediately prior to the benefit starting date and elected an immediate 50% Joint and Survivor option with his spouse as beneficiary.
Death Benefit	In the event of death of any employee prior to his retirement, his beneficiary will receive a lump sum payment equal to the aggregate employer contributions made to the pension fund with respect to such employee, to the extent that benefits otherwise payable from the Plan on behalf of the participant (including any Surviving Spouse's Benefits) do not exceed this sum.
Normal Form of Payment	The normal form of payment shall be a pension payable monthly for the life of the participant. In the event that the participant dies before his accumulated pension payments exceed the total amount of contributions made on his behalf, his designated beneficiary shall receive, in a lump sum, the difference between the total amount of contributions and the accumulated pension payments. A participant who is married at the time of his benefit commencement date will be presumed to have elected to receive the Joint and 50% Contingent Survivor option in favor of his spouse, unless he elects otherwise in writing and his spouse agrees.
Optional Forms of Payment	A participant may elect to receive not earlier than his 57th birthday, a Joint and 50% or 100% Contingent Survivor pension which is actuarially equivalent to his regular pension.
Pensioner Increases	Benefits for retired participants collecting benefits as of January 1, 1989 and January 1, 1991 were increased by $30 per month.

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number:	**34-6654696/001**
Changes Since Prior Valuation	The negotiated wages for Commercial members changed from $28.25 to $29.10 per hour. The negotiated hourly wages for Residential members changed from $16.40 to $16.75 per hour. The negotiated hourly wages for Teledata members changed from $17.31 to $18.00 per hour. Because benefit accruals under the Plan are frozen, the increases in the contribution rates do not increase the Plan's actuarial liability.

SCHEDULE MB ATTACHMENTS

Schedule MB, Lines 9c and 9h -
Schedule of Funding Standard Account Bases as of January 1, 2009
EIN/Plan Number: 34-6654696/001

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)	Amortization Payment as of Beginning of Year
A. Charges						
1. Amendment	01/01/1983	$ 835,565	30.00	$ 239,661	4.00	$ 67,000
2. Amendment	01/01/1985	1,404,700	30.00	567,497	6.00	113,663
3. Amendment	01/01/1986	11,900	30.00	5,430	7.00	967
4. Amendment	01/01/1988	4,247,992	30.00	2,348,154	9.00	348,046
5. Amendment	01/01/1990	1,516,700	29.00	912,066	10.00	125,856
6. Amendment	01/01/1991	1,222,800	30.00	818,563	12.00	100,572
7. Assumptions Change	01/01/1992	564,000	30.00	395,959	13.00	46,388
8. Experience Loss	01/01/1995	647,887	15.00	70,076	1.00	70,076
9. Amendment	01/01/1997	138,500	30.00	115,304	18.00	11,391
10. Experience Loss	01/01/1998	228,135	15.00	88,267	4.00	24,679
11. Experience Loss	01/01/1999	1,166,730	15.00	544,233	5.00	126,212
12. Experience Loss	01/01/2000	689,204	15.00	372,232	6.00	74,555
13. Experience Loss	01/01/2001	1,228,858	15.00	747,465	7.00	132,932
14. Amendment	01/01/2001	332,075	30.00	300,899	22.00	27,312
15. Experience Loss	01/01/2002	1,295,510	15.00	869,780	8.00	140,142
16. Amendment	01/01/2002	282,593	30.00	260,331	23.00	23,243
17. Experience Loss	01/01/2003	2,015,680	15.00	1,471,089	9.00	218,047
18. Experience Loss	01/01/2004	1,303,770	15.00	1,022,072	10.00	141,036
19. Amendment	01/01/2004	225,585	30.00	213,900	25.00	18,554
20. Experience Loss	01/01/2005	1,728,088	15.00	1,441,297	11.00	186,937
21. Amendment	01/01/2005	16,192	30.00	15,547	26.00	1,332
22. Experience Loss	01/01/2006	1,092,512	15.00	961,887	12.00	118,183

Schedule MB, Lines 9c and 9h (cont.) -
Schedule of Funding Standard Account Bases as of January 1, 2009
EIN/Plan Number: 34-6654696/001

