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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2011</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                      |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                                      |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                                    |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                            |

|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                  |                                                |            |                                      |              |                                            |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------|--------------------------------------|--------------|--------------------------------------------|--------|
| <b>Part II</b>                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                   |                                                |            |                                      |              |                                            |        |
| <b>1a</b> Name of plan<br>IBEW LOCAL UNION 64 PENSION PLAN                                                                                                                                                                   | <table border="1"> <tr> <td><b>1b</b> Three-digit plan number (PN) ►</td> <td>001</td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td>05/01/1970</td> </tr> </table>                                                                                                   | <b>1b</b> Three-digit plan number (PN) ►       | 001        | <b>1c</b> Effective date of plan     | 05/01/1970   |                                            |        |
| <b>1b</b> Three-digit plan number (PN) ►                                                                                                                                                                                     | 001                                                                                                                                                                                                                                                                              |                                                |            |                                      |              |                                            |        |
| <b>1c</b> Effective date of plan                                                                                                                                                                                             | 05/01/1970                                                                                                                                                                                                                                                                       |                                                |            |                                      |              |                                            |        |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br>IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES<br><br>33 FITCH BLVD<br>YOUNGSTOWN, OH 44515 | <table border="1"> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td>34-6654696</td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number</td> <td>330-270-0453</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td>238210</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN) | 34-6654696 | <b>2c</b> Sponsor's telephone number | 330-270-0453 | <b>2d</b> Business code (see instructions) | 238210 |
| <b>2b</b> Employer Identification Number (EIN)                                                                                                                                                                               | 34-6654696                                                                                                                                                                                                                                                                       |                                                |            |                                      |              |                                            |        |
| <b>2c</b> Sponsor's telephone number                                                                                                                                                                                         | 330-270-0453                                                                                                                                                                                                                                                                     |                                                |            |                                      |              |                                            |        |
| <b>2d</b> 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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2012 | JAMES BURGHAM                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2011)  
v.012611

|                                                                                                                                                                                                |                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES<br><br>33 FITCH BLVD<br>YOUNGSTOWN, OH 44515 | <b>3b</b> Administrator's EIN<br>34-6654696<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 496 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 277 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 119 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 95  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 491 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 29  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 520 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                   | <b>7</b>  | 32  |

**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:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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) ☒ **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)

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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.

|                                                                                                                                    |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>IBEW LOCAL UNION 64 PENSION PLAN                                                                          | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES | <b>D</b> Employer Identification Number (EIN)<br>34-6654696 |

|                                                                                                                                                             |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>E</b> Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions) |                          |
| <b>1a</b> Enter the valuation date: Month 01 Day 01 Year 2011                                                                                               |                          |
| <b>b</b> Assets                                                                                                                                             |                          |
| (1) Current value of assets .....                                                                                                                           | <b>1b(1)</b> 19051519    |
| (2) Actuarial value of assets for funding standard account.....                                                                                             | <b>1b(2)</b> 21958541    |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                                                                  | <b>1c(1)</b> 25102535    |
| (2) Information for plans using spread gain methods:                                                                                                        |                          |
| (a) Unfunded liability for methods with bases.....                                                                                                          | <b>1c(2)(a)</b>          |
| (b) Accrued liability under entry age normal method.....                                                                                                    | <b>1c(2)(b)</b>          |
| (c) Normal cost under entry age normal method.....                                                                                                          | <b>1c(2)(c)</b>          |
| (3) Accrued liability under unit credit cost method.....                                                                                                    | <b>1c(3)</b> 25102535    |
| <b>d</b> Information on current liabilities of the plan:                                                                                                    |                          |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions).....                                                | <b>1d(1)</b>             |
| (2) "RPA '94" information :                                                                                                                                 |                          |
| (a) Current liability .....                                                                                                                                 | <b>1d(2)(a)</b> 44487621 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                                                              | <b>1d(2)(b)</b> 479845   |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                                                               | <b>1d(2)(c)</b> 1953276  |
| (3) Expected plan disbursements for the plan year .....                                                                                                     | <b>1d(3)</b> 1835383     |

**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.

|                                                         |  |                                        |
|---------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                        |  | 09/24/2012                             |
| Signature of actuary                                    |  | Date                                   |
| STANLEY I. GOLDFARB                                     |  | 11-03401                               |
| Type or print name of actuary                           |  | Most recent enrollment number          |
| HORIZON ACTUARIAL SERVICES                              |  | 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:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 19051519                     |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 138                               | 19776803                     |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 93                                | 5806999                      |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 18208164                     |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 695655                       |
| <b>(c)</b> Total active .....                                                                                                       | 265                               | 18903819                     |
| <b>(4)</b> Total .....                                                                                                              | 496                               | 44487621                     |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 42.82 %                      |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 12/31/2011               | 1511868                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶ 3(b)</b>     |                                   |                                 |                          | 1511868                           | 3(c)                            |

**4** Information on plan status:

|                                                                                                                                                            |                                                          |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---|
| <b>a</b> 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..... | <b>4a</b>                                                | N |
| <b>b</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                           | <b>4b</b>                                                | % |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>d</b> If the plan is in critical status, were any adjustable benefits reduced? .....                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date ..... | <b>4e</b>                                                |   |

**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):

|                                                                                                                                                                     |                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>k</b> If box h is checked, enter period of use of shortfall method .....                                                                                         | <b>5k</b>                                                           |  |
| <b>l</b> Has a change been made in funding method for this plan year? .....                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>m</b> If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>n</b> 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..... | <b>5n</b>                                                           |  |

**6** Checklist of certain actuarial assumptions:

| <b>a</b> Interest rate for "RPA '94" current liability .....                                                  | <b>6a</b>                                                                                                                                                                                                                                                                                                              | 4.47 %                                                                    |                 |                                                                                                  |                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|
| <b>b</b> Rates specified in insurance or annuity contracts .....                                              | <table border="1"> <tr> <th>Pre-retirement</th> <th>Post-retirement</th> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</td> </tr> </table> | Pre-retirement                                                            | Post-retirement | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |  |
| Pre-retirement                                                                                                | Post-retirement                                                                                                                                                                                                                                                                                                        |                                                                           |                 |                                                                                                  |                                                                                                  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                                       |                                                                           |                 |                                                                                                  |                                                                                                  |  |
| <b>c</b> Mortality table code for valuation purposes:                                                         |                                                                                                                                                                                                                                                                                                                        |                                                                           |                 |                                                                                                  |                                                                                                  |  |
| <b>(1)</b> Males .....                                                                                        | <b>6c(1)</b>                                                                                                                                                                                                                                                                                                           | 8+3                                                                       |                 |                                                                                                  |                                                                                                  |  |
| <b>(2)</b> Females .....                                                                                      | <b>6c(2)</b>                                                                                                                                                                                                                                                                                                           | 8F                                                                        |                 |                                                                                                  |                                                                                                  |  |
| <b>d</b> Valuation liability interest rate .....                                                              | <b>6d</b>                                                                                                                                                                                                                                                                                                              | 8.00 %                                                                    |                 |                                                                                                  |                                                                                                  |  |
| <b>e</b> Expense loading .....                                                                                | <b>6e</b>                                                                                                                                                                                                                                                                                                              | 84.9 % <input type="checkbox"/> N/A <input checked="" type="checkbox"/> % |                 |                                                                                                  |                                                                                                  |  |
| <b>f</b> Salary scale .....                                                                                   | <b>6f</b>                                                                                                                                                                                                                                                                                                              | % <input checked="" type="checkbox"/> N/A                                 |                 |                                                                                                  |                                                                                                  |  |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date ..... | <b>6g</b>                                                                                                                                                                                                                                                                                                              | 7.5 %                                                                     |                 |                                                                                                  |                                                                                                  |  |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....   | <b>6h</b>                                                                                                                                                                                                                                                                                                              | 12.6 %                                                                    |                 |                                                                                                  |                                                                                                  |  |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 8                | 374526              | 31713                          |
| 1                | 73995               | 8004                           |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                             |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> 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 .....                                                                                             | <b>8a</b>                                                           |  |
| <b>b</b> Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.                                                                                                                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> 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? .....                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> 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? .....                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| (2) If line (1) is "Yes," enter the number of years by which the amortization period was extended .....                                                                                                                                                     | <b>8d(2)</b>                                                        |  |
| (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? .....                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> 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)) .....                                                                                                         | <b>8d(4)</b>                                                        |  |
| (5) If line (3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                                 | <b>8d(5)</b>                                                        |  |
| (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? .....                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> 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) ..... | <b>8e</b>                                                           |  |

**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

|                                                                                                                  |              |          |
|------------------------------------------------------------------------------------------------------------------|--------------|----------|
| <b>a</b> Prior year funding deficiency, if any .....                                                             | <b>9a</b>    |          |
| <b>b</b> Employer's normal cost for plan year as of valuation date .....                                         | <b>9b</b>    | 263067   |
| <b>c</b> Amortization charges as of valuation date:                                                              |              |          |
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended ..... | <b>9c(1)</b> | 15392719 |
| (2) Funding waivers .....                                                                                        | <b>9c(2)</b> |          |
| (3) Certain bases for which the amortization period has been extended .....                                      | <b>9c(3)</b> |          |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....                                                    | <b>9d</b>    | 212078   |
| <b>e</b> Total charges. Add lines 9a through 9d .....                                                            | <b>9e</b>    | 2863062  |

**Credits to funding standard account:**

|                                                                                             |              |          |
|---------------------------------------------------------------------------------------------|--------------|----------|
| <b>f</b> Prior year credit balance, if any .....                                            | <b>9f</b>    | 3444136  |
| <b>g</b> Employer contributions. Total from column (b) of line 3 .....                      | <b>9g</b>    | 1511868  |
|                                                                                             |              |          |
| <b>h</b> Amortization credits as of valuation date .....                                    | <b>9h</b>    | 8804589  |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....           | <b>9i</b>    | 443504   |
| <b>j</b> Full funding limitation (FFL) and credits:                                         |              |          |
| (1) ERISA FFL (accrued liability FFL) .....                                                 | <b>9j(1)</b> | 10538876 |
| (2) "RPA '94" override (90% current liability FFL) .....                                    | <b>9j(2)</b> | 18788802 |
| (3) FFL credit .....                                                                        | <b>9j(3)</b> |          |
| <b>k</b> (1) Waived funding deficiency .....                                                | <b>9k(1)</b> |          |
| (2) Other credits .....                                                                     | <b>9k(2)</b> |          |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....              | <b>9l</b>    | 6743229  |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....     | <b>9m</b>    | 3880167  |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference ..... | <b>9n</b>    |          |

**9 o** Current year's accumulated reconciliation account:

|                                                                                                                        |                 |  |
|------------------------------------------------------------------------------------------------------------------------|-----------------|--|
| <b>(1)</b> Due to waived funding deficiency accumulated prior to the 2011 plan year .....                              | <b>9o(1)</b>    |  |
| <b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: |                 |  |
| <b>(a)</b> Reconciliation outstanding balance as of valuation date .....                                               | <b>9o(2)(a)</b> |  |
| <b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                        | <b>9o(2)(b)</b> |  |
| <b>(3)</b> Total as of valuation date.....                                                                             | <b>9o(3)</b>    |  |

**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. .... ☒ Yes ☐ No

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2011</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|                                                                                                                                |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>IBEW LOCAL UNION 64 PENSION PLAN</u>                                                               | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-6654696</u> |

**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

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

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

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

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**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)

MANNING & NAPIER

16-0995736

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 51252                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

YANNI PARTNERS, INC.

25-1590035

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17                     | NONE                                                                                              | 34500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HORIZON ACTUARIAL

26-1370698

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 29170                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

COMPENSATION PROGRAMS OF OHIO, INC.

34-1787882

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | NONE                                                                                              | 27100                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GREAT LAKES ADVISORS

36-3707782

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 13589                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GREEN, HAINES, SGAMBATI CO.

34-1224415

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | NONE                                                                                              | 10829                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

YURCHYK & DAVIS CPA'S, INC

34-1638235

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 10285                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PNC BANK, NATIONAL ASSOCIATION

22-1146430

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 9120                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2011</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|                                                                                                                                       |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>IBEW LOCAL UNION 64 PENSION PLAN</u>                                                                      | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-6654696</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(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

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>52-6218800-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>883781</u> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**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, N.A. POOLED INVEST FUND

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>26-6096175-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1319480</u> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**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  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>IBEW LOCAL UNION 64 PENSION PLAN</u>                                                                                                                                                                                                         | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES</u>                                                                                                                                           | <b>D</b> Employer Identification Number (EIN)<br><br><u>34-6654696</u>                                                                                                                                                                                                       |                                                                                           |

|          | Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> | Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
|          | <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
| <b>a</b> | Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 112106                | 221658          |
| <b>b</b> | Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
|          | (1) Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(1)</b>    | 106205                | 209122          |
|          | (2) Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1b(2)</b>    |                       |                 |
|          | (3) Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1b(3)</b>    | 51984                 | 47439           |
| <b>c</b> | General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
|          | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(1)</b>    | 222624                | 452285          |
|          | (2) U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(2)</b>    | 2203484               | 1592585         |
|          | (3) Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                       |                 |
|          | (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(3)(A)</b> |                       |                 |
|          | (B) All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(3)(B)</b> | 2545538               | 1842790         |
|          | (4) Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                       |                 |
|          | (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(4)(A)</b> |                       |                 |
|          | (B) Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(4)(B)</b> | 7404944               | 6136262         |
|          | (5) Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(5)</b>    |                       |                 |
|          | (6) Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(6)</b>    |                       |                 |
|          | (7) Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1c(7)</b>    |                       |                 |
|          | (8) Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(8)</b>    |                       |                 |
|          | (9) Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(9)</b>    | 2227100               | 2203261         |
|          | (10) Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(10)</b>   |                       |                 |
|          | (11) Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(11)</b>   |                       |                 |
|          | (12) Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(12)</b>   |                       |                 |
|          | (13) Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(13)</b>   | 4196817               | 5251516         |
|          | (14) Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(14)</b>   |                       |                 |
|          | (15) Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 19070802              | 17956918        |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 19283 | 77289 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 19283 | 77289 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 19051519 | 17879629 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1511870    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1511870   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 254        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 91212      |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 94313      |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 185779    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 100793     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 128829     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 229622    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 6856746    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 6347499    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 509247    |

|                                                                                                   |          | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|----------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | 2b(5)(A) |            |           |
| (B) Other .....                                                                                   | 2b(5)(B) | -815450    |           |
| (C) Total unrealized appreciation of assets.<br>Add lines 2b(5)(A) and (B).....                   | 2b(5)(C) |            | -815450   |
| (6) Net investment gain (loss) from common/collective trusts .....                                | 2b(6)    |            | -23839    |
| (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<br>companies (e.g., mutual funds)..... | 2b(10)   |            | -774488   |
| <b>c</b> Other income.....                                                                        | 2c       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | 2d       |            | 822741    |

