

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☒ 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; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>IBEW LOCAL 129 PROFIT SHARING ANNUITY PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/1983</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/01/1983</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/01/1983</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>IBEW LOCAL UNION 129 PROFIT SHARING ANNUITY PLAN</u> <u>36964 DETROIT RD</u> <u>AVON, OH 44011-1518</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1414182</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>440-934-4447</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>525100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1414182</u>	2c Sponsor's telephone number <u>440-934-4447</u>	2d Business code (see instructions) <u>525100</u>	
2b Employer Identification Number (EIN) <u>34-1414182</u>					
2c Sponsor's telephone number <u>440-934-4447</u>					
2d Business code (see instructions) <u>525100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2011	LOU GRASSO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") IBEW LOCAL NO. 129 PROFIT SHARING PLAN 36964 DETROIT RD AVON, OH 44011	3b Administrator's EIN 34-1414182 3c Administrator's telephone number 440-934-4447
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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
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5 Total number of participants at the beginning of the plan year	5	296
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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	331
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	331
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	331
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	33
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 3D

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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan IBEW LOCAL 129 PROFIT SHARING ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL UNION 129 PROFIT SHARING ANNUITY PLAN	D Employer Identification Number (EIN) 34-1414182	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

IBEW LOCAL 129 BENEFIT FUNDS

34-1841503

(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?
14	ADMINISTRATOR	45078	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENT

04-2647786

(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?
64 65	RECORDKEEPER	17804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan IBEW LOCAL 129 PROFIT SHARING ANNUITY PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL UNION 129 PROFIT SHARING ANNUITY PLAN	D Employer Identification Number (EIN) 34-1414182	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15993905	16788045
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15993905	16788045

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	15993905	16788045
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	969203	
(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)		969203
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(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)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	430244	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		430244
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1725304
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3124751

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2267725	
(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)		2267725
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	62886	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		62886
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2330611

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		794140
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: ALAN JANUZZI, CPA (2) EIN: 34-1631968

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.).....		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.).....		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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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)

ALAN V. JANUZZI
CERTIFIED PUBLIC ACCOUNTANT
7710 RICE ROAD
AMHERST, OHIO 44001

INDEPENDENT AUDITORS' REPORT

July 5, 2011

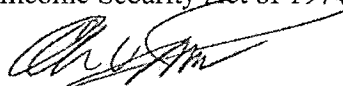
Board of Trustees
IBEW Local No. 129 Profit Sharing Annuity Plan
Avon, Ohio

I was engaged to audit the accompanying statement of net assets available for benefits (modified cash basis) of IBEW Local No. 129 Profit Sharing Annuity Plan (the Plan) as of December 31, 2010 and 2009 (modified cash basis) and related statement of changes in net assets available for benefits (modified cash basis) for the years ended December 31, 2010 and 2009, and supplemental schedule of assets held for investment purposes at end of year, referred to as "supplemental information", as of the years ended December 31, 2010 and 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Investments, the trustee of the Plan, except for comparing information with related information included in the financial statements and supplemental schedules. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009 and for the years ended December 31, 2010 and 2009 that the information provided to the plan administrator by the trustee is complete and accurate.

As described in Note B, the 2010 and 2009 financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

Because of the significance of the information that I did not audit, I am unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules, taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


Amherst, Ohio

IBEW LOCAL NO. 129 PROFIT SHARING ANNUITY PLAN
AUDITED FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

ALAN V. JANUZZI
CERTIFIED PUBLIC ACCOUNTANT

IBEW LOCAL No. 129 PROFIT SHARING ANNUITY PLAN
DECEMBER 31, 2010 AND 2009
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**ALAN V. JANUZZI
CERTIFIED PUBLIC ACCOUNTANT
7710 RICE ROAD
AMHERST, OHIO 44001**

INDEPENDENT AUDITORS' REPORT

July 5, 2011

Board of Trustees
IBEW Local No. 129 Profit Sharing Annuity Plan
Avon, Ohio

I was engaged to audit the accompanying statement of net assets available for benefits (modified cash basis) of IBEW Local No. 129 Profit Sharing Annuity Plan (the Plan) as of December 31, 2010 and 2009 (modified cash basis) and related statement of changes in net assets available for benefits (modified cash basis) for the years ended December 31, 2010 and 2009, and supplemental schedule of assets held for investment purposes at end of year, referred to as "supplemental information", as of the years ended December 31, 2010 and 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Investments, the trustee of the Plan, except for comparing information with related information included in the financial statements and supplemental schedules. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009 and for the years ended December 31, 2010 and 2009 that the information provided to the plan administrator by the trustee is complete and accurate.