	Date Established	*Initial Amount*	*Initial Amortization Period (Years)*	*Outstanding Balance*	*Remaining Amortization Period (Years)*	*Amortization Payment as of Beginning of Year*
23. Assumption Change	01/01/2006	310,185	30.00	301,296	27.00	25,512
24. Experience Loss	01/01/2009	2,679,422	15.00	2,679,422	15.00	289,848
Total				$ 16,762,427		$ 2,432,483
B. Credits						
1. Assumptions Change	01/01/1989	$ 1,519,200	30.00	$ 905,494	10.00	$ 124,951
2. Method Change	01/01/1990	181,900	30.00	115,343	11.00	14,961
3. Experience Gain	01/01/1996	128,462	15.00	26,755	2.00	13,897
4. Experience Gain	01/01/1997	1,217,860	15.00	366,665	3.00	131,743
5. Assumptions Change	01/01/1999	304,225	30.00	265,317	20.00	25,022
6. Asset Method Change	01/01/2000	642,743	10.00	88,696	1.00	88,696
7. Assumptions Change	01/01/2000	1,239,284	30.00	1,102,674	21.00	101,928
8. Amendment	01/01/2003	2,302,650	30.00	2,153,541	24.00	189,387
9. Asset Method Change	01/01/2006	996,474	10.00	773,167	7.00	137,504
10. Method Change	01/01/2006	2,634,887	10.00	2,044,415	7.00	363,589
11. Experience Gain	01/01/2007	52,231	15.00	48,230	13.00	5,650
12. Experience Gain	01/01/2008	212,681	15.00	204,848	14.00	23,007
Total				$ 8,095,145		$ 1,220,335
C. Net (A - B)				$ 8,667,282		$ 1,212,148

Schedule MB, Line 8b - Schedule of Active Participant Data

Number Distributed by Attained Age and Attained Years of Vesting Service[1]

EIN/Plan Number: 34-6654696/001

Attained Age	Attained Years of Vesting Service													
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25		2	6	7	1									16
25-29		4	6	18	1	18	1							48
30-34			1	7	1	20	10							39
35-39				1		17	13	7						38
40-44	2					8	15	17	4					46
45-49				2		9	6	6	16	5				44
50-54						3	3	8	6	13	2			35
55-59				1		3	4	1		3	5	4		21
60-64						1						2		3
65-69														
70&Over														
Total	2	6	13	36	3	79	52	39	26	21	7	6		290

Average:	Age	40.23	Number of participants:	Fully vested	230	Males 284
	Service	12.94		Partially vested	0	Females 6

[1] Ages and service totals for purposes of determining category are based on exact (not rounded) values.

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

EIN/Plan Number	34-6654696/001
Changes in Assumptions and Methods Since Last Actuarial Valuation	The current liability interest rates changed from 5.06% to 4.82% in order to remain within the allowable corridor specified by the IRS. The mortality rates used in determining current liability were changed as required by Treasury Regulation and IRS guidance.
Reason for Changes in Assumptions and Methods	The change in the interest rate and mortality table used to determine the plan's RPA current liability is a mandated legislative change.

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2009

EIN/Plan Number: **34-6654696/001**

Plan Sponsor	Joint Board of Trustees of the International Brotherhood of Electical Workers Local Union Number 64 Pension Trust Fund	
EIN/PN	34-6654696/001	
Interest Rates	Valuation	8.00%
	RPA '94 Current liability	4.82%
Compensation Increases	N/A.	
Future Increases in Social Security	N/A.	
Future Increases in Maximum Benefits and Plan Compensation Limitations	It is assumed that maximum benefit and plan compensation limitations under the Internal Revenue Code will not increase in the future.	
Assumed Cost-of-Living Adjustments	None.	
Expenses	Any unreimbursed expenses paid from the Trust during the prior Plan Year are added to the Normal Cost, payable at the beginning of the year. The amount included this year for Administrative Expenses is $123,256.	
Mortality	The UP-94 Mortality Tables for males and females with a three year set forward for males. However, for purposes of developing RPA '94 current liability in 2009, the mortality table required by the Internal Revenue Service was used.	

SCHEDULE MB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	IBEW Joint Board of Trustees
EIN / PN	34-6654696/001
Plan Name	IBEW Local Union No. 64 Pension Plan
Valuation Date	January 1, 2009
Enrolled Actuary	Stanley I. Goldfarb
Enrollment Number	08-03401

The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Line 3 of Schedule MB were listed in reliance on information provided by the plan administrator and/or trustee.

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number: **34-6654696/001**

Retirement

The following rates have been utilized as the assumed incidence of retirement:

Attained Age	Rate of Retirement
57	1%
58	1
59	2
60	2
61	2
62	60
63	40
64	60
65	100%

Disability Rates

The DP-1985 Disability Table (Class 1) using sex distinct rates for male and female employees. The rates at the following illustrative ages indicate the disability incidence assumptions used:

Attained Age	Incidence of Disability (per 1,000) Males	Females
20	0.29	0.30
25	0.38	0.47
30	0.48	0.80
40	1.17	2.11
50	3.58	5.33
55	7.22	9.52
60	12.56	11.59

Disabled Mortality

1985 Pension Disability Mortality for males and females. However, for purposes of developing RPA '94 current liability in 2009, the healthy mortality table required by the Internal Revenue Service was used.