**Expenses**

|                                                                                            |       |         |         |
|--------------------------------------------------------------------------------------------|-------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | 2e(1) | 1795839 |         |
| (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) |         | 1795839 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g    |         |         |
| <b>h</b> Interest expense.....                                                             | 2h    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | 2i(1) | 84784   |         |
| (2) Contract administrator fees .....                                                      | 2i(2) | 27100   |         |
| (3) Investment advisory and management fees .....                                          | 2i(3) | 73961   |         |
| (4) Other .....                                                                            | 2i(4) | 12947   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                        | 2i(5) |         | 198792  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 1994631 |

**Net Income and Reconciliation**

|                                                                |       |  |          |
|----------------------------------------------------------------|-------|--|----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -1171890 |
| <b>l</b> 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: YURCHYK & DAVIS CPA'S, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |        |

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

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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                      | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>IBEW LOCAL UNION 64 PENSION PLAN                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ►<br>001                                                         |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>IBEW LOCAL UNION 64 PENSION PLAN JOINT BOARD OF TRADES                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>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):<br><br>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 1                                                                                             |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Schedule R (Form 5500) 2011 v.012611                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |

**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 **VALLEY ELECTRICAL CONTRACTORS**

**b** EIN **34-1159107**

**c** Dollar amount contributed by employer

**358405**

**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) **3.37**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **PERCENTAGE OF PAY**

**a** Name of contributing employer **JOE DICKEY ELECTRIC INC**

**b** EIN **34-1267828**

**c** Dollar amount contributed by employer

**185824**

**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) **2.63**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **PERCENTAGE OF PAY**

**a** Name of contributing employer **ZENITH SYSTEMS LLC**

**b** EIN **26-3799494**

**c** Dollar amount contributed by employer

**170833**

**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) **3.25**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **PERCENTAGE OF PAY**

**a** Name of contributing employer **SANTON ELECTRICAL CO**

**b** EIN **34-1248998**

**c** Dollar amount contributed by employer

**141378**

**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) **2.55**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **PERCENTAGE OF PAY**

**a** Name of contributing employer **TRI-AREA ELECTRIC CO**

**b** EIN **34-1268968**

**c** Dollar amount contributed by employer

**139040**

**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) **2.51**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **PERCENTAGE OF PAY**

**a** Name of contributing employer **SARGENT ELECTRIC COMPANY**

**b** EIN **25-0935920**

**c** Dollar amount contributed by employer

**87821**

**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) **3.71**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **PERCENTAGE OF PAY**

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

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

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete 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): \_\_\_\_\_

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

Audited Financial Statements and  
Supplementary Information

Years Ended December 31, 2011 and 2010

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, 2011 and 2010

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**Independent Auditor's Report**

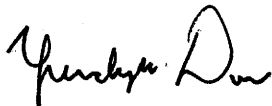
Board of Trustees  
IBEW Local Union No. 64 Pension Fund  
Youngstown, Ohio

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, 2011 and 2010, 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, 2011, 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, 2011, and changes therein for the year then ended and its financial status as of December 31, 2010, 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 information 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 CPA's, Inc.  
May 14, 2012

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

**Statements of Net Assets Available for Benefits**

December 31, 2011 and 2010

**ASSETS**

|                                | <b>2011</b>       | <b>2010</b>       |
|--------------------------------|-------------------|-------------------|
| Investments, at Fair Value:    |                   |                   |
| Common Stocks                  | \$ 6,136,262      | \$ 7,404,944      |
| Mutual Funds                   | 5,251,516         | 4,196,817         |
| U.S. Government Securities     | 1,592,585         | 2,203,484         |
| Corporate Bonds and Debentures | 1,842,790         | 2,545,538         |
| Common/Collective Trust Funds  | 2,203,261         | 2,227,100         |
| Money Market Funds             | 452,285           | 222,624           |
| Total Investments              | <u>17,478,699</u> | <u>18,800,507</u> |
| Receivables:                   |                   |                   |
| Employers' Contributions       | 183,020           | 80,663            |
| Reciprocity Receivable         | 26,102            | 25,542            |
| Accrued Interest and Dividends | 40,884            | 51,984            |
| Total Receivables              | <u>250,006</u>    | <u>158,189</u>    |
| Prepaid Expenses               | 6,555             | -                 |
| Cash                           | <u>221,658</u>    | <u>112,106</u>    |
| Total Assets                   | <u>17,956,918</u> | <u>19,070,802</u> |

**LIABILITIES**

|                                      |                      |                      |
|--------------------------------------|----------------------|----------------------|
| Accounts Payable - Administration    | 10,462               | 9,219                |
| Accounts Payable - Reciprocal        | <u>66,827</u>        | <u>10,064</u>        |
| Total Liabilities                    | <u>77,289</u>        | <u>19,283</u>        |
| Net Assets Available<br>for Benefits | <u>\$ 17,879,629</u> | <u>\$ 19,051,519</u> |

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, 2011 and 2010

|                                                                 | 2011           | 2010          |
|-----------------------------------------------------------------|----------------|---------------|
| Investments Income:                                             |                |               |
| Net Appreciation (Depreciation)<br>in Fair Value of Investments | \$ (1,104,530) | \$ 1,889,605  |
| Interest and Dividends                                          | 415,402        | 364,413       |
| Total Investment Income                                         | (689,128)      | 2,254,018     |
| Less Investment Expenses                                        | (73,961)       | (71,857)      |
| Net Investment Income (Loss)                                    | (763,089)      | 2,182,161     |
| Contributions:                                                  |                |               |
| Employer                                                        | 1,473,185      | 1,093,773     |
| Reciprocity Contributions less<br>Reciprocity Distributions     | 38,683         | 72,101        |
| Total Contributions                                             | 1,511,868      | 1,165,874     |
| Other Income                                                    | -              | 1,970         |
| Total Additions                                                 | 748,779        | 3,350,005     |
| Benefits Paid Directly to Participants                          | 1,795,839      | 1,847,083     |
| Professional Fees:                                              |                |               |
| Actuary                                                         | 29,170         | 32,455        |
| Legal                                                           | 10,829         | 6,711         |
| Auditing                                                        | 10,285         | 8,550         |
| Investment Consultant                                           | 34,500         | 34,500        |
| Administration Fees-Services                                    | 27,100         | 25,560        |
| Other Administrative Expenses                                   | 12,946         | 13,045        |
| Total Deductions                                                | 1,920,669      | 1,967,904     |
| Net Increase (Decrease)                                         | (1,171,890)    | 1,382,101     |
| Net Assets Available for Benefits:                              |                |               |
| Beginning of Year                                               | 19,051,519     | 17,669,418    |
| End of Year                                                     | \$ 17,879,629  | \$ 19,051,519 |

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, 2011

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits:

Participants Currently Receiving Payments

\$ 13,910,394

Other Participants

10,742,974

Total Vested Benefits

24,653,368

Nonvested Benefits

449,167

Total Actuarial Present Value of  
Accumulated Plan Benefits

\$ 25,102,535

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, 2011

|                                                                                                                                            |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Actuarial Present Value of Accumulated<br>Plan Benefits as of January 1, 2010                                                              | \$ 24,560,302                |
| Increase (Decrease) During the Year Attributable to:                                                                                       |                              |
| Benefits Accumulated                                                                                                                       | 137,390                      |
| Actuarial (Gains)/Losses                                                                                                                   | 349,994                      |
| Decrease in Discount Period                                                                                                                | 1,901,932                    |
| Actual Benefits Paid                                                                                                                       | <u>(1,847,083)</u>           |
| Total                                                                                                                                      | <u>542,233</u>               |
| Actuarial Present Value of Accumulated Plan<br>Benefits as of January 1, 2011                                                              | 25,102,535                   |
| Net Assests Available for Plan Benefits<br>as of January 1, 2011                                                                           | <u>19,051,519</u>            |
| Deficit of Net Assets Available for Plan<br>Benefits over Actuarial Present<br>Value of Accumulated Plan Benefits as of<br>January 1, 2011 | \$ <u><u>(6,051,016)</u></u> |

The accompanying notes are an integral part of these statements.

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

## **Notes to Financial Statements**

December 31, 2011 and 2010

### **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 and before January 1, 2010, and 0.75% of contributions made after January 1, 2010 with a guaranteed return of 100% of the contributions made to the fund on their behalf. Effective January 1, 2010, only the first 6% of wages contributed to the plan are considered for benefit accruals. 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, or if greater in value, the Qualified Preretirement 50% Joint and Survivor benefit. 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 accompanying financial statements are prepared on the accrual basis of accounting.

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

## **Notes to Financial Statements**

December 31, 2011 and 2010

### **NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued**

- 2.) **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.
- 3.) **Investment Valuation and Income Recognition** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investment bought and sold as well as held during the year.

- 4.) **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 under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). 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. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from Horizon Actuarial Services 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, 2011 (date of most recent actuary report) are (a) life expectancy of participants (the UP-94 mortality table with a three year set forward for males) (b) retirement age assumptions (the assumed average retirement age was 62.0) and (c) investment return. The January 1, 2011 valuation included an assumed average rate of return of 8.00% (percent) net of investment expenses, current liability rate of 4.47%, down from 4.58% in the January 1, 2010 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.

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

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

### **Notes to Financial Statements**

December 31, 2011 and 2010

#### **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 2011 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. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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 the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and 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 were used only when Level 1 or Level 2 inputs were not available.

**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.

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

Notes to Financial Statements

December 31, 2011 and 2010

**NOTE D – FAIR VALUE MEASUREMENTS - Continued**

|                            |                      | Fair Value Measurements at Reporting Date Using:              |                                              |                                       |
|----------------------------|----------------------|---------------------------------------------------------------|----------------------------------------------|---------------------------------------|
|                            |                      | Quoted Prices<br>in Active<br>Markets for<br>Identical Assets | Significant<br>Other<br>Observable<br>Inputs | Significant<br>Unobservable<br>Inputs |
| <b>December 31, 2011</b>   | Fair Value           | (Level 1)                                                     | (Level 2)                                    | (Level 3)                             |
| Common Stock               | \$ 6,136,262         | \$ 6,136,262                                                  | \$ -                                         | \$ -                                  |
| Mutual Funds               | 5,251,516            | 5,251,516                                                     | -                                            | -                                     |
| U.S. Government Securities | 1,592,585            | 1,592,585                                                     | -                                            | -                                     |
| Corporate Bonds            | 1,842,790            | 1,842,790                                                     | -                                            | -                                     |
| Common/Collective Funds    | 2,203,261            | -                                                             | 1,319,480                                    | 883,781                               |
| Money Market               | 452,285              | 452,285                                                       | -                                            | -                                     |
|                            | <u>\$ 17,478,699</u> | <u>\$ 15,275,438</u>                                          | <u>\$ 1,319,480</u>                          | <u>\$ 883,781</u>                     |
| <b>December 31, 2010</b>   |                      |                                                               |                                              |                                       |
| Common Stock               | \$ 7,404,944         | \$ 7,404,944                                                  | \$ -                                         | \$ -                                  |
| Mutual Funds               | 4,196,817            | 4,196,817                                                     | -                                            | -                                     |
| U.S. Government Securities | 2,203,484            | 2,203,484                                                     | -                                            | -                                     |
| Corporate Bonds            | 2,545,538            | 2,545,538                                                     | -                                            | -                                     |
| Common/Collective Funds    | 2,227,100            | -                                                             | 1,444,747                                    | 782,353                               |
| Money Market               | 222,624              | 222,624                                                       | -                                            | -                                     |
|                            | <u>\$ 18,800,507</u> | <u>\$ 16,573,407</u>                                          | <u>\$ 1,444,747</u>                          | <u>\$ 782,353</u>                     |

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

## Notes to Financial Statements

December 31, 2011 and 2010

### NOTE D – FAIR VALUE MEASUREMENTS - Continued

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) for the years ended December 31, 2011 and 2010:

|                                                                                                                                                                                                                     |    | Multi Employer Property<br>Trust |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------|
| <u>December 31, 2011</u>                                                                                                                                                                                            |    |                                  |
| Beginning balance                                                                                                                                                                                                   | \$ | 782,353                          |
| Total gains or losses (realized and unrealized) included in changes<br>in net assets available for benefits                                                                                                         |    | 101,428                          |
| Purchases, issuances, sales, and settlements:                                                                                                                                                                       |    |                                  |
| Purchases                                                                                                                                                                                                           |    | -                                |
| Issuances                                                                                                                                                                                                           |    | -                                |
| Sales                                                                                                                                                                                                               |    | -                                |
| Settlements                                                                                                                                                                                                         |    | -                                |
| Ending balance                                                                                                                                                                                                      | \$ | <u>883,781</u>                   |
| Total gains or losses for the year included in changes in net assets available<br>for benefits attributable to the change in unrealized gains or losses relating<br>to investments still held at the reporting date | \$ | <u>101,428</u>                   |
| <u>December 31, 2010</u>                                                                                                                                                                                            |    |                                  |
| Beginning balance                                                                                                                                                                                                   | \$ | 1,385,470                        |
| Total gains or losses (realized and unrealized) included in changes<br>in net assets available for benefits                                                                                                         |    | 94,432                           |
| Purchases, issuances, sales, and settlements:                                                                                                                                                                       |    |                                  |
| Purchases                                                                                                                                                                                                           |    | -                                |
| Issuances                                                                                                                                                                                                           |    | -                                |
| Sales                                                                                                                                                                                                               |    | (697,549)                        |
| Settlements                                                                                                                                                                                                         |    | -                                |
| Ending balance                                                                                                                                                                                                      | \$ | <u>782,353</u>                   |
| Total gains or losses for the year included in changes in net assets available<br>for benefits attributable to the change in unrealized gains or losses relating<br>to investments still held at the reporting date | \$ | <u>(88,165)</u>                  |

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for this year ended December 31, 2011, are reported in net appreciation in fair value of investments.

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

## Notes to Financial Statements

December 31, 2011 and 2010

### NOTE E – INVESTMENTS

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

|                                                                   | December 31,         |                      |
|-------------------------------------------------------------------|----------------------|----------------------|
|                                                                   | 2011                 | 2010                 |
| Investments at Fair Value as Determined<br>by Quoted Market Price |                      |                      |
| Common Stocks                                                     | \$ 6,136,262         | \$ 7,404,944         |
| Mutual Funds                                                      | 1,689,201            | 1,820,194            |
| Euro-Pacific Growth Fund                                          | 2,059,740            | 2,376,623            |
| Pimco Funds                                                       | 1,502,575            | -                    |
| U.S. Government Securities                                        | 1,592,585            | 2,203,484            |
| Corporate Bonds and Debentures                                    | 1,842,790            | 2,545,538            |
| Common Trust Funds                                                | 883,781              | 782,353              |
| CS McKee Small Cap Core Fund                                      | 1,319,480            | 1,444,747            |
| Money Market Funds                                                | 452,285              | 222,624              |
| Total Investments                                                 | <u>\$ 17,478,699</u> | <u>\$ 18,800,507</u> |

During 2011 and 2010, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value by \$(1,104,530) and \$1,889,605, respectively as follows:

|                                                                 | 2011                  | 2010                |
|-----------------------------------------------------------------|-----------------------|---------------------|
| Common Stocks                                                   | \$ (613,187)          | \$ 969,434          |
| U.S. Government Securities                                      | 74,849                | 28,198              |
| Corporate Bonds and Debentures                                  | 42,859                | 79,391              |
| Common Trust Funds                                              | (23,839)              | 414,908             |
| Mutual Funds                                                    | <u>(585,212)</u>      | <u>397,674</u>      |
| Net appreciation (depreciation) in<br>fair value of investments | <u>\$ (1,104,530)</u> | <u>\$ 1,889,605</u> |

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

## **Notes to Financial Statements**

December 31, 2011 and 2010

### **NOTE F - TAX STATUS**

The plan obtained its latest determination letter on December 11, 2002, in which the Internal Revenue Service stated the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Organization has been classified as an other-than private foundation and is tax-exempt under Section 401(a) of Internal Revenue Code. The Organization is subject to a tax on income from any unrelated business.