As described in Note B, the 2010 and 2009 financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

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Amherst, Ohio

IBEW LOCAL No. 129 PROFIT SHARING ANNUITY PLAN
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS-MODIFIED CASH BASIS
 DECEMBER 31, 2010 AND 2009

ASSETS

	<u>12/31/10</u>	<u>12/31/09</u>
Investments (at fair value)		
Mutual funds	<u>\$16,788,045</u>	<u>\$15,993,905</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$16,788,045</u>	<u>\$15,993,905</u>

See accompanying notes

IBEW LOCAL No. 129 PROFIT SHARING ANNUITY PLAN
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 -MODIFIED CASH BASIS
 DECEMBER 31, 2010 AND 2009

	<u>12/31/10</u>	<u>12/31/09</u>
ADDITIONS		
INVESTMENT INCOME		
Net appreciation (depreciation)		
in fair value of investments	\$ 1,708,398	\$ 3,076,300
Dividends	<u>447,150</u>	<u>377,579</u>
	2,155,548	3,453,879
Employers' contributions	<u>969,203</u>	<u>1,020,163</u>
TOTAL ADDITIONS	3,124,751	4,474,042
DEDUCTIONS		
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO:		
Benefits paid to participants	2,267,725	572,554
Administrative expenses	<u>62,886</u>	<u>48,291</u>
TOTAL DEDUCTIONS	<u>2,330,611</u>	<u>620,845</u>
NET INCREASE	794,140	3,853,197
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>15,993,905</u>	<u>12,140,708</u>
END OF YEAR	<u>\$16,788,045</u>	<u>\$15,993,905</u>

See accompanying notes

IBEW LOCAL No. 129 PROFIT SHARING ANNUITY PLAN
DECEMBER 31, 2010 AND 2009
NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN

The following description of IBEW Local No. 129 Profit Sharing Annuity Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan established December 1, 1983 pursuant to a collective bargaining agreement between the International Brotherhood of Electrical Workers Local Union No. 129 and the Lake Erie Division of Greater Cleveland Chapter, National Electrical Contractors Association. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Contributions to the plan trust fund by Employers are made in accordance with the applicable Collective Bargaining Agreement or other written agreement, and by the trust agreement. Contributions are subject to certain limitations.

Participant Accounts. Each participant's account is credited with the contributions from the employer that have been received by the fund and (a) any Rollover Contributions made by the participant (b) the Participant's proportionate share of any investment earnings and increase on fair market value of the Fund since the last valuation date (c) the participant's proportionate share of any decrease in the fair market value of the investments, and (d) charged with an allocation of administrative expenses. Under the plan, participants give investment directions for their individual plan account choosing from investment alternatives provided under the plan as approved by the trustees.

Vesting. The participant's interest in his or her account is fully vested upon completion of 300 hours of work during any plan year. A participant cannot have a partially vested interest in his or her account. The plan contains provisions for participants with less than 300 hours of service that do not have a permanent break in service.

Payment of Benefits. On termination of service due to death, disability or normal retirement (age fifty-nine and one-half) a participant may elect to receive either a lump sum of the vested interest in his or her account or annual installments over a ten year period. For termination of service due to other reasons, a participant may receive the full value of the vested interest in his or her account as a lump-sum distribution.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting. The Plan prepares its financial statements on the modified cash basis of accounting. Under this method, contributions are recognized when received rather than when earned and benefits and expenditures are recognized when paid rather than when incurred.

IBEW LOCAL No. 129 PROFIT SHARING ANNUITY PLAN
DECEMBER 31, 2010 AND 2009
NOTES TO FINANCIAL STATEMENTS

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates. The preparation of financial statements in accordance with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition. The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Payments of Benefits. Payments of benefits are recorded when paid.

NOTE C – INVESTMENTS

INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee, Fidelity Investments. The fair values of individual investments that represent 5 percent or more of the Plan's net assets as of the plan year end are as follows:

	2010		2009	
	Shares	Values	Shares	Values
Fidelity Balanced Fund	340,948.000	\$6,215,482	353,779.063	\$5,787,825
Fidelity Managed Income Port	1,189,600.100	1,189,600	1,580,076.380	1,580,076
Oppenheimer Intl. Small Company Fund A	65,563.918	1,616,151	56,467.876	1,106,770
ABF Large Capital Value Fund	49,228.984	912,213	52,123.367	855,866
Pimco Total Return Fund	106,601.869	1,156,630	136,166.888	1,470,602
Fidelity Disciplined Equity Fund	34,367.008	774,299	37,206.094	781,700
Fidelity Contrafund	15,514.371	1,050,788	16,361.389	953,542
Pimco Real Return Bond Fund	42,597.932	483,913	76,820.903	828,898

During the plan years, plan investments, including investments bought, sold and held during the year, (depreciated) appreciated in value by \$1,708,398 in 2010 and \$3,076,300 in 2009. This amount represents unrealized appreciation in the value of the invested assets in the various mutual funds and net realized gains from the sale of those various participant directed mutual funds.