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2009

EIN/Plan Number: **34-6654696/001**

Representative Termination Rates

The valuation includes Plan participants only, for whom a moderate rate of withdrawal has been assumed. The following rates are illustrative:

Attained Age	Annual Rate of Withdrawal Males	Females
20	0.150	0.250
30	0.069	0.099
40	0.028	0.049
50	0.004	0.017
55	0.000	0.004

Form of Payment

Participants are assumed to elect the normal form.

Marriage

85% of participants are assumed to be married.

Employees

It was assumed that there will be no new or rehired employees.

Inclusion Date

The valuation date coincident with or next following the enrollment date on which the employee has employer contributions made on his behalf.

Compensation for Plan Participants

Equal to a participant's expected hours worked times the hourly wage specified in the collective bargaining agreement.

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number: **34-6654696/001**

Cost Method	The Traditional Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability for retirement, termination, and ancillary benefits. Under this method, an accrued benefit is calculated as of the beginning of the year and as of the end of the year for each benefit that may be payable in the future. The accrued benefit is based on the plan's accrual formula and upon service as of the beginning or end of the year. For benefits where the plan's accrual formula is not relevant, benefits are assumed to accrue on a straight-line basis over the period during which the employee earns credited service. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for employed participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.
Asset Method	The actuarial value is calculated under the adjusted market value method that recognizes asset gains and loses over 4 years. This method was initialized at the market value of assets as of January 1, 2006.
Employment and Hourly Rate	For purposes of projecting future benefits (if applicable) and future payroll, it is assumed that the number of hours worked in future years by each non-retired participant will be the average annual hours the participant worked during the last 3 years. For participants with fewer than 3 years of service, the average is based on the average of hours during all complete calendar years. 1,800 hours is assumed for participants who have not worked a complete calendar year. The actual contribution is governed by contractual agreement providing that 11% of the base hourly rate will be contributed to the pension fund. The base hourly rates as of January 1, 2009 are $29.10 for Commercial members, $16.75 Residential members and $18.00 for Teledata members.
Participant Data	Participant data were supplied electronically as of the valuation date. Data on persons receiving benefits were supplied from the Plan Administrator.

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number:	**34-6654696/001**
Benefits Not Included in Valuation	None.
Changes in Assumptions and Methods Since Last Actuarial Valuation	The current liability interest rates changed from 5.06% to 4.82% in order to remain within the allowable corridor specified by the IRS. The mortality rates used in determining current liability were changed as required by Treasury Regulation and IRS guidance. There have been no other changes to the assumptions and methods since the last actuarial valuation.

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number:	**34-6654696/001**
Plan Sponsor	Joint Board of Trustees of the International Brotherhood of Electical Workers Local Union Number 64 Pension Trust Fund
EIN/PN	34-6654696/001
Effective Date	May 1, 1970 (as we understand the Plan to be in effect on January 1, 2009).
Covered Employment	Covered employment shall mean employment on the basis for which an employer is obligated to contribute to the Fund. The term "covered employment" shall also mean full-time employment of a Union member by the Union for which contributions are paid into the Fund on behalf of such Union member.
Participation Service	An employee will become a participant as of the first day of the Plan Year in which he works a minimum of 420 hours. a. **Vesting Service** – Prior to May 1, 1970, an employee is credited with Vesting Service equal to the number of years of membership (max. 10) in the Union. After May 1, 1970, an employee is credited with one year of Vesting Service for each Plan Year he has received credit for at least 1,000 hours. b. **Credited Service** – Prior to May 1, 1970, an employee is credited with Credited Service equal to the number of years of membership (max. 10) in the Union. After May 1, 1970, an employee is credited with one year of Credited Service for each Plan Year he has received credit for at least 1,400 hours.