The Organization adopted the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles, with no cumulative effect adjustment required. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing authorities. The Organization has analyzed tax positions taken for filing with the Internal Revenue Service. The Organization believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse affect on the Organization's financial condition, results of operations or cash flows. Accordingly, the Organization has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions at December 31, 2011.

The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Organization believes it is no longer subject to income tax examinations for years prior to December 31, 2008.

### **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.

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.

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

Notes to Financial Statements

December 31, 2011 and 2010

**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 - DATE OF MANAGEMENT'S REVIEW**

In preparing these financial statements, the Fund has evaluated events and transactions for potential recognition or disclosure through May 14, 2012 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  
Schedule of Reportable Transactions

December 31, 2011

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

Schedule of Assets Held for Investment Purposes

December 31, 2011

| Shares                      | Description                 | Cost       | Market<br>Value |
|-----------------------------|-----------------------------|------------|-----------------|
| <b><u>Common Stocks</u></b> |                             |            |                 |
| 4,730                       | Alere Inc                   | \$ 135,941 | \$ 109,216      |
| 3,400                       | Allscripts Healthcare       | 59,358     | 64,396          |
| 2,260                       | Amadeus IT Holding          | 44,947     | 36,612          |
| 610                         | Amazon.com                  | 123,139    | 105,591         |
| 1,850                       | AMC Networks Inc            | 67,031     | 69,523          |
| 1,450                       | Amdocs Limited              | 38,893     | 41,369          |
| 1,460                       | American Express Co.        | 45,148     | 68,868          |
| 1,750                       | Amphenol Corp               | 80,031     | 79,432          |
| 2,110                       | Anheuser-Busch              | 118,653    | 129,209         |
| 3,560                       | Autodesk Inc.               | 104,529    | 107,975         |
| 1,670                       | Baker Hughes Inc.           | 90,808     | 81,229          |
| 4,440                       | Bank New York Mellon Corp   | 128,934    | 88,400          |
| 1,330                       | Becton Dickinson & Co.      | 99,983     | 99,378          |
| 650                         | Beiersdorf AG               | 35,758     | 36,871          |
| 1,830                       | Biomarin Pharmaceutical Inc | 50,253     | 62,915          |
| 17,060                      | Boston Scientific Corp      | 126,453    | 91,100          |
| 2,940                       | Carnival Corp               | 104,911    | 95,962          |
| 2,790                       | Cerner Corp                 | 119,040    | 170,887         |
| 9,620                       | Cisco Systems Inc.          | 216,645    | 173,930         |
| 320                         | CME Group Inc               | 97,543     | 77,974          |
| 1,020                       | Coca Cola Co                | 53,058     | 71,369          |
| 8,120                       | Corning Inc                 | 124,834    | 105,398         |
| 1,110                       | Ctrip.com Intl Ltd          | 44,925     | 25,974          |
| 1,600                       | Danone                      | 96,977     | 99,765          |
| 2,290                       | Dicks Sporting Goods Inc.   | 31,902     | 84,455          |
| 2,110                       | Directv                     | 96,286     | 90,224          |
| 2,250                       | Discovery Communications    | 83,370     | 92,182          |
| 3,330                       | Discover Financial          | 80,769     | 79,920          |
| 5,600                       | Disney Walt Co              | 152,623    | 210,000         |
| 6,850                       | EMC Corp                    | 139,335    | 147,549         |
| 770                         | Fedex Corp.                 | 62,379     | 64,303          |
| 850                         | Flowserve Corp              | 90,261     | 84,422          |
| 930                         | Gen-Probe Inc.              | 39,606     | 54,982          |
| 390                         | Google Inc.                 | 185,388    | 251,901         |
| 2,320                       | Hess Corporation            | 135,687    | 131,776         |
| 1,770                       | Imax Corp                   | 47,839     | 32,444          |
| 1,760                       | Koninklijke                 | 24,445     | 23,706          |
| 1,110                       | Kraft Foods                 | 35,383     | 41,470          |
| 3,630                       | Kroger Co.                  | 79,689     | 87,919          |
| 1,680                       | Liberty Global              | 52,610     | 68,930          |
| 240                         | Mastercard Inc              | 52,221     | 89,477          |
| 2,630                       | Monsanto Co.                | 176,872    | 184,284         |
| 1,810                       | Moody's Corp                | 65,989     | 60,961          |
| 850                         | Norfolk Southern Corp       | 49,711     | 61,931          |
| 3,090                       | Owens Ill Inc               | 93,925     | 59,884          |
| 1,230                       | Pall Corp.                  | 45,588     | 70,294          |

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

Schedule of Assets Held for Investment Purposes

December 31, 2011

| Shares                                  | Description                       | Cost         | Value        |
|-----------------------------------------|-----------------------------------|--------------|--------------|
| <b><u>Common Stocks - continued</u></b> |                                   |              |              |
| 5,350                                   | Qiagen                            | \$ 98,397    | \$ 73,883    |
| 2,840                                   | Qualcomm Inc                      | 106,287      | 155,348      |
| 4,500                                   | Quanta Svcs Inc                   | 87,064       | 96,930       |
| 3,210                                   | Ryanair Hldgs PLC                 | 85,904       | 89,431       |
| 10,560                                  | Schwab Charles Corp               | 140,244      | 118,906      |
| 12,810                                  | Southwest Airlines Co.            | 135,821      | 109,654      |
| 1,880                                   | State Street Corp                 | 88,975       | 75,783       |
| 6,750                                   | Telenor                           | 112,580      | 110,795      |
| 5,140                                   | Time Warner Inc                   | 161,497      | 185,760      |
| 690                                     | Toyota Motor Corp                 | 55,805       | 45,630       |
| 1,355                                   | United Parcel Service Inc.        | 93,606       | 99,172       |
| 3,890                                   | Virgin Media Inc                  | 94,547       | 83,168       |
| 850                                     | Visa Inc                          | 62,659       | 86,300       |
| 1,790                                   | Volcano Corp                      | 52,380       | 42,584       |
| 170                                     | Washington Post Co                | 70,436       | 64,058       |
| 590                                     | Waters Corp                       | 44,164       | 43,689       |
| 1,200                                   | Deutsche Boerse AG (DBOEF)        | 86,647       | 62,928       |
| 9,800                                   | Banco Santander S.A. (BTDRF)      | 111,867      | 72,912       |
| 530                                     | Lonza AG (CHF)                    | 44,089       | 31,243       |
| 650                                     | Nestle SA Cham                    | 39,552       | 37,492       |
| 1,300                                   | Schlumberger Ltd.                 | 84,766       | 88,803       |
| 3,520                                   | Unilever PLC                      | 84,217       | 117,990      |
| 5,290                                   | Weatherford Intl LTD Inc.         | 98,837       | 77,446       |
| TOTAL COMMON STOCKS                     |                                   | \$ 6,070,011 | \$ 6,136,262 |
| <b><u>Mutual Funds</u></b>              |                                   |              |              |
| 36,476                                  | Manning & Napier Fin Svcs-A       | \$ 306,037   | \$ 192,595   |
| 10,183                                  | Manning & Napier Emerging Markets | 101,828      | 100,203      |
| 30,365                                  | Manning & Napier Life Sciences    | 368,941      | 332,492      |
| 10,853                                  | Manning & Napier Real Estate      | 108,967      | 137,285      |
| 29,306                                  | Manning & Napier Small Cap        | 310,809      | 244,998      |
| 19,502                                  | Manning & Napier Technology       | 179,943      | 201,458      |
| 43,852                                  | Manning & Napier International    | 422,389      | 333,274      |
| 22,156                                  | Manning & Napier World Opp        | 187,827      | 146,896      |
| 142,424                                 | Pimco Fds                         | 1,510,996    | 1,502,575    |
| 58,699                                  | American Europacific Growth       | 2,403,582    | 2,059,740    |
| TOTAL MUTUAL FUNDS                      |                                   | \$ 5,901,319 | \$ 5,251,516 |

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

Schedule of Assets Held for Investment Purposes

December 31, 2011

| <u>SECURITY</u>                          | <u>PAR<br/>VALUE</u> | <u>INT.<br/>RATE</u> | <u>DUE<br/>DATE</u> | <u>COST</u>         | <u>MARKET<br/>VALUE</u> |
|------------------------------------------|----------------------|----------------------|---------------------|---------------------|-------------------------|
| <b><u>U.S. GOVERNMENT SECURITIES</u></b> |                      |                      |                     |                     |                         |
| Treasury Note                            | 80,000               | 2.750%               | 2/15/2019           | \$ 80,332           | \$ 87,625               |
| Treasury Note                            | 275,000              | 4.250%               | 8/15/2014           | 272,601             | 303,014                 |
| Treasury Note                            | 200,000              | 4.875%               | 8/15/2016           | 203,416             | 237,250                 |
| Treasury Note                            | 130,000              | 3.375%               | 11/15/2019          | 138,782             | 148,179                 |
| Treasury Note                            | 150,000              | 3.125%               | 5/15/2021           | 154,735             | 167,437                 |
| FNMA                                     | 52,000               | 5.250%               | 8/1/2012            | 52,439              | 53,477                  |
| FHLM                                     | 35,404               | 6.000%               | 9/1/2022            | 35,913              | 39,059                  |
| FHLM                                     | 39,673               | 6.500%               | 6/1/2026            | 40,175              | 44,426                  |
| FHLM                                     | 25,842               | 6.000%               | 6/1/2016            | 25,874              | 28,071                  |
| FHLM                                     | 69,321               | 8.000%               | 6/1/2015            | 72,441              | 74,629                  |
| FHLM                                     | 32,043               | 5.500%               | 10/1/2017           | 32,178              | 34,720                  |
| FHLM                                     | 28,554               | Varies               | 3/1/2034            | 27,591              | 30,170                  |
| FNMA                                     | 53,670               | 6.000%               | 12/1/2032           | 54,273              | 59,355                  |
| FNMA                                     | 107,418              | 5.000%               | 3/1/2041            | 113,125             | 116,401                 |
| FNMA                                     | 41,129               | 6.500%               | 3/1/2022            | 42,337              | 45,832                  |
| FNMA                                     | 50,521               | 6.000%               | 11/1/2018           | 50,908              | 55,232                  |
| GNMA                                     | 59,167               | 6.500%               | 5/15/2024           | 60,175              | 67,708                  |
| <b>TOTAL U.S. GOVERNMENT SECURITIES</b>  |                      |                      |                     | <b>\$ 1,457,295</b> | <b>\$ 1,592,585</b>     |
| <b><u>CORPORATE NOTES/BONDS</u></b>      |                      |                      |                     |                     |                         |
| Abbott Laboratories                      | 50,000               | 5.125%               | 4/1/2019            | \$ 50,091           | \$ 58,001               |
| AT & T Inc                               | 50,000               | 2.400%               | 8/15/2016           | 50,322              | 51,351                  |
| Bank of New York Mellon                  | 50,000               | 1.500%               | 1/31/2014           | 49,927              | 50,412                  |
| BB&T Corp                                | 50,000               | 3.375%               | 9/25/2013           | 49,955              | 51,679                  |
| Biomed Realty LP                         | 50,000               | 3.850%               | 4/15/2016           | 49,683              | 49,596                  |
| Boeing Co.                               | 50,000               | 3.750%               | 11/20/2016          | 49,454              | 54,882                  |
| Canadian Natl Railway                    | 50,000               | 5.850%               | 11/15/2017          | 49,841              | 59,902                  |
| Caterpillar Inc.                         | 50,000               | 7.900%               | 12/15/2018          | 50,278              | 66,632                  |
| Citigroup Inc.                           | 50,000               | 5.125%               | 5/5/2014            | 49,854              | 51,153                  |
| Coca-Cola Enterprises Inc                | 50,000               | 4.250%               | 3/1/2015            | 50,557              | 54,308                  |
| Danaher Corp                             | 75,000               | 5.625%               | 1/15/2018           | 74,543              | 88,369                  |
| Duke Energy Carolinas LLC                | 50,000               | 5.250%               | 1/15/2018           | 50,058              | 58,973                  |
| FNMA                                     | 39,405               | 6.000%               | 1/25/2032           | 39,620              | 43,808                  |
| FNMA                                     | 28,508               | 6.500%               | 11/25/2015          | 29,310              | 30,475                  |
| FNMA                                     | 100,000              | 5.500%               | 11/25/2036          | 109,188             | 118,938                 |
| General Elec Cap Corp                    | 50,000               | 3.350%               | 10/17/2016          | 49,941              | 52,037                  |
| GNMA                                     | 30,229               | 4.695%               | 12/16/2024          | 29,521              | 30,775                  |
| Google Inc                               | 50,000               | 1.250%               | 5/19/2014           | 49,989              | 50,697                  |