IBEW LOCAL No. 129 PROFIT SHARING ANNUITY PLAN
DECEMBER 31, 2010 AND 2009
NOTES TO FINANCIAL STATEMENTS

NOTE C – INVESTMENTS - Continued

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The following table represents the fair value of investments. The plan's investments are held by Fidelity Investments as custodian. Investments that represent five percent or more of the Plan's net assets are separately identified:

	Fair Value	Fair Value measurements at Reporting date using:		
		Quoted prices in active markets For identical assets	Significant other observable Inputs	Significant unobservable inputs
		(Level 1)	(Level 2)	(Level 3)
December 31, 2010				
Mutual funds	\$16,788,045	\$16,788,045	--	--
	Fair Value	Fair Value measurements at Reporting date using:		
		Quoted prices in active markets For identical assets	Significant other observable Inputs	Significant unobservable inputs
		(Level 1)	(Level 2)	(Level 3)
December 31, 2009				
Mutual funds	\$15,993,905	\$15,993,905	--	--

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have 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 3 inputs would only be used when level 1 or Level 2 inputs were not available.

Level 1 Fair Value measurements

The fair values of cash reserves, money markets, common stocks and mutual funds are based on quoted market prices.

IBEW LOCAL No. 129 PROFIT SHARING ANNUITY PLAN
DECEMBER 31, 2010 AND 2009
NOTES TO FINANCIAL STATEMENTS

NOTE C – INVESTMENTS - Continued

During the year ended December 31, 2010 and 2009, the Plan's investments appreciated (depreciated) as follows:

Net change in fair value as determined by	<u>2010</u>	<u>2009</u>
quoted market price:		
Realized and Unrealized gains (losses)		
Mutual funds	\$1,708,398	\$3,076,300

NOTE D - PLAN TERMINATION

In the event that the obligation of all employers to make contributions shall terminate the plan would terminate subject to the provisions of ERISA. In the event of plan termination, each participant's interest in their account would be nonforfeitable on the date of such termination.

NOTE E - TAX STATUS

The Internal Revenue Service has determined and informed the Trustees by letter dated March 11, 2003, that the plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE F – 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 risks 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 participants' account balances and amounts reported in the statement of net assets available for benefits.

NOTE G – SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 5, 2011, which is the date that the financial statements were issued.

IBEW Local No. 129 Profit Sharing Annuity Plan
Schedule H, Line 4i – Schedule of Assets (Held at end of year)
Year ended December 31, 2010
EIN – 34-1237364
Plan Number – 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, Lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or Maturity value	Cost	Current Value
	PIMCO TOTAL RETURN FND	MUTUAL FUND SHARES	\$1,117.192	\$1,156.630
	COLUMBIA ACORN USA FUND	MUTUAL FUND SHARES	7,287	10,433
	ABF LARGE CAP VALUE FUND	MUTUAL FUND SHARES	992,990	912,213
	VANGUARD STRATEGIC EQUITY	MUTUAL FUND SHARES	374,414	322,239
	WFA SMALL CAP VALUE FUND	MUTUAL FUND SHARES	537,574	571,430
	PIMCO REAL RETURN BOND FUND	MUTUAL FUND SHARES	459,039	483,913
	OPPENHEIMER INTL SMALL CO.	MUTUAL FUND SHARES	1,486,380	1,616,151
	MAINSTAY SMALL CAP FUND	MUTUAL FUND SHARES	24,539	29,883
	FIDELITY CONTRAFUND	MUTUAL FUND SHARES	997,425	1,050,788
	FIDELITY VALUE FUND	MUTUAL FUND SHARES	521,704	494,100
	FIDELITY GROWTH CO FUND	MUTUAL FUND SHARES	88,379	103,554
	FIDELITY BALANCED FUND	MUTUAL FUND SHARES	6,326,017	6,215,482
	FIDELITY INTL. DISCOVERY FUND	MUTUAL FUND SHARES	521,415	507,093
	FIDELITY DISCIPLINED EQUITY	MUTUAL FUND SHARES	941,768	774,289
	FIDELITY MID CAP STOCK FUND	MUTUAL FUND SHARES	114,553	136,451
	FIDELITY FREEDOM 2010 FUND	MUTUAL FUND SHARES	101,879	99,350
	FIDELITY FREEDOM 2020 FUND	MUTUAL FUND SHARES	140,240	138,336
	FIDELITY FREEDOM 2030 FUND	MUTUAL FUND SHARES	69,622	82,896
	SPARTAN TOTAL MKT INDEX FUND	MUTUAL FUND SHARES	25,985	28,062
	FIDELITY MANAGED INCOME	MUTUAL FUND SHARES	1,189,600	1,189,600
	FIDELITY FREEDOM 2040 FUND	MUTUAL FUND SHARES	63,571	67,933
	FIDELITY FREEDOM 2025 FUND	MUTUAL FUND SHARES	272,759	307,039
	FIDELITY FREEDOM 2015 FUND	MUTUAL FUND SHARES	5,984	6,195
	FIDELITY FREEDOM 2035 FUND	MUTUAL FUND SHARES	130,181	131,628
	FIDELITY FREEDOM 2045 FUND	MUTUAL FUND SHARES	147,505	159,866
	FIDELITY FREEDOM 2050 FUND	MUTUAL FUND SHARES	169,425	192,490

See accountant's report on supplemental information

IBEW Local No. 129 Profit Sharing Annuity Plan
Schedule H, Line 4i – Schedule of Assets (Held at end of year)
Year ended December 31, 2010
EIN – 34-1237364
Plan Number – 001

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