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number:	**34-6654696/001**
Normal Retirement	Eligible at age 62 with both ten years of credited service and three years of future service credit. The normal retirement benefit shall be equal to the sum of (i) a past service benefit, equal to $4.50 per month per year of credited service (maximum of 10 years), plus (ii) a future service benefit, equal to 4.00% of the aggregate employer contributions made to the pension fund with respect to such employee prior to January 1, 2003 and 2.25% of aggregate contributions made after January 1, 2003 and before February 26, 2006. No benefits accrue after February 26, 2006.
Early Retirement	Eligible at age 57 with both ten years of credited service and three years of future service credit. The monthly early retirement benefit is determined in accordance with the normal retirement benefit based on past service credit and contributions to date of termination of employment reduced by ¼% for each month that the benefits are paid prior to the normal retirement date.
Disability Retirement	Eligible if totally and permanently disabled after completion of at least five years of future service credit. The monthly disability retirement benefit is equal to the normal retirement benefit based on the past service credit and contributions made on behalf of the participant at the date he became disabled.
Deferred Vested Retirement	Eligible at any age with both five years of vesting service and three years of future service credit. The deferred vested benefit available following termination is determined under the normal retirement formula deferred to age 62. After attaining age 57, a participant may request immediate benefits reduced for commencement prior to normal retirement date.

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number:	**34-6654696/001**
Surviving Spouse's Benefit	Eligible upon the death of a married participant who has completed five years of Vesting Service. The participant's spouse will receive, at the date the participant would have reached age 57, unless a later is selected by the surviving spouse, 50% of the pension to which the participant would have been entitled had the participant retired on the day immediately prior to the benefit starting date and elected an immediate 50% Joint and Survivor option with his spouse as beneficiary.
Death Benefit	In the event of death of any employee prior to his retirement, his beneficiary will receive a lump sum payment equal to the aggregate employer contributions made to the pension fund with respect to such employee, to the extent that benefits otherwise payable from the Plan on behalf of the participant (including any Surviving Spouse's Benefits) do not exceed this sum.
Normal Form of Payment	The normal form of payment shall be a pension payable monthly for the life of the participant. In the event that the participant dies before his accumulated pension payments exceed the total amount of contributions made on his behalf, his designated beneficiary shall receive, in a lump sum, the difference between the total amount of contributions and the accumulated pension payments. A participant who is married at the time of his benefit commencement date will be presumed to have elected to receive the Joint and 50% Contingent Survivor option in favor of his spouse, unless he elects otherwise in writing and his spouse agrees.
Optional Forms of Payment	A participant may elect to receive not earlier than his 57th birthday, a Joint and 50% or 100% Contingent Survivor pension which is actuarially equivalent to his regular pension.
Pensioner Increases	Benefits for retired participants collecting benefits as of January 1, 1989 and January 1, 1991 were increased by $30 per month.

Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2009

EIN/Plan Number:	**34-6654696/001**
Changes Since Prior Valuation	The negotiated wages for Commercial members changed from $28.25 to $29.10 per hour. The negotiated hourly wages for Residential members changed from $16.40 to $16.75 per hour. The negotiated hourly wages for Teledata members changed from $17.31 to $18.00 per hour. Because benefit accruals under the Plan are frozen, the increases in the contribution rates do not increase the Plan's actuarial liability.

SCHEDULE MB ATTACHMENTS

Schedule MB, Lines 9c and 9h -
Schedule of Funding Standard Account Bases as of January 1, 2009
EIN/Plan Number: 34-6654696/001

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)	Amortization Payment as of Beginning of Year
A. Charges						
1. Amendment	01/01/1983	$ 835,565	30.00	$ 239,661	4.00	$ 67,000
2. Amendment	01/01/1985	1,404,700	30.00	567,497	6.00	113,663
3. Amendment	01/01/1986	11,900	30.00	5,430	7.00	967
4. Amendment	01/01/1988	4,247,992	30.00	2,348,154	9.00	348,046
5. Amendment	01/01/1990	1,516,700	29.00	912,066	10.00	125,856
6. Amendment	01/01/1991	1,222,800	30.00	818,563	12.00	100,572
7. Assumptions Change	01/01/1992	564,000	30.00	395,959	13.00	46,388
8. Experience Loss	01/01/1995	647,887	15.00	70,076	1.00	70,076
9. Amendment	01/01/1997	138,500	30.00	115,304	18.00	11,391
10. Experience Loss	01/01/1998	228,135	15.00	88,267	4.00	24,679
11. Experience Loss	01/01/1999	1,166,730	15.00	544,233	5.00	126,212
12. Experience Loss	01/01/2000	689,204	15.00	372,232	6.00	74,555
13. Experience Loss	01/01/2001	1,228,858	15.00	747,465	7.00	132,932
14. Amendment	01/01/2001	332,075	30.00	300,899	22.00	27,312
15. Experience Loss	01/01/2002	1,295,510	15.00	869,780	8.00	140,142
16. Amendment	01/01/2002	282,593	30.00	260,331	23.00	23,243
17. Experience Loss	01/01/2003	2,015,680	15.00	1,471,089	9.00	218,047
18. Experience Loss	01/01/2004	1,303,770	15.00	1,022,072	10.00	141,036
19. Amendment	01/01/2004	225,585	30.00	213,900	25.00	18,554
20. Experience Loss	01/01/2005	1,728,088	15.00	1,441,297	11.00	186,937
21. Amendment	01/01/2005	16,192	30.00	15,547	26.00	1,332
22. Experience Loss	01/01/2006	1,092,512	15.00	961,887	12.00	118,183