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

Schedule of Assets Held for Investment Purposes

December 31, 2011

| <u>SECURITY</u>                                 | <u>PAR<br/>VALUE</u> | <u>INT.<br/>RATE</u> | <u>DUE<br/>DATE</u> | <u>COST</u>   | <u>MARKET<br/>VALUE</u> |
|-------------------------------------------------|----------------------|----------------------|---------------------|---------------|-------------------------|
| <b><u>CORPORATE NOTES/BONDS - Continued</u></b> |                      |                      |                     |               |                         |
| John Deere Cap Corp                             | 50,000               | 2.950%               | 3/9/2015            | \$ 49,947     | \$ 52,781               |
| JP Morgan Chase & Co                            | 50,000               | 5.125%               | 9/15/2014           | 49,293        | 52,719                  |
| Kraft Foods Inc.                                | 50,000               | 5.250%               | 10/1/2013           | 49,418        | 53,353                  |
| Lowes                                           | 50,000               | 6.100%               | 9/15/2017           | 49,959        | 59,331                  |
| Merrill Lynch & Co. Inc.                        | 50,000               | 6.875%               | 4/25/2018           | 49,957        | 49,284                  |
| Oracle Corp.                                    | 50,000               | 5.750%               | 4/15/2018           | 51,137        | 60,883                  |
| St. Jude Medical Inc                            | 50,000               | 3.750%               | 7/15/2014           | 49,924        | 52,899                  |
| State Street Corp                               | 50,000               | 2.875%               | 3/7/2016            | 49,792        | 51,424                  |
| Teva Pharma Fin II/III                          | 50,000               | 3.000%               | 6/15/2015           | 50,990        | 52,009                  |
| United Technologies Corp.                       | 50,000               | 6.125%               | 2/1/2019            | 49,919        | 61,761                  |
| Verizon Global FDG Corp                         | 50,000               | 4.900%               | 9/15/2015           | 48,175        | 56,112                  |
| Vodafone Group PLC                              | 50,000               | 3.375%               | 11/24/2015          | 49,408        | 53,045                  |
| Wal-Mart Stores Inc                             | 50,000               | 2.875%               | 4/1/2015            | 49,654        | 53,051                  |
| Wells Fargo Company                             | 50,000               | 5.125%               | 9/15/2016           | 49,391        | 54,033                  |
| BHP Billiton Finance                            | 50,000               | 5.400%               | 3/29/2017           | 49,843        | 58,117                  |
| TOTAL CORPORATE BONDS AND DEBENTURES            |                      |                      |                     | \$ 1,678,939  | \$ 1,842,790            |
| <b><u>COMMON TRUST FUNDS</u></b>                |                      |                      |                     |               |                         |
| Multi Employer Property Trust                   |                      | N/A                  | N/A                 | \$ 507,396    | \$ 883,781              |
| C S McKee Small Cap                             |                      | N/A                  | N/A                 | 1,030,322     | 1,319,480               |
| TOTAL COMMON TRUST FUNDS                        |                      |                      |                     | \$ 1,537,718  | \$ 2,203,261            |
| <b><u>MONEY MARKET FUNDS</u></b>                |                      |                      |                     |               |                         |
| PNC Prime Money Market                          |                      | N/A                  | N/A                 | \$ 452,285    | \$ 452,285              |
| Total Investments                               |                      |                      |                     | \$ 17,097,567 | \$ 17,478,699           |
| <b><u>SUMMARY OF INVESTMENTS BY TYPE</u></b>    |                      |                      |                     |               |                         |
| U.S. Government Securities                      |                      |                      |                     | \$ 1,457,295  | \$ 1,592,585            |
| Corporate Bonds                                 |                      |                      |                     | 1,678,939     | 1,842,790               |
| Common Stocks                                   |                      |                      |                     | 6,070,011     | 6,136,262               |
| Mutual Funds                                    |                      |                      |                     | 5,901,319     | 5,251,516               |
| Common Trust Funds                              |                      |                      |                     | 1,537,718     | 2,203,261               |
| Money Market Funds                              |                      |                      |                     | 452,285       | 452,285                 |
|                                                 |                      |                      |                     | \$ 17,097,567 | \$ 17,478,699           |

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, 2011

| (a) Identity of<br>party involved<br>(b) Description<br>of security | (c) Purchase<br>Price | (d) Selling<br>Price | (f) Exp.<br>incurred<br>with<br>transaction | (g) Cost<br>of<br>asset | (h) Current<br>value of<br>asset on<br>transaction<br>date | (i) Net<br>gain or<br>(loss) |
|---------------------------------------------------------------------|-----------------------|----------------------|---------------------------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <u>Sales:</u>                                                       |                       |                      |                                             |                         |                                                            |                              |
| No Activity                                                         | \$ -                  | \$ -                 | \$ -                                        | \$ -                    | \$ -                                                       | \$ -                         |
| <u>Purchases:</u><br>Pimco Funds                                    | \$ 1,510,996          | \$ -                 | \$ -                                        | \$ 1,510,996            | \$ 1,510,996                                               | \$ -                         |

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

Schedule of Assets Held for Investment Purposes

December 31, 2011

| Shares               | Description                 | Cost       | Market Value |
|----------------------|-----------------------------|------------|--------------|
| <b>Common Stocks</b> |                             |            |              |
| 4,730                | Alere Inc                   | \$ 135,941 | \$ 109,216   |
| 3,400                | Allscripts Healthcare       | 59,358     | 64,396       |
| 2,260                | Amadeus IT Holding          | 44,947     | 36,612       |
| 610                  | Amazon.com                  | 123,139    | 105,591      |
| 1,850                | AMC Networks Inc            | 67,031     | 69,523       |
| 1,450                | Amdocs Limited              | 38,893     | 41,369       |
| 1,460                | American Express Co.        | 45,148     | 68,868       |
| 1,750                | Amphenol Corp               | 80,031     | 79,432       |
| 2,110                | Anheuser-Busch              | 118,653    | 129,209      |
| 3,560                | Autodesk Inc.               | 104,529    | 107,975      |
| 1,670                | Baker Hughes Inc.           | 90,808     | 81,229       |
| 4,440                | Bank New York Mellon Corp   | 128,934    | 88,400       |
| 1,330                | Becton Dickinson & Co.      | 99,983     | 99,378       |
| 650                  | Beiersdorf AG               | 35,758     | 36,871       |
| 1,830                | Biomarin Pharmaceutical Inc | 50,253     | 62,915       |
| 17,060               | Boston Scientific Corp      | 126,453    | 91,100       |
| 2,940                | Carnival Corp               | 104,911    | 95,962       |
| 2,790                | Cerner Corp                 | 119,040    | 170,887      |
| 9,620                | Cisco Systems Inc.          | 216,645    | 173,930      |
| 320                  | CME Group Inc               | 97,543     | 77,974       |
| 1,020                | Coca Cola Co                | 53,058     | 71,369       |
| 8,120                | Corning Inc                 | 124,834    | 105,398      |
| 1,110                | Ctrip.com Intl Ltd          | 44,925     | 25,974       |
| 1,600                | Danone                      | 96,977     | 99,765       |
| 2,290                | Dicks Sporting Goods Inc.   | 31,902     | 84,455       |
| 2,110                | Directv                     | 96,286     | 90,224       |
| 2,250                | Discovery Communications    | 83,370     | 92,182       |
| 3,330                | Discover Financial          | 80,769     | 79,920       |
| 5,600                | Disney Walt Co              | 152,623    | 210,000      |
| 6,850                | EMC Corp                    | 139,335    | 147,549      |
| 770                  | Fedex Corp.                 | 62,379     | 64,303       |
| 850                  | Flowserve Corp              | 90,261     | 84,422       |
| 930                  | Gen-Probe Inc.              | 39,606     | 54,982       |
| 390                  | Google Inc.                 | 185,388    | 251,901      |
| 2,320                | Hess Corporation            | 135,687    | 131,776      |
| 1,770                | Imax Corp                   | 47,839     | 32,444       |
| 1,760                | Koninklijke                 | 24,445     | 23,706       |
| 1,110                | Kraft Foods                 | 35,383     | 41,470       |
| 3,630                | Kroger Co.                  | 79,689     | 87,919       |
| 1,680                | Liberty Global              | 52,610     | 68,930       |
| 240                  | Mastercard Inc              | 52,221     | 89,477       |
| 2,630                | Monsanto Co.                | 176,872    | 184,284      |
| 1,810                | Moody's Corp                | 65,989     | 60,961       |
| 850                  | Norfolk Southern Corp       | 49,711     | 61,931       |
| 3,090                | Owens Ill Inc               | 93,925     | 59,884       |
| 1,230                | Pall Corp.                  | 45,588     | 70,294       |

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

Schedule of Assets Held for Investment Purposes

December 31, 2011

| Shares                                  | Description                  | Cost         | Value        |
|-----------------------------------------|------------------------------|--------------|--------------|
| <b><u>Common Stocks - continued</u></b> |                              |              |              |
| 5,350                                   | Qiagen                       | \$ 98,397    | \$ 73,883    |
| 2,840                                   | Qualcomm Inc                 | 106,287      | 155,348      |
| 4,500                                   | Quanta Svcs Inc              | 87,064       | 96,930       |
| 3,210                                   | Ryanair Hldgs PLC            | 85,904       | 89,431       |
| 10,560                                  | Schwab Charles Corp          | 140,244      | 118,906      |
| 12,810                                  | Southwest Airlines Co.       | 135,821      | 109,654      |
| 1,880                                   | State Street Corp            | 88,975       | 75,783       |
| 6,750                                   | Telenor                      | 112,580      | 110,795      |
| 5,140                                   | Time Warner Inc              | 161,497      | 185,760      |
| 690                                     | Toyota Motor Corp            | 55,805       | 45,630       |
| 1,355                                   | United Parcel Service Inc.   | 93,606       | 99,172       |
| 3,890                                   | Virgin Media Inc             | 94,547       | 83,168       |
| 850                                     | Visa Inc                     | 62,659       | 86,300       |
| 1,790                                   | Volcano Corp                 | 52,380       | 42,584       |
| 170                                     | Washington Post Co           | 70,436       | 64,058       |
| 590                                     | Waters Corp                  | 44,164       | 43,689       |
| 1,200                                   | Deutsche Boerse AG (DBOEF)   | 86,647       | 62,928       |
| 9,800                                   | Banco Santander S.A. (BTDRF) | 111,867      | 72,912       |
| 530                                     | Lonza AG (CHF)               | 44,089       | 31,243       |
| 650                                     | Nestle SA Cham               | 39,552       | 37,492       |
| 1,300                                   | Schlumberger Ltd.            | 84,766       | 88,803       |
| 3,520                                   | Unilever PLC                 | 84,217       | 117,990      |
| 5,290                                   | Weatherford Intl LTD Inc.    | 98,837       | 77,446       |
| TOTAL COMMON STOCKS                     |                              | \$ 6,070,011 | \$ 6,136,262 |

**Mutual Funds**

|                    |                                   |              |              |
|--------------------|-----------------------------------|--------------|--------------|
| 36,476             | Manning & Napier Fin Svcs-A       | \$ 306,037   | \$ 192,595   |
| 10,183             | Manning & Napier Emerging Markets | 101,828      | 100,203      |
| 30,365             | Manning & Napier Life Sciences    | 368,941      | 332,492      |
| 10,853             | Manning & Napier Real Estate      | 108,967      | 137,285      |
| 29,306             | Manning & Napier Small Cap        | 310,809      | 244,998      |
| 19,502             | Manning & Napier Technology       | 179,943      | 201,458      |
| 43,852             | Manning & Napier International    | 422,389      | 333,274      |
| 22,156             | Manning & Napier World Opp        | 187,827      | 146,896      |
| 142,424            | Pimco Fds                         | 1,510,996    | 1,502,575    |
| 58,699             | American Europacific Growth       | 2,403,582    | 2,059,740    |
| TOTAL MUTUAL FUNDS |                                   | \$ 5,901,319 | \$ 5,251,516 |

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

**Schedule of Assets Held for Investment Purposes**

December 31, 2011

| <u>SECURITY</u>                          | <u>PAR<br/>VALUE</u> | <u>INT.<br/>RATE</u> | <u>DUE<br/>DATE</u> | <u>COST</u>  | <u>MARKET<br/>VALUE</u> |
|------------------------------------------|----------------------|----------------------|---------------------|--------------|-------------------------|
| <b><u>U.S. GOVERNMENT SECURITIES</u></b> |                      |                      |                     |              |                         |
| Treasury Note                            | 80,000               | 2.750%               | 2/15/2019           | \$ 80,332    | \$ 87,625               |
| Treasury Note                            | 275,000              | 4.250%               | 8/15/2014           | 272,601      | 303,014                 |
| Treasury Note                            | 200,000              | 4.875%               | 8/15/2016           | 203,416      | 237,250                 |
| Treasury Note                            | 130,000              | 3.375%               | 11/15/2019          | 138,782      | 148,179                 |
| Treasury Note                            | 150,000              | 3.125%               | 5/15/2021           | 154,735      | 167,437                 |
| FNMA                                     | 52,000               | 5.250%               | 8/1/2012            | 52,439       | 53,477                  |
| FHLM                                     | 35,404               | 6.000%               | 9/1/2022            | 35,913       | 39,059                  |
| FHLM                                     | 39,673               | 6.500%               | 6/1/2026            | 40,175       | 44,426                  |
| FHLM                                     | 25,842               | 6.000%               | 6/1/2016            | 25,874       | 28,071                  |
| FHLM                                     | 69,321               | 8.000%               | 6/1/2015            | 72,441       | 74,629                  |
| FHLM                                     | 32,043               | 5.500%               | 10/1/2017           | 32,178       | 34,720                  |
| FHLM                                     | 28,554               | Varies               | 3/1/2034            | 27,591       | 30,170                  |
| FNMA                                     | 53,670               | 6.000%               | 12/1/2032           | 54,273       | 59,355                  |
| FNMA                                     | 107,418              | 5.000%               | 3/1/2041            | 113,125      | 116,401                 |
| FNMA                                     | 41,129               | 6.500%               | 3/1/2022            | 42,337       | 45,832                  |
| FNMA                                     | 50,521               | 6.000%               | 11/1/2018           | 50,908       | 55,232                  |
| GNMA                                     | 59,167               | 6.500%               | 5/15/2024           | 60,175       | 67,708                  |
| TOTAL U.S. GOVERNMENT SECURITIES         |                      |                      |                     | \$ 1,457,295 | \$ 1,592,585            |
| <b><u>CORPORATE NOTES/BONDS</u></b>      |                      |                      |                     |              |                         |
| Abbott Laboratories                      | 50,000               | 5.125%               | 4/1/2019            | \$ 50,091    | \$ 58,001               |
| AT & T Inc                               | 50,000               | 2.400%               | 8/15/2016           | 50,322       | 51,351                  |
| Bank of New York Mellon                  | 50,000               | 1.500%               | 1/31/2014           | 49,927       | 50,412                  |
| BB&T Corp                                | 50,000               | 3.375%               | 9/25/2013           | 49,955       | 51,679                  |
| Biomed Realty LP                         | 50,000               | 3.850%               | 4/15/2016           | 49,683       | 49,596                  |
| Boeing Co.                               | 50,000               | 3.750%               | 11/20/2016          | 49,454       | 54,882                  |
| Canadian Natl Railway                    | 50,000               | 5.850%               | 11/15/2017          | 49,841       | 59,902                  |
| Caterpillar Inc.                         | 50,000               | 7.900%               | 12/15/2018          | 50,278       | 66,632                  |
| Citigroup Inc.                           | 50,000               | 5.125%               | 5/5/2014            | 49,854       | 51,153                  |
| Coca-Cola Enterprises Inc                | 50,000               | 4.250%               | 3/1/2015            | 50,557       | 54,308                  |
| Danaher Corp                             | 75,000               | 5.625%               | 1/15/2018           | 74,543       | 88,369                  |
| Duke Energy Carolinas LLC                | 50,000               | 5.250%               | 1/15/2018           | 50,058       | 58,973                  |
| FNMA                                     | 39,405               | 6.000%               | 1/25/2032           | 39,620       | 43,808                  |
| FNMA                                     | 28,508               | 6.500%               | 11/25/2015          | 29,310       | 30,475                  |
| FNMA                                     | 100,000              | 5.500%               | 11/25/2036          | 109,188      | 118,938                 |
| General Elec Cap Corp                    | 50,000               | 3.350%               | 10/17/2016          | 49,941       | 52,037                  |
| GNMA                                     | 30,229               | 4.695%               | 12/16/2024          | 29,521       | 30,775                  |
| Google Inc                               | 50,000               | 1.250%               | 5/19/2014           | 49,989       | 50,697                  |

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

Schedule of Assets Held for Investment Purposes

December 31, 2011

| <u>SECURITY</u>                                 | <u>PAR<br/>VALUE</u> | <u>INT.<br/>RATE</u> | <u>DUE<br/>DATE</u> | <u>COST</u> | <u>MARKET<br/>VALUE</u> |
|-------------------------------------------------|----------------------|----------------------|---------------------|-------------|-------------------------|
| <b><u>CORPORATE NOTES/BONDS - Continued</u></b> |                      |                      |                     |             |                         |
| John Deere Cap Corp                             | 50,000               | 2.950%               | 3/9/2015            | \$ 49,947   | \$ 52,781               |
| JP Morgan Chase & Co                            | 50,000               | 5.125%               | 9/15/2014           | 49,293      | 52,719                  |
| Kraft Foods Inc.                                | 50,000               | 5.250%               | 10/1/2013           | 49,418      | 53,353                  |
| Lowes                                           | 50,000               | 6.100%               | 9/15/2017           | 49,959      | 59,331                  |
| Merrill Lynch & Co. Inc.                        | 50,000               | 6.875%               | 4/25/2018           | 49,957      | 49,284                  |
| Oracle Corp.                                    | 50,000               | 5.750%               | 4/15/2018           | 51,137      | 60,883                  |
| St. Jude Medical Inc                            | 50,000               | 3.750%               | 7/15/2014           | 49,924      | 52,899                  |
| State Street Corp                               | 50,000               | 2.875%               | 3/7/2016            | 49,792      | 51,424                  |
| Teva Pharma Fin II/III                          | 50,000               | 3.000%               | 6/15/2015           | 50,990      | 52,009                  |
| United Technologies Corp.                       | 50,000               | 6.125%               | 2/1/2019            | 49,919      | 61,761                  |
| Verizon Global FDG Corp                         | 50,000               | 4.900%               | 9/15/2015           | 48,175      | 56,112                  |
| Vodafone Group PLC                              | 50,000               | 3.375%               | 11/24/2015          | 49,408      | 53,045                  |
| Wal-Mart Stores Inc                             | 50,000               | 2.875%               | 4/1/2015            | 49,654      | 53,051                  |
| Wells Fargo Company                             | 50,000               | 5.125%               | 9/15/2016           | 49,391      | 54,033                  |
| BHP Billiton Finance                            | 50,000               | 5.400%               | 3/29/2017           | 49,843      | 58,117                  |

|                                      |    |           |    |           |
|--------------------------------------|----|-----------|----|-----------|
| TOTAL CORPORATE BONDS AND DEBENTURES | \$ | 1,678,939 | \$ | 1,842,790 |
|--------------------------------------|----|-----------|----|-----------|

**COMMON TRUST FUNDS**

|                               |     |     |            |            |
|-------------------------------|-----|-----|------------|------------|
| Multi Employer Property Trust | N/A | N/A | \$ 507,396 | \$ 883,781 |
| C S McKee Small Cap           | N/A | N/A | 1,030,322  | 1,319,480  |

|                          |    |           |    |           |
|--------------------------|----|-----------|----|-----------|
| TOTAL COMMON TRUST FUNDS | \$ | 1,537,718 | \$ | 2,203,261 |
|--------------------------|----|-----------|----|-----------|

**MONEY MARKET FUNDS**

|                        |     |     |            |            |
|------------------------|-----|-----|------------|------------|
| PNC Prime Money Market | N/A | N/A | \$ 452,285 | \$ 452,285 |
|------------------------|-----|-----|------------|------------|

|                   |    |            |    |            |
|-------------------|----|------------|----|------------|
| Total Investments | \$ | 17,097,567 | \$ | 17,478,699 |
|-------------------|----|------------|----|------------|

**SUMMARY OF INVESTMENTS BY TYPE**

|                            |    |            |    |            |
|----------------------------|----|------------|----|------------|
| U.S. Government Securities | \$ | 1,457,295  | \$ | 1,592,585  |
| Corporate Bonds            |    | 1,678,939  |    | 1,842,790  |
| Common Stocks              |    | 6,070,011  |    | 6,136,262  |
| Mutual Funds               |    | 5,901,319  |    | 5,251,516  |
| Common Trust Funds         |    | 1,537,718  |    | 2,203,261  |
| Money Market Funds         |    | 452,285    |    | 452,285    |
|                            | \$ | 17,097,567 | \$ | 17,478,699 |

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, 2011

| (a) Identity of<br>party involved<br>(b) Description<br>of security | (c) Purchase<br>Price | (d) Selling<br>Price | (f) Exp.<br>incurred<br>with<br>transaction | (g) Cost<br>of<br>asset | (h) Current<br>value of<br>asset on<br>transaction<br>date | (i) Net<br>gain or<br>loss |
|---------------------------------------------------------------------|-----------------------|----------------------|---------------------------------------------|-------------------------|------------------------------------------------------------|----------------------------|
| <u>Sales:</u>                                                       |                       |                      |                                             |                         |                                                            |                            |
| No Activity                                                         | \$                    | -                    | \$                                          | -                       | \$                                                         | -                          |
| <u>Purchases:</u><br>Pimco Funds                                    | \$ 1,510,996          | -                    | \$                                          | 1,510,996               | 1,510,996                                                  | -                          |

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><p>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).</p> <p align="center">▶ <b>File as an attachment to Form 5500 or 5500-SF.</b></p> | <small>OMB No. 1210-0110</small><br><hr/> <p align="center" style="font-size: 1.2em;"><b>2011</b></p> <hr/> <p align="center"><b>This Form is Open to Public Inspection</b></p> |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                 |

▶ **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.

|                                                                                                                     |                                                                    |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br><u>IBEW Local Union No. 64 Pension Plan</u>                                            | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br><u>IBEW Joint Board of Trustees</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-6654696</u> |

**E** Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

**1a** Enter the valuation date: Month 1 Day 1 Year 2011

**b** Assets

|                                                                                                              |                 |            |
|--------------------------------------------------------------------------------------------------------------|-----------------|------------|
| (1) Current value of assets .....                                                                            | <b>1b(1)</b>    | 19,051,519 |
| (2) Actuarial value of assets for funding standard account.....                                              | <b>1b(2)</b>    | 21,958,541 |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                   | <b>1c(1)</b>    | 25,102,535 |
| (2) Information for plans using spread gain methods:                                                         |                 |            |
| (a) Unfunded liability for methods with bases.....                                                           | <b>1c(2)(a)</b> |            |
| (b) Accrued liability under entry age normal method.....                                                     | <b>1c(2)(b)</b> |            |
| (c) Normal cost under entry age normal method.....                                                           | <b>1c(2)(c)</b> |            |
| (3) Accrued liability under unit credit cost method.....                                                     | <b>1c(3)</b>    | 25,102,535 |
| <b>d</b> Information on current liabilities of the plan:                                                     |                 |            |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions)..... | <b>1d(1)</b>    |            |
| (2) "RPA '94" information :                                                                                  |                 |            |
| (a) Current liability .....                                                                                  | <b>1d(2)(a)</b> | 44,487,621 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....               | <b>1d(2)(b)</b> | 479,845    |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                | <b>1d(2)(c)</b> | 1,953,276  |
| (3) Expected plan disbursements for the plan year .....                                                      | <b>1d(3)</b>    | 1,835,383  |

**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.

|                                                                                              |                          |                                                                 |
|----------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                             | <br>Signature of actuary | <u>Sept. 24, 2012</u><br>Date                                   |
| <u>Stanley I. Goldfarb</u><br>Type or print name of actuary                                  |                          | <u>11-03401</u><br>Most recent enrollment number                |
| <u>Horizon Actuarial Services, LLC</u><br><u>8601 Georgia Avenue, Suite 700</u><br>Firm name |                          | <u>(240) 247-4512</u><br>Telephone number (including area code) |
| <u>Silver Spring</u> <u>MD 20910-</u><br>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 ☐

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

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 19,051,519                   |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| (1) For retired participants and beneficiaries receiving payment .....                                                              | 138                               | 19,776,803                   |
| (2) For terminated vested participants .....                                                                                        | 93                                | 5,806,999                    |
| (3) For active participants:                                                                                                        |                                   |                              |
| (a) Non-vested benefits .....                                                                                                       |                                   | 18,208,164                   |
| (b) Vested benefits .....                                                                                                           |                                   | 695,655                      |
| (c) Total active .....                                                                                                              | 265                               | 18,903,819                   |
| (4) Total .....                                                                                                                     | 496                               | 44,487,621                   |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 42.82 %                      |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          | 1,511,868                         |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>3(b)</b>              | 1,511,868                         | <b>3(c)</b>                     |
|                          |                                   |                                 |                          |                                   | 0                               |

**4** Information on plan status:

|                                                                                                                                                            |           |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> 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..... | <b>4a</b> | N                                                        |
| <b>b</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....                                                            | <b>4b</b> | %                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status, were any adjustable benefits reduced? .....                                                                    |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date ..... | <b>4e</b> |                                                          |

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

- |                                                            |                                                            |                                                                            |                                             |
|------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Reorganization           | <b>j</b> <input type="checkbox"/> Other (specify):         |                                                                            |                                             |

|                                                                                                                                                                      |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>k</b> If box h is checked, enter period of use of shortfall method .....                                                                                          | <b>5k</b> |                                                                     |
| <b>l</b> Has a change been made in funding method for this plan year? .....                                                                                          |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>m</b> If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....                                            |           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>n</b> 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 ..... | <b>5n</b> |                                                                     |

**6** Checklist of certain actuarial assumptions:

|                                                                                                               |                                                                                                                                                                                                            |                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                  | <b>6a</b>                                                                                                                                                                                                  | 4.47 %                                                                                                                                                                                                     |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                              | <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> <span><input checked="" type="checkbox"/> N/A</span> </div> | <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> <span><input checked="" type="checkbox"/> N/A</span> </div> |
| <b>c</b> Mortality table code for valuation purposes:                                                         |                                                                                                                                                                                                            |                                                                                                                                                                                                            |
| (1) Males .....                                                                                               | <b>6c(1)</b>                                                                                                                                                                                               | 8+3                                                                                                                                                                                                        |
| (2) Females .....                                                                                             | <b>6c(2)</b>                                                                                                                                                                                               | 8 F                                                                                                                                                                                                        |
| <b>d</b> Valuation liability interest rate .....                                                              | <b>6d</b>                                                                                                                                                                                                  | 8.00 %                                                                                                                                                                                                     |
| <b>e</b> Expense loading .....                                                                                | <b>6e</b>                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-between;"> <span>84.9 %</span> <span><input type="checkbox"/> N/A</span> </div>                                                                          |
| <b>f</b> Salary scale .....                                                                                   | <b>6f</b>                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-between;"> <span>%</span> <span><input checked="" type="checkbox"/> N/A</span> </div>                                                                    |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date ..... | <b>6g</b>                                                                                                                                                                                                  | 7.5 %                                                                                                                                                                                                      |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....   | <b>6h</b>                                                                                                                                                                                                  | 12.6 %                                                                                                                                                                                                     |

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

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 8                | 374,526             | 31,713                         |
| 1                | 73,995              | 8,004                          |

**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. ☒ 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 ☒ 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** 263,067

**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 <span style="float: right;"><b>9c(1)</b></span> | 15,392,719          | 2,387,917 |
| (2) Funding waivers <span style="float: right;"><b>9c(2)</b></span>                                                                                        | 0                   | 0         |
| (3) Certain bases for which the amortization period has been extended <span style="float: right;"><b>9c(3)</b></span>                                      | 0                   | 0         |

**d** Interest as applicable on lines 9a, 9b, and 9c **9d** 212,078

**e** Total charges. Add lines 9a through 9d **9e** 2,863,062

**Credits to funding standard account:**

**f** Prior year credit balance, if any **9f** 3,444,136

**g** Employer contributions. Total from column (b) of line 3 **9g** 1,511,868

**h** Amortization credits as of valuation date **9h** 8,804,589

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h **9i** 443,504

**j** Full funding limitation (FFL) and credits:

|                                                                                                    | Outstanding balance |   |
|----------------------------------------------------------------------------------------------------|---------------------|---|
| (1) ERISA FFL (accrued liability FFL) <span style="float: right;"><b>9j(1)</b></span>              | 10,538,876          |   |
| (2) "RPA '94" override (90% current liability FFL) <span style="float: right;"><b>9j(2)</b></span> | 18,788,802          |   |
| (3) FFL credit <span style="float: right;"><b>9j(3)</b></span>                                     |                     | 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** 6,743,229

**m** Credit balance: If line 9l is greater than line 9e, enter the difference **9m** 3,880,167

**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference **9n**

**9 o** Current year's accumulated reconciliation account:

|                                                                                                                           |                 |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------|
| (1) Due to waived funding deficiency accumulated prior to the 2011 plan year .....                                        | <b>9o(1)</b>    | 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 .....                                                         | <b>9o(2)(a)</b> | 0                                                                   |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                                  | <b>9o(2)(b)</b> | 0                                                                   |
| (3) Total as of valuation date .....                                                                                      | <b>9o(3)</b>    | 0                                                                   |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....                    | <b>10</b>       | 0                                                                   |
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. .... |                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

## **SCHEDULE MB ATTACHMENTS**

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### **Statement by Enrolled Actuary**

***Plan Sponsor*** IBEW Joint Board of Trustees

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***EIN / PN*** 34-6654696/001

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***Plan Name*** IBEW Local Union No. 64 Pension Plan

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***Valuation Date*** January 1, 2011

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***Enrolled Actuary*** Stanley I. Goldfarb

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***Enrollment Number*** 11-03401

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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 auditor. 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 auditor.

This Schedule MB reflects the Trustees' decision to apply the provisions of funding relief as permitted under the Pension Relief Act of 2010 ("PRA"). Specifically, the Trustees elected to utilize:

- Special extended funding standard account amortization of the Eligible Net Investment Loss incurred during the plan year beginning January 1, 2008
- Extended asset smoothing in the asset valuation method of the difference between the actual and expected market value of assets as of January 1, 2009

## SCHEDULE MB ATTACHMENTS

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### Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2011

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

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*Plan Sponsor* Joint Board of Trustees of the International Brotherhood of Electrical Workers  
Local Union Number 64 Pension Trust Fund

*EIN/PN* 34-6654696/001

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|                       |                           |       |
|-----------------------|---------------------------|-------|
| <i>Interest Rates</i> | Valuation                 | 8.00% |
|                       | RPA '94 Current liability | 4.47% |

---

*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.

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*Assumed Cost-of-Living  
Adjustments* None.

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*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 \$120,821.

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*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 2011, the mortality table required by the Internal Revenue Service  
was used. Future mortality improvement was considered, but not reflected.

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## SCHEDULE MB ATTACHMENTS

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### Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2011

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

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**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   |

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**Disabled Mortality** 1985 Pension Disability Mortality for males and females. However, for purposes of developing RPA '94 current liability in 2011, the healthy mortality table required by the Internal Revenue Service was used. Future mortality improvement was considered, but not reflected.