Schedule MB, Lines 9c and 9h (cont.) -
Schedule of Funding Standard Account Bases as of January 1, 2009
EIN/Plan Number: 34-6654696/001

	Date Established	*Initial Amount*	*Initial Amortization Period (Years)*	*Outstanding Balance*	*Remaining Amortization Period (Years)*	*Amortization Payment as of Beginning of Year*
23. Assumption Change	01/01/2006	310,185	30.00	301,296	27.00	25,512
24. Experience Loss	01/01/2009	2,679,422	15.00	2,679,422	15.00	289,848
Total				$ 16,762,427		$ 2,432,483
B. Credits						
1. Assumptions Change	01/01/1989	$ 1,519,200	30.00	$ 905,494	10.00	$ 124,951
2. Method Change	01/01/1990	181,900	30.00	115,343	11.00	14,961
3. Experience Gain	01/01/1996	128,462	15.00	26,755	2.00	13,897
4. Experience Gain	01/01/1997	1,217,860	15.00	366,665	3.00	131,743
5. Assumptions Change	01/01/1999	304,225	30.00	265,317	20.00	25,022
6. Asset Method Change	01/01/2000	642,743	10.00	88,696	1.00	88,696
7. Assumptions Change	01/01/2000	1,239,284	30.00	1,102,674	21.00	101,928
8. Amendment	01/01/2003	2,302,650	30.00	2,153,541	24.00	189,387
9. Asset Method Change	01/01/2006	996,474	10.00	773,167	7.00	137,504
10. Method Change	01/01/2006	2,634,887	10.00	2,044,415	7.00	363,589
11. Experience Gain	01/01/2007	52,231	15.00	48,230	13.00	5,650
12. Experience Gain	01/01/2008	212,681	15.00	204,848	14.00	23,007
Total				$ 8,095,145		$ 1,220,335
C. Net (A - B)				$ 8,667,282		$ 1,212,148

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

EIN/Plan Number	34-6654696/001
Changes in Assumptions and Methods Since Last Actuarial Valuation	The current liability interest rates changed from 5.06% to 4.82% in order to remain within the allowable corridor specified by the IRS. The mortality rates used in determining current liability were changed as required by Treasury Regulation and IRS guidance.
Reason for Changes in Assumptions and Methods	The change in the interest rate and mortality table used to determine the plan's RPA current liability is a mandated legislative change.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210 - 0110
1210 - 0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning and ending

A This return/report is for:
- [X] a multiemployer plan;
- [ ] a single-employer plan:
- [ ] a multiple-employer plan; or
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [X] an amended return/report;
- [ ] the final return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information — enter all requested information

1a Name of plan
IBEW LOCAL UNION 64 PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1970

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
IBEW LOCAL UNION 64 PENSION PLAN
JOINT BOARD OF TRADES

33 FITCH BLVD

YOUNGSTOWN OH 44515

2b Employer Identification Number (EIN)
34-6654696

2c Sponsor's telephone number
330-270-0453

2d Business code (see instructions)
238210

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

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

SIGN HERE	Signature of plan administrator	11-29-10 Date	JAMES BURGHAM Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	12.22.10 Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") "SAME"	**3b** Administrator's EIN **3c** Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name	**4b** EIN **4c** PN

5 Total number of participants at the beginning of the plan year	**5**	504
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	272
b Retired or separated participants receiving benefits	**6b**	116
c Other retired or separated participants entitled to future benefits	**6c**	84
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	472
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	24
f Total. Add lines **6d** and **6e**	**6f**	496
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	21

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

1F 1G

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	**b General Schedules**
(1) [X] **R** (Retirement Plan Information)	(1) [X] **H** (Financial Information)
(2) [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ] **I** (Financial Information - Small Plan)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) [ ] ___ **A** (Insurance Information)
	(4) [X] **C** (Service Provider Information)
	(5) [X] **D** (DFE/Participating Plan Information)
	(6) [ ] **G** (Financial Transaction Schedules)