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## SCHEDULE MB ATTACHMENTS

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**Schedule MB, Line 6 –  
Statement of Actuarial Assumptions/Methods  
As of January 1, 2011**

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

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***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<br>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.

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***Inclusion Date***

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

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## **SCHEDULE MB ATTACHMENTS**

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### **Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2011**

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

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***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, 2011 are \$30.27 for Commercial members, \$16.75 Residential members, \$18.50 for Teledata members, and \$18.50 for Voice and Video Wiring members.

---

***Compensation for Plan  
Participants***

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

---

***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.

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## **SCHEDULE MB ATTACHMENTS**

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### **Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2011**

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

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***Asset Method***

The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last 4 years at the rate of 25% per year. Expected investment return is calculated from the prior market value of assets, including receivable contributions, and weighted expected transactions. The actuarial value is subject to a restriction that it be not less than 80% or more than 120% of market value.

As permitted under the Pension Relief Act of 2010 and elected by the Trustees, the asset method has been changed to allow the investment loss from the 2008 Plan Year to be reflected at a rate of 10% per year.

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***Participant Data***

Participant data were supplied electronically as of the valuation date. Data on persons receiving benefits were supplied from the Plan Administrator.

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***Benefits Not Included  
in Valuation***

None.

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## SCHEDULE MB ATTACHMENTS

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### Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2011

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

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***Pension Relief Act of  
2010***

The Trustees decided to apply the following special rules to the Plan under the Pension Relief Act of 2010:

- **Special Amortization Rule:** As permitted under Section 431 (b)(8)(A) of the Internal Code (the “Code”), net investment losses incurred in the plan year beginning January 1, 2008 and ending December 31, 2008 will be amortized in the funding standard account over a period ending December 31, 2037. If not for the special rule, the losses would have been amortized over a period of 15 years.
- **Special asset valuation rule:** As permitted under Section 431 (b)(8)(B) of the Code, the asset valuation method will be changed so that the difference between expected and actual returns for the plan year beginning January 1, 2008 and ending December 31, 2008 will be spread over a period of 10 years. If not for the special rule, the losses would have been spread over a period of 4 years.

The special rules will apply retroactively to the plan year beginning January 1, 2009. For purposes of determining the amounts of eligible net investment losses to be recognized in the funding standard account under the special amortization rule, the “prospective” method described in IRS Notice 2010-83 was used.

The law permits a plan sponsor to choose to stop applying the special amortization rule as of a given plan year, provided that a formal decision is made by the plan sponsor to do so. If such a decision is made, then no new amortization bases are established under the special amortization rule of Code Section 431(b)(8)(A). Any portion of the net investment loss incurred in the plan year ending December 31, 2008, and recognized in a subsequent year, is taken into account under the regular rules of Code Section 431(b)(2) or (b)(3). The annual charges or credits to the funding standard account with respect to any amortization base previously established are unaffected.

## SCHEDULE MB ATTACHMENTS

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### Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2011

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

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*Changes in  
Assumptions and  
Methods Since Last  
Actuarial Valuation*

The current liability interest rates changed from 4.58% to 4.47% 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.

The amount included for Administrative expenses changed from \$124,110 to \$120,821.

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## SCHEDULE MB ATTACHMENTS

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### Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2011

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

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*Plan Sponsor* Joint Board of Trustees of the International Brotherhood of Electrical Workers  
Local Union Number 64 Pension Trust Fund

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*EIN/PN* 34-6654696/001

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*Effective Date* May 1, 1970 (as we understand the Plan to be in effect on January 1, 2011).

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*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 ATTACHMENTS**

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### **Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2011**

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

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***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, 2.25% of aggregate contributions made after January 1, 2003 and before February 26, 2006, 0.00% of aggregate contributions made after February 26, 2006 and before January 1, 2010, and 0.75% of contributions made after January 1, 2010. Effective January 1, 2010, only the first 6% of wages contributed to the plan are considered for benefit accruals.

---

***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.

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***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.

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## **SCHEDULE MB ATTACHMENTS**

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### **Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2011**

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

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***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.

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***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.

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***Optional Forms of Payment***      A participant may elect to receive not earlier than his 57<sup>th</sup> birthday, a Joint and 50% or 100% Contingent Survivor pension which is actuarially equivalent to his regular pension.

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***Pensioner Increases***              Benefits for retired participants collecting benefits as of January 1, 1989 and January 1, 1991 were increased by \$30 per month.

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## **SCHEDULE MB ATTACHMENTS**

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### **Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2011**

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

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***Changes Since Prior  
Valuation***

The negotiated hourly wages are as follows:

- Commercial members - \$30.27 per hour
  - Residential members - \$16.75 per hour
  - Teledata members - \$18.50 per hour
  - Voice and Video Wiring members - \$18.50 per hour
-

# SCHEDULE MB ATTACHMENTS

## Schedule MB, Lines 8b – Schedule of Active Participation Data Number Distributed by Attained Age and Attained Years of Vesting Service<sup>1</sup> EIN/Plan Number: 34-6654696/001

| Attained Age | Attained Years of Vesting Service |                         |   |   |    |     |              |       |                  |       |         |       |           | Total |
|--------------|-----------------------------------|-------------------------|---|---|----|-----|--------------|-------|------------------|-------|---------|-------|-----------|-------|
|              | 0                                 | 1                       | 2 | 3 | 4  | 5-9 | 10-14        | 15-19 | 20-24            | 25-29 | 30-34   | 35-39 | 40 & Over |       |
| Under 25     | 5                                 | 1                       | 1 | 2 | 4  | 2   |              |       |                  |       |         |       |           | 15    |
| 25-29        | 3                                 | 2                       |   | 1 | 5  | 20  |              |       |                  |       |         |       |           | 31    |
| 30-34        |                                   | 1                       | 1 | 3 | 3  | 19  | 9            |       |                  |       |         |       |           | 36    |
| 35-39        | 1                                 |                         |   |   |    | 14  | 13           | 10    |                  |       |         |       |           | 38    |
| 40-44        |                                   |                         | 1 |   |    | 4   | 10           | 16    | 7                |       |         |       |           | 38    |
| 45-49        |                                   |                         |   |   |    | 4   | 8            | 9     | 14               | 5     |         |       |           | 40    |
| 50-54        |                                   | 1                       |   |   |    | 3   | 5            | 6     | 6                | 11    | 4       |       |           | 36    |
| 55-59        |                                   |                         |   |   |    | 2   |              | 7     | 3                |       | 7       | 4     |           | 23    |
| 60-64        |                                   |                         |   |   |    | 1   |              |       |                  |       |         | 4     | 2         | 7     |
| 65-69        |                                   |                         |   |   |    |     |              |       |                  |       |         |       | 1         | 1     |
| 70&Over      |                                   |                         |   |   |    |     |              |       |                  |       |         |       |           |       |
| Total        | 9                                 | 5                       | 3 | 6 | 12 | 69  | 45           | 48    | 30               | 16    | 11      | 8     | 3         | 265   |
| Average:     | Age                               | Number of participants: |   |   |    |     | Fully vested |       | Partially vested |       | Males   |       | 259       |       |
|              | Service                           |                         |   |   |    |     | 41.69        |       | 14.53            |       | Females |       | 259       |       |
|              |                                   |                         |   |   |    |     |              |       | 230              |       |         |       | 6         |       |

<sup>1</sup> Ages and service totals for purposes of determining category are based on exact (not rounded) values.

# SCHEDULE MB ATTACHMENTS

Schedule MB, Lines 9c and 9h  
Schedule of Funding Standard Account Bases as of January 1, 2011  
EIN/Plan Number: 34-6654696/001

| A. Charges            | Date<br>Established | Initial<br>Amount | Initial<br>Amortization<br>Period<br>(Years) | Outstanding<br>Balance | Remaining<br>Amortization<br>Period<br>(Years) | Amortization<br>Payment as of<br>Beginning of<br>Year |
|-----------------------|---------------------|-------------------|----------------------------------------------|------------------------|------------------------------------------------|-------------------------------------------------------|
| 1. Amendment          | 01/01/1983          | \$ 835,565        | 30.00                                        | \$ 129,032             | 2.00                                           | \$ 67,000                                             |
| 2. Amendment          | 01/01/1985          | 1,404,700         | 30.00                                        | 406,596                | 4.00                                           | 113,663                                               |
| 3. Amendment          | 01/01/1986          | 11,900            | 30.00                                        | 4,161                  | 5.00                                           | 967                                                   |
| 4. Amendment          | 01/01/1988          | 4,247,992         | 30.00                                        | 1,957,037              | 7.00                                           | 348,046                                               |
| 5. Amendment          | 01/01/1990          | 1,516,700         | 29.00                                        | 781,111                | 8.00                                           | 125,856                                               |
| 6. Amendment          | 01/01/1991          | 1,222,800         | 30.00                                        | 728,847                | 10.00                                          | 100,572                                               |
| 7. Assumptions Change | 01/01/1992          | 564,000           | 30.00                                        | 357,641                | 11.00                                          | 46,388                                                |
| 8. Amendment          | 01/01/1997          | 138,500           | 30.00                                        | 108,902                | 16.00                                          | 11,391                                                |
| 9. Experience Loss    | 01/01/1998          | 228,135           | 15.00                                        | 47,516                 | 2.00                                           | 24,679                                                |
| 10. Experience Loss   | 01/01/1999          | 1,166,730         | 15.00                                        | 351,271                | 3.00                                           | 126,212                                               |
| 11. Experience Loss   | 01/01/2000          | 689,204           | 15.00                                        | 266,691                | 4.00                                           | 74,555                                                |
| 12. Experience Loss   | 01/01/2001          | 1,228,858         | 15.00                                        | 573,225                | 5.00                                           | 132,932                                               |
| 13. Amendment         | 01/01/2001          | 332,075           | 30.00                                        | 289,615                | 20.00                                          | 27,312                                                |
| 14. Experience Loss   | 01/01/2002          | 1,295,510         | 15.00                                        | 699,696                | 6.00                                           | 140,142                                               |
| 15. Amendment         | 01/01/2002          | 282,593           | 30.00                                        | 251,437                | 21.00                                          | 23,243                                                |
| 16. Experience Loss   | 01/01/2003          | 2,015,680         | 15.00                                        | 1,226,057              | 7.00                                           | 218,047                                               |
| 17. Experience Loss   | 01/01/2004          | 1,303,770         | 15.00                                        | 875,322                | 8.00                                           | 141,036                                               |
| 18. Amendment         | 01/01/2004          | 225,585           | 30.00                                        | 207,814                | 23.00                                          | 18,554                                                |
| 19. Experience Loss   | 01/01/2005          | 1,728,088         | 15.00                                        | 1,261,194              | 9.00                                           | 186,937                                               |
| 20. Amendment         | 01/01/2005          | 16,192            | 30.00                                        | 15,142                 | 24.00                                          | 1,332                                                 |
| 21. Experience Loss   | 01/01/2006          | 1,092,512         | 15.00                                        | 856,458                | 10.00                                          | 118,183                                               |
| 22. Assumption Change | 01/01/2006          | 310,185           | 30.00                                        | 294,122                | 25.00                                          | 25,512                                                |

# SCHEDULE MB ATTACHMENTS

## Schedule MB, Lines 9c and 9h (cont.) - Schedule of Funding Standard Account Bases as of January 1, 2011 EIN/Plan Number: 34-6654696/001

|                                        | Date<br>Established | Initial<br>Amount | Initial<br>Amortization<br>Period<br>(Years) | Outstanding<br>Balance | Remaining<br>Amortization<br>Period<br>(Years) | Amortization<br>Payment as of<br>Beginning of<br>Year |
|----------------------------------------|---------------------|-------------------|----------------------------------------------|------------------------|------------------------------------------------|-------------------------------------------------------|
| 23. Experience Loss (NIL) <sup>1</sup> | 01/01/2009          | 2,785,029         | 29.00                                        | 2,729,310              | 27.00                                          | 231,102                                               |
| 24. Experience Loss (NIL) <sup>1</sup> | 01/01/2010          | 531,577           | 28.00                                        | 526,001                | 27.00                                          | 44,539                                                |
| 25. Experience Loss (NIL) <sup>1</sup> | 01/01/2011          | 374,526           | 27.00                                        | 374,526                | 27.00                                          | 31,713                                                |
| 26. Experience Loss                    | 01/01/2011          | 73,995            | 15.00                                        | 73,995                 | 15.00                                          | 8,004                                                 |
| Total                                  |                     |                   |                                              | \$ 15,392,719          |                                                | \$ 2,387,917                                          |

### B. Credits

|                        |            |              |       |              |       |              |
|------------------------|------------|--------------|-------|--------------|-------|--------------|
| 1. Assumptions Change  | 01/01/1989 | \$ 1,519,200 | 30.00 | \$ 775,478   | 8.00  | \$ 124,951   |
| 2. Method Change       | 01/01/1990 | 181,900      | 30.00 | 100,928      | 9.00  | 14,961       |
| 3. Experience Gain     | 01/01/1997 | 1,217,860    | 15.00 | 131,731      | 1.00  | 131,731      |
| 4. Assumptions Change  | 01/01/1999 | 304,225      | 30.00 | 253,257      | 18.00 | 25,022       |
| 5. Assumptions Change  | 01/01/2000 | 1,239,284    | 30.00 | 1,057,188    | 19.00 | 101,928      |
| 6. Amendment           | 01/01/2003 | 2,302,650    | 30.00 | 2,086,451    | 22.00 | 189,387      |
| 7. Asset Method Change | 01/01/2006 | 996,474      | 10.00 | 592,933      | 5.00  | 137,504      |
| 8. Method Change       | 01/01/2006 | 2,634,887    | 10.00 | 1,567,839    | 5.00  | 363,589      |
| 9. Experience Gain     | 01/01/2007 | 52,231       | 15.00 | 43,563       | 11.00 | 5,650        |
| 10. Experience Gain    | 01/01/2008 | 212,681      | 15.00 | 187,251      | 12.00 | 23,007       |
| 11. Experience Gain    | 01/01/2009 | 105,607      | 15.00 | 97,517       | 13.00 | 11,424       |
| 12. Experience Gain    | 01/01/2010 | 1,983,505    | 15.00 | 1,910,453    | 14.00 | 214,567      |
| Total                  |            |              |       | \$ 8,804,589 |       | \$ 1,343,721 |
| C. Net (A - B)         |            |              |       | \$ 6,588,130 |       | \$ 1,044,196 |

<sup>1</sup> Amounts reflect the relevant provisions of the Pension Relief Act of 2010 as elected by the Trustees.

## SCHEDULE MB ATTACHMENTS

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

*EIN/Plan Number*      34-6654696/001

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***Changes in  
Assumptions Since  
Last Actuarial  
Valuation***

The current liability interest rates changed from 4.58% to 4.47% 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.

The amount included for Administrative expenses changed from \$124,110 to \$120,821.

---

***Reason for Changes  
in Assumptions***

The change in the interest rate and mortality table used to determine the plan's RPA current liability is a mandated legislative change.

The amount included for Administrative expenses has changed to more accurately reflect anticipated plan experience.

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# SCHEDULE MB ATTACHMENTS

## Schedule MB, Lines 8b – Schedule of Active Participation Data Number Distributed by Attained Age and Attained Years of Vesting Service<sup>1</sup> EIN/Plan Number: 34-6654696/001

| Attained Age                                                                                                       | Attained Years of Vesting Service |   |                |                         |    |     |              |                  |          |       |                  |       |           | Total |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------|---|----------------|-------------------------|----|-----|--------------|------------------|----------|-------|------------------|-------|-----------|-------|
|                                                                                                                    | 0                                 | 1 | 2              | 3                       | 4  | 5-9 | 10-14        | 15-19            | 20-24    | 25-29 | 30-34            | 35-39 | 40 & Over |       |
| Under 25                                                                                                           | 5                                 | 1 | 1              | 2                       | 4  | 2   |              |                  |          |       |                  |       |           | 15    |
| 25-29                                                                                                              | 3                                 | 2 |                | 1                       | 5  | 20  |              |                  |          |       |                  |       |           | 31    |
| 30-34                                                                                                              |                                   | 1 | 1              | 3                       | 3  | 19  | 9            |                  |          |       |                  |       |           | 36    |
| 35-39                                                                                                              | 1                                 |   |                |                         |    | 14  | 13           | 10               |          |       |                  |       |           | 38    |
| 40-44                                                                                                              |                                   |   | 1              |                         |    | 4   | 10           | 16               | 7        |       |                  |       |           | 38    |
| 45-49                                                                                                              |                                   |   |                |                         |    | 4   | 8            | 9                | 14       | 5     |                  |       |           | 40    |
| 50-54                                                                                                              |                                   | 1 |                |                         |    | 3   | 5            | 6                | 6        | 11    | 4                |       |           | 36    |
| 55-59                                                                                                              |                                   |   |                |                         |    | 2   |              | 7                | 3        |       | 7                | 4     |           | 23    |
| 60-64                                                                                                              |                                   |   |                |                         |    |     | 1            |                  |          |       |                  | 4     | 2         | 7     |
| 65-69                                                                                                              |                                   |   |                |                         |    |     |              |                  |          |       |                  |       | 1         | 1     |
| 70&Over                                                                                                            |                                   |   |                |                         |    |     |              |                  |          |       |                  |       |           |       |
| Total                                                                                                              | 9                                 | 5 | 3              | 6                       | 12 | 69  | 45           | 48               | 30       | 16    | 11               | 8     | 3         | 265   |
| Average:                                                                                                           | Age Service                       |   | 41.69<br>14.53 | Number of participants: |    |     | Fully vested | Partially vested | 230<br>0 |       | Males<br>Females |       | 259<br>6  |       |
| <sup>1</sup> Ages and service totals for purposes of determining category are based on exact (not rounded) values. |                                   |   |                |                         |    |     |              |                  |          |       |                  |       |           |       |

<sup>1</sup> Ages and service totals for purposes of determining category are based on exact (not rounded) values.

I.B.E.W. – Local Union Number 64 Pension Trust Fund

January 1, 2011

## SCHEDULE MB ATTACHMENTS

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### Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2011

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

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*Plan Sponsor* Joint Board of Trustees of the International Brotherhood of Electrical Workers  
Local Union Number 64 Pension Trust Fund

*EIN/PN* 34-6654696/001

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|                       |                           |       |
|-----------------------|---------------------------|-------|
| <i>Interest Rates</i> | Valuation                 | 8.00% |
|                       | RPA '94 Current liability | 4.47% |

---

*Compensation Increases* N/A.

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*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 \$120,821.

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*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 2011, the mortality table required by the Internal Revenue Service  
was used. Future mortality improvement was considered, but not reflected.

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## **SCHEDULE MB ATTACHMENTS**

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### **Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2011**

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

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

| <b>Attained Age</b> | <b>Rate of Retirement</b> |
|---------------------|---------------------------|
| 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:

| <b>Attained Age</b> | <b>Incidence of Disability (per 1,000)</b> |                |
|---------------------|--------------------------------------------|----------------|
|                     | <b>Males</b>                               | <b>Females</b> |
| 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 2011, the healthy mortality table required by the Internal Revenue Service was used. Future mortality improvement was considered, but not reflected.

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## SCHEDULE MB ATTACHMENTS

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**Schedule MB, Line 6 –  
Statement of Actuarial Assumptions/Methods  
As of January 1, 2011**

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

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***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<br>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.

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## SCHEDULE MB ATTACHMENTS

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### Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2011

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

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***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, 2011 are \$30.27 for Commercial members, \$16.75 Residential members, \$18.50 for Teledata members, and \$18.50 for Voice and Video Wiring members.

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***Compensation for Plan  
Participants***

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

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***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.

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## **SCHEDULE MB ATTACHMENTS**

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### **Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2011**

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

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***Asset Method***

The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last 4 years at the rate of 25% per year. Expected investment return is calculated from the prior market value of assets, including receivable contributions, and weighted expected transactions. The actuarial value is subject to a restriction that it be not less than 80% or more than 120% of market value.

As permitted under the Pension Relief Act of 2010 and elected by the Trustees, the asset method has been changed to allow the investment loss from the 2008 Plan Year to be reflected at a rate of 10% per year.

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***Participant Data***

Participant data were supplied electronically as of the valuation date. Data on persons receiving benefits were supplied from the Plan Administrator.

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***Benefits Not Included  
in Valuation***

None.

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## SCHEDULE MB ATTACHMENTS

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### Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2011

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

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*Pension Relief Act of  
2010*

The Trustees decided to apply the following special rules to the Plan under the Pension Relief Act of 2010:

- **Special Amortization Rule:** As permitted under Section 431 (b)(8)(A) of the Internal Code (the “Code”), net investment losses incurred in the plan year beginning January 1, 2008 and ending December 31, 2008 will be amortized in the funding standard account over a period ending December 31, 2037. If not for the special rule, the losses would have been amortized over a period of 15 years.
- **Special asset valuation rule:** As permitted under Section 431 (b)(8)(B) of the Code, the asset valuation method will be changed so that the difference between expected and actual returns for the plan year beginning January 1, 2008 and ending December 31, 2008 will be spread over a period of 10 years. If not for the special rule, the losses would have been spread over a period of 4 years.

The special rules will apply retroactively to the plan year beginning January 1, 2009. For purposes of determining the amounts of eligible net investment losses to be recognized in the funding standard account under the special amortization rule, the “prospective” method described in IRS Notice 2010-83 was used.

The law permits a plan sponsor to choose to stop applying the special amortization rule as of a given plan year, provided that a formal decision is made by the plan sponsor to do so. If such a decision is made, then no new amortization bases are established under the special amortization rule of Code Section 431(b)(8)(A). Any portion of the net investment loss incurred in the plan year ending December 31, 2008, and recognized in a subsequent year, is taken into account under the regular rules of Code Section 431(b)(2) or (b)(3). The annual charges or credits to the funding standard account with respect to any amortization base previously established are unaffected.

## **SCHEDULE MB ATTACHMENTS**

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### **Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods As of January 1, 2011**

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

---

***Changes in  
Assumptions and  
Methods Since Last  
Actuarial Valuation***

The current liability interest rates changed from 4.58% to 4.47% 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.

The amount included for Administrative expenses changed from \$124,110 to \$120,821.

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## **SCHEDULE MB ATTACHMENTS**

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### **Statement by Enrolled Actuary**

***Plan Sponsor***                      IBEW Joint Board of Trustees

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***EIN / PN***                              34-6654696/001

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***Plan Name***                          IBEW Local Union No. 64 Pension Plan

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***Valuation Date***                    January 1, 2011

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***Enrolled Actuary***                Stanley I. Goldfarb

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***Enrollment Number***            11-03401

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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 auditor. 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 auditor.

This Schedule MB reflects the Trustees' decision to apply the provisions of funding relief as permitted under the Pension Relief Act of 2010 ("PRA"). Specifically, the Trustees elected to utilize:

- Special extended funding standard account amortization of the Eligible Net Investment Loss incurred during the plan year beginning January 1, 2008
- Extended asset smoothing in the asset valuation method of the difference between the actual and expected market value of assets as of January 1, 2009

**SCHEDULE MB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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

**2011****This Form is Open to Public  
Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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.

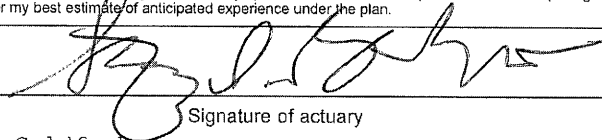
|                                                                                                              |                                                             |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>IBEW Local Union No. 64 Pension Plan                                            | <b>B</b> Three-digit<br>plan number (PN) ▶<br><br>001       |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>IBEW Joint Board of Trustees | <b>D</b> Employer Identification Number (EIN)<br>34-6654696 |

**E** Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 1 Day 1 Year 2011**b** Assets

|                                                                                                               |                 |            |
|---------------------------------------------------------------------------------------------------------------|-----------------|------------|
| (1) Current value of assets .....                                                                             | <b>1b(1)</b>    | 19,051,519 |
| (2) Actuarial value of assets for funding standard account.....                                               | <b>1b(2)</b>    | 21,958,541 |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | <b>1c(1)</b>    | 25,102,535 |
| (2) Information for plans using spread gain methods:                                                          |                 |            |
| (a) Unfunded liability for methods with bases.....                                                            | <b>1c(2)(a)</b> |            |
| (b) Accrued liability under entry age normal method .....                                                     | <b>1c(2)(b)</b> |            |
| (c) Normal cost under entry age normal method .....                                                           | <b>1c(2)(c)</b> |            |
| (3) Accrued liability under unit credit cost method .....                                                     | <b>1c(3)</b>    | 25,102,535 |
| <b>d</b> Information on current liabilities of the plan:                                                      |                 |            |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>    |            |
| (2) "RPA '94" information:                                                                                    |                 |            |
| (a) Current liability .....                                                                                   | <b>1d(2)(a)</b> | 44,487,621 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                | <b>1d(2)(b)</b> | 479,845    |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                 | <b>1d(2)(c)</b> | 1,953,276  |
| (3) Expected plan disbursements for the plan year .....                                                       | <b>1d(3)</b>    | 1,835,383  |

**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

Stanley I. Goldfarb

Sept. 24, 2012

Date

11-03401

Type or print name of actuary  
Horizon Actuarial Services, LLC

Most recent enrollment number

(240) 247-4512

8601 Georgia Avenue, Suite 700  
Firm name

Telephone number (including area code)

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 ☐

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

Schedule MB (Form 5500) 2011  
v.012611

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                            |                       |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                  | 19,051,519            |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   |                            |                       |
|                                                                                                                                     | (1) Number of participants | (2) Current liability |
| (1) For retired participants and beneficiaries receiving payment .....                                                              | 138                        | 19,776,803            |
| (2) For terminated vested participants .....                                                                                        | 93                         | 5,806,999             |
| (3) For active participants:                                                                                                        |                            |                       |
| (a) Non-vested benefits .....                                                                                                       |                            | 18,208,164            |
| (b) Vested benefits .....                                                                                                           |                            | 695,655               |
| (c) Total active .....                                                                                                              | 265                        | 18,903,819            |
| (4) Total .....                                                                                                                     | 496                        | 44,487,621            |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                  | 42.82 %               |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          | 1,511,868                         |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>3(b)</b>              | 1,511,868                         | <b>3(c)</b>                     |
|                          |                                   |                                 |                          |                                   | 0                               |

**4** Information on plan status:

|                                                                                                                                                             |           |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> 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. .... | <b>4a</b> | N                                                        |
| <b>b</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                            | <b>4b</b> | %                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                   |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status, were any adjustable benefits reduced? .....                                                                     |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date .....  | <b>4e</b> |                                                          |

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

- |                                                            |                                                            |                                                                            |                                             |
|------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Reorganization           | <b>j</b> <input type="checkbox"/> Other (specify):         |                                                                            |                                             |

|                                                                                                                                                                      |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>k</b> If box h is checked, enter period of use of shortfall method .....                                                                                          | <b>5k</b> |                                                                     |
| <b>l</b> Has a change been made in funding method for this plan year? .....                                                                                          |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>m</b> If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....                                            |           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>n</b> 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 ..... | <b>5n</b> |                                                                     |

**6** Checklist of certain actuarial assumptions:

|                                                                                                               |                                                                                                  |                                                                                                  |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                  | <b>6a</b>                                                                                        | 4.47 %                                                                                           |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                              |                                                                                                  |                                                                                                  |
|                                                                                                               | Pre-retirement                                                                                   | Post-retirement                                                                                  |
|                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                         |                                                                                                  |                                                                                                  |
| (1) Males .....                                                                                               | <b>6c(1)</b>                                                                                     | 8+3                                                                                              |
| (2) Females .....                                                                                             | <b>6c(2)</b>                                                                                     | 8F                                                                                               |
| <b>d</b> Valuation liability interest rate .....                                                              | <b>6d</b>                                                                                        | 8.00 %                                                                                           |
| <b>e</b> Expense loading .....                                                                                | <b>6e</b>                                                                                        | 84.9 % <input type="checkbox"/> N/A   % <input checked="" type="checkbox"/> N/A                  |
| <b>f</b> Salary scale .....                                                                                   | <b>6f</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                        |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date ..... | <b>6g</b>                                                                                        | 7.5 %                                                                                            |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....   | <b>6h</b>                                                                                        | 12.6 %                                                                                           |

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

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 8                | 374,526             | 31,713                         |
| 1                | 73,995              | 8,004                          |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                                                       |           |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <p><b>a</b> 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 .....</p>                                                                                                                | <b>8a</b> |              |
| <p><b>b</b> Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule. <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p>                                      |           |              |
| <p><b>c</b> 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? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> |           |              |
| <p><b>d</b> If line c is "Yes," provide the following additional information:</p>                                                                                                                                                                                                     |           |              |
| <p>(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>                                                                                               |           |              |
| <p>(2) If line (1) is "Yes," enter the number of years by which the amortization period was extended .....</p>                                                                                                                                                                        |           | <b>8d(2)</b> |
| <p>(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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>                                          |           |              |
| <p>(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)) .....</p>                                                                                                                            |           | <b>8d(4)</b> |
| <p>(5) If line (3) is "Yes," enter the date of the ruling letter approving the extension .....</p>                                                                                                                                                                                    |           | <b>8d(5)</b> |
| <p>(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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>     |           |              |
| <p><b>e</b> 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) .....</p>                    |           | <b>8e</b>    |

**9** Funding standard account statement for this plan year:

**Charges to funding standard account:**

|                                                                                                                         |              |                     |
|-------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
| <p><b>a</b> Prior year funding deficiency, if any .....</p>                                                             | <b>9a</b>    |                     |
| <p><b>b</b> Employer's normal cost for plan year as of valuation date .....</p>                                         | <b>9b</b>    | 263,067             |
| <p><b>c</b> Amortization charges as of valuation date:</p>                                                              |              |                     |
|                                                                                                                         |              | Outstanding balance |
| <p>(1) All bases except funding waivers and certain bases for which the amortization period has been extended .....</p> | <b>9c(1)</b> | 15,392,719          |
| <p>(2) Funding waivers .....</p>                                                                                        | <b>9c(2)</b> | 0                   |
| <p>(3) Certain bases for which the amortization period has been extended .....</p>                                      | <b>9c(3)</b> | 0                   |
| <p><b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....</p>                                                    |              | <b>9d</b>           |
| <p><b>e</b> Total charges. Add lines 9a through 9d .....</p>                                                            |              | <b>9e</b>           |
|                                                                                                                         |              | 2,863,062           |

**Credits to funding standard account:**

|                                                                                                    |              |                     |
|----------------------------------------------------------------------------------------------------|--------------|---------------------|
| <p><b>f</b> Prior year credit balance, if any .....</p>                                            | <b>9f</b>    | 3,444,136           |
| <p><b>g</b> Employer contributions. Total from column (b) of line 3 .....</p>                      | <b>9g</b>    | 1,511,868           |
|                                                                                                    |              | Outstanding balance |
| <p><b>h</b> Amortization credits as of valuation date .....</p>                                    | <b>9h</b>    | 8,804,589           |
| <p><b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....</p>           |              | <b>9i</b>           |
|                                                                                                    |              | 443,504             |
| <p><b>j</b> Full funding limitation (FFL) and credits:</p>                                         |              |                     |
| <p>(1) ERISA FFL (accrued liability FFL) .....</p>                                                 | <b>9j(1)</b> | 10,538,876          |
| <p>(2) "RPA '94" override (90% current liability FFL) .....</p>                                    | <b>9j(2)</b> | 18,788,802          |
| <p>(3) FFL credit .....</p>                                                                        | <b>9j(3)</b> | 0                   |
| <p><b>k</b> (1) Waived funding deficiency .....</p>                                                | <b>9k(1)</b> | 0                   |
| <p>(2) Other credits .....</p>                                                                     | <b>9k(2)</b> | 0                   |
| <p><b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....</p>              |              | <b>9l</b>           |
|                                                                                                    |              | 6,743,229           |
| <p><b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....</p>     |              | <b>9m</b>           |
|                                                                                                    |              | 3,880,167           |
| <p><b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....</p> |              | <b>9n</b>           |

**9 o** Current year's accumulated reconciliation account:

|                                                                                                                           |                 |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------|
| (1) Due to waived funding deficiency accumulated prior to the 2011 plan year .....                                        | <b>9o(1)</b>    | 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 .....                                                         | <b>9o(2)(a)</b> | 0                                                                   |
| (b) Reconciliation amount (line 9o(3) balance minus line 9o(2)(a)) .....                                                  | <b>9o(2)(b)</b> | 0                                                                   |
| (3) Total as of valuation date .....                                                                                      | <b>9o(3)</b>    | 0                                                                   |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....                    | <b>10</b>       | 0                                                                   |
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. .... |                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

## SCHEDULE MB ATTACHMENTS

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

*EIN/Plan Number*      34-6654696/001

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***Changes in  
Assumptions Since  
Last Actuarial  
Valuation***

The current liability interest rates changed from 4.58% to 4.47% 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.

The amount included for Administrative expenses changed from \$124,110 to \$120,821.

---

***Reason for Changes  
in Assumptions***

The change in the interest rate and mortality table used to determine the plan's RPA current liability is a mandated legislative change.

The amount included for Administrative expenses has changed to more accurately reflect anticipated plan experience.

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## SCHEDULE MB ATTACHMENTS

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### Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2011

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

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*Plan Sponsor* Joint Board of Trustees of the International Brotherhood of Electrical Workers  
Local Union Number 64 Pension Trust Fund

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*EIN/PN* 34-6654696/001

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*Effective Date* May 1, 1970 (as we understand the Plan to be in effect on January 1, 2011).

---

*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.

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## **SCHEDULE MB ATTACHMENTS**

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### **Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2011**

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

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***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, 2.25% of aggregate contributions made after January 1, 2003 and before February 26, 2006, 0.00% of aggregate contributions made after February 26, 2006 and before January 1, 2010, and 0.75% of contributions made after January 1, 2010. Effective January 1, 2010, only the first 6% of wages contributed to the plan are considered for benefit accruals.

---

***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.

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## **SCHEDULE MB ATTACHMENTS**

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### **Schedule MB, Line 6 – Statement of Plan Provisions As of January 1, 2011**

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

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***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 57<sup>th</sup> birthday, a Joint and 50% or 100% Contingent Survivor pension which is actuarially equivalent to his regular pension.

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***Pensioner Increases***           Benefits for retired participants collecting benefits as of January 1, 1989 and January 1, 1991 were increased by \$30 per month.

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## **SCHEDULE MB ATTACHMENTS**

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**Schedule MB, Line 6 –  
Statement of Plan Provisions  
As of January 1, 2011**

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

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***Changes Since Prior  
Valuation***

The negotiated hourly wages are as follows:

- Commercial members - \$30.27 per hour
  - Residential members - \$16.75 per hour
  - Teledata members - \$18.50 per hour
  - Voice and Video Wiring members - \$18.50 per hour
-

# SCHEDULE MB ATTACHMENTS

## Schedule MB, Lines 9c and 9h

### Schedule of Funding Standard Account Bases as of January 1, 2011

EIN/Plan Number: 34-6654696/001

| A. Charges            | Date Established | Initial Amount | Initial Amortization Period (Years) | Outstanding Balance | Remaining Amortization Period (Years) | Amortization Payment as of Beginning of Year |
|-----------------------|------------------|----------------|-------------------------------------|---------------------|---------------------------------------|----------------------------------------------|
|                       |                  |                |                                     |                     |                                       |                                              |
| 1. Amendment          | 01/01/1983       | \$ 835,565     | 30.00                               | \$ 129,032          | 2.00                                  | \$ 67,000                                    |
| 2. Amendment          | 01/01/1985       | 1,404,700      | 30.00                               | 406,596             | 4.00                                  | 113,663                                      |
| 3. Amendment          | 01/01/1986       | 11,900         | 30.00                               | 4,161               | 5.00                                  | 967                                          |
| 4. Amendment          | 01/01/1988       | 4,247,992      | 30.00                               | 1,957,037           | 7.00                                  | 348,046                                      |
| 5. Amendment          | 01/01/1990       | 1,516,700      | 29.00                               | 781,111             | 8.00                                  | 125,856                                      |
| 6. Amendment          | 01/01/1991       | 1,222,800      | 30.00                               | 728,847             | 10.00                                 | 100,572                                      |
| 7. Assumptions Change | 01/01/1992       | 564,000        | 30.00                               | 357,641             | 11.00                                 | 46,388                                       |
| 8. Amendment          | 01/01/1997       | 138,500        | 30.00                               | 108,902             | 16.00                                 | 11,391                                       |
| 9. Experience Loss    | 01/01/1998       | 228,135        | 15.00                               | 47,516              | 2.00                                  | 24,679                                       |
| 10. Experience Loss   | 01/01/1999       | 1,166,730      | 15.00                               | 351,271             | 3.00                                  | 126,212                                      |
| 11. Experience Loss   | 01/01/2000       | 689,204        | 15.00                               | 266,691             | 4.00                                  | 74,555                                       |
| 12. Experience Loss   | 01/01/2001       | 1,228,858      | 15.00                               | 573,225             | 5.00                                  | 132,932                                      |
| 13. Amendment         | 01/01/2001       | 332,075        | 30.00                               | 289,615             | 20.00                                 | 27,312                                       |
| 14. Experience Loss   | 01/01/2002       | 1,295,510      | 15.00                               | 699,696             | 6.00                                  | 140,142                                      |
| 15. Amendment         | 01/01/2002       | 282,593        | 30.00                               | 251,437             | 21.00                                 | 23,243                                       |
| 16. Experience Loss   | 01/01/2003       | 2,015,680      | 15.00                               | 1,226,057           | 7.00                                  | 218,047                                      |
| 17. Experience Loss   | 01/01/2004       | 1,303,770      | 15.00                               | 875,322             | 8.00                                  | 141,036                                      |
| 18. Amendment         | 01/01/2004       | 225,585        | 30.00                               | 207,814             | 23.00                                 | 18,554                                       |
| 19. Experience Loss   | 01/01/2005       | 1,728,088      | 15.00                               | 1,261,194           | 9.00                                  | 186,937                                      |
| 20. Amendment         | 01/01/2005       | 16,192         | 30.00                               | 15,142              | 24.00                                 | 1,332                                        |
| 21. Experience Loss   | 01/01/2006       | 1,092,512      | 15.00                               | 856,458             | 10.00                                 | 118,183                                      |
| 22. Assumption Change | 01/01/2006       | 310,185        | 30.00                               | 294,122             | 25.00                                 | 25,512                                       |

# SCHEDULE MB ATTACHMENTS

**Schedule MB, Lines 9c and 9h (cont.) -  
Schedule of Funding Standard Account Bases as of January 1, 2011  
EIN/Plan Number: 34-6654696/001**

|                                        | <i>Date<br/>Established</i> | <i>Initial<br/>Amount</i> | <i>Initial<br/>Amortization<br/>Period<br/>(Years)</i> | <i>Outstanding<br/>Balance</i> | <i>Remaining<br/>Amortization<br/>Period<br/>(Years)</i> | <i>Amortization<br/>Payment as of<br/>Beginning of<br/>Year</i> |
|----------------------------------------|-----------------------------|---------------------------|--------------------------------------------------------|--------------------------------|----------------------------------------------------------|-----------------------------------------------------------------|
| 23. Experience Loss (NLL) <sup>1</sup> | 01/01/2009                  | 2,785,029                 | 29.00                                                  | 2,729,310                      | 27.00                                                    | 231,102                                                         |
| 24. Experience Loss (NLL) <sup>1</sup> | 01/01/2010                  | 531,577                   | 28.00                                                  | 526,001                        | 27.00                                                    | 44,539                                                          |
| 25. Experience Loss (NLL) <sup>1</sup> | 01/01/2011                  | 374,526                   | 27.00                                                  | 374,526                        | 27.00                                                    | 31,713                                                          |
| 26. Experience Loss                    | 01/01/2011                  | 73,995                    | 15.00                                                  | 73,995                         | 15.00                                                    | 8,004                                                           |
| <b>Total</b>                           |                             |                           |                                                        | <b>\$ 15,392,719</b>           |                                                          | <b>\$ 2,387,917</b>                                             |
| <b>B. Credits</b>                      |                             |                           |                                                        |                                |                                                          |                                                                 |
| 1. Assumptions Change                  | 01/01/1989                  | \$ 1,519,200              | 30.00                                                  | \$ 775,478                     | 8.00                                                     | \$ 124,951                                                      |
| 2. Method Change                       | 01/01/1990                  | 181,900                   | 30.00                                                  | 100,928                        | 9.00                                                     | 14,961                                                          |
| 3. Experience Gain                     | 01/01/1997                  | 1,217,860                 | 15.00                                                  | 131,731                        | 1.00                                                     | 131,731                                                         |
| 4. Assumptions Change                  | 01/01/1999                  | 304,225                   | 30.00                                                  | 253,257                        | 18.00                                                    | 25,022                                                          |
| 5. Assumptions Change                  | 01/01/2000                  | 1,239,284                 | 30.00                                                  | 1,057,188                      | 19.00                                                    | 101,928                                                         |
| 6. Amendment                           | 01/01/2003                  | 2,302,650                 | 30.00                                                  | 2,086,451                      | 22.00                                                    | 189,387                                                         |
| 7. Asset Method Change                 | 01/01/2006                  | 996,474                   | 10.00                                                  | 592,933                        | 5.00                                                     | 137,504                                                         |
| 8. Method Change                       | 01/01/2006                  | 2,634,887                 | 10.00                                                  | 1,567,839                      | 5.00                                                     | 363,589                                                         |
| 9. Experience Gain                     | 01/01/2007                  | 52,231                    | 15.00                                                  | 43,563                         | 11.00                                                    | 5,650                                                           |
| 10. Experience Gain                    | 01/01/2008                  | 212,681                   | 15.00                                                  | 187,251                        | 12.00                                                    | 23,007                                                          |
| 11. Experience Gain                    | 01/01/2009                  | 105,607                   | 15.00                                                  | 97,517                         | 13.00                                                    | 11,424                                                          |
| 12. Experience Gain                    | 01/01/2010                  | 1,983,505                 | 15.00                                                  | 1,910,453                      | 14.00                                                    | 214,567                                                         |
| <b>Total</b>                           |                             |                           |                                                        | <b>\$ 8,804,589</b>            |                                                          | <b>\$ 1,343,721</b>                                             |
| <b>C. Net (A - B)</b>                  |                             |                           |                                                        | <b>\$ 6,588,130</b>            |                                                          | <b>\$ 1,044,196</b>                                             |

<sup>1</sup> Amounts reflect the relevant provisions of the Pension Relief Act of 2010 as elected by the Trustees.

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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), 6047(b), 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**2011****This Form is Open to Public  
Inspection****Part I Annual Report Identification Information**

For calendar plan year 2011 or fiscal plan year beginning

and ending

**A** This return/report is for:☒

a multiemployer plan;

☐

a single-employer plan;

☐

a multiple-employer plan; or

☐

a DFE (specify) \_\_\_\_\_

**B** This return/report is:☐

the first return/report;

☐

an amended return/report;

☐

the final return/report;

☐

a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here▶ ☒**D** Check box if filing under:☒

Form 5558;

☐

automatic extension;

☐

the DFVC program;

☐

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) ▶

001

**1c** Effective date of plan  
05/01/1970**2a** Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)IBEW LOCAL UNION 64 PENSION PLAN  
JOINT BOARD OF TRADES**2b** Employer Identification  
Number (EIN)  
34-6654696**2c** Sponsor's telephone  
number  
330-270-0453**2d** Business code (see  
instructions)  
238210

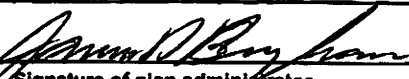
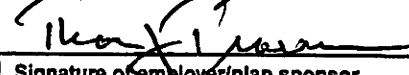
33 FITCH BLVD

YOUNGSTOWN

OH 44515

**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<br>HERE |  | 10-15-12 | JAMES BURGHAM                                                |
|              | Signature of plan administrator                                                     | Date     | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |  | 10-15-12 |                                                              |
|              | Signature of employer/plan sponsor                                                  | Date     | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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 (2011)

**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:**4b** EIN**a** Sponsor's name**4c** PN**5** Total number of participants at the beginning of the plan year**5**

496

**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**

277

**b** Retired or separated participants receiving benefits**6b**

119

**c** Other retired or separated participants entitled to future benefits**6c**

95

**d** Subtotal. Add lines 6a, 6b, and 6c**6d**

491

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e**

29

**f** Total. Add lines 6d and 6e**6f**

520

**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**

32

**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) ☒ 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

**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)