

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☒ a multiemployer plan; ☐ a multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>I.B.E.W. LOCAL 673 PROFIT SHARING ANNUITY PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>05/01/1982</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>I.B.E.W. LOCAL 673 PROFIT SHARING ANNUITY PLAN - BOARD OF TRUSTEES</u> <u>8356 MUNSON ROAD</u> <u>MENTOR, OH 44060</u>	2b Employer Identification Number (EIN) <u>34-6661994</u> 2c Sponsor's telephone number <u>440-255-2419</u> 2d Business code (see instructions) <u>238210</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	DONNA J. WOLF, ADMINISTRATOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) <u>VINCENT J. GRANITO</u> <u>Z & G TAX GROUP LTD.</u> <u>8518 MENTOR AVE., SUITE A</u> <u>MENTOR, OH 44060-5838</u>			Preparer's telephone number (optional) <u>440-951-1173</u>

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	622
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	504
b Retired or separated participants receiving benefits		6b	59
c Other retired or separated participants entitled to future benefits.....		6c	68
d Subtotal. Add lines 6a , 6b , and 6c		6d	631
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	631
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	453
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	48
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 3B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
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)	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>I.B.E.W. LOCAL 673 PROFIT SHARING ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>I.B.E.W. LOCAL 673 PROFIT SHARING ANNUITY PLAN - BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>34-6661994</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

<u>COLUMBIA MANAGEMENT CO</u>	<u>ONE FINANCIAL CENTER</u> <u>BOSTON, MA 02111</u>
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(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

<u>EXETER FUND INC</u>	<u>290 WOODCLIFF DR</u> <u>FAIRPORT, NY 14450</u>
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<u>NECA STABLE VAL</u>	<u>1555 PEACHTREE ST</u> <u>ATLANTA, GA 30309</u>
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<u>PACIFIC INVESTMENT MGMT COMP</u>	<u>840 NEWPORT CENTER DR</u> <u>NEWPORT BEACH, CA 92660</u>
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY FUNDS

4400 N FEDERAL HWY
BOCA RATON, FL 33431

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

GOLDMAN SACHS

71 SOUTH WACKER ST
CHICAGO, IL 60606

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

FRANKLIN TEMPLETON GROUP

3344 QUALITY DR
RANCHO CORDOVA, CA 95670

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

HARBOR CAPITAL ADVISORS

111 S WACKER DR
CHICAGO, IL 60606

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

MASSACHUSETTS FINANCIAL SERV

500 BOYLESTON ST
BOSTON, MA 02116

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

PUTNAM FIDUCIARY TRUST CO

1 POST OFFICE SQUARE
BOSTON, MA 02109

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

THE AMERICAN FUNDS GROUP

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

LEGG MASON

100 LIGHT ST
BALTIMORE, MD 21202

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

AMERICAN BEACON FUNDS

4151 AMON CARTER BLVD
FORT WORTH, TX 76155

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

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

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

IBEW 673 FRINGE BENEFIT FUNDS INC

34-1323834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	FIDUCIARY	55800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UBS FINANCIAL SERVICES INC

1000 HARBOR BLVD FL 8
WEEHAWKEN, NJ 07086

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	38755	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALLOVIC, GRANITO, & CO LTD

34-1723186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	26150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALLOTTA/FARLEY CO LPA

34-1316963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	8748	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TODD ASSOCIATES INC

34-0727780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	5684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEW YORK LIFE INVESTMENT MANAGEMENT

690 CANTON STREET
WESTWOOD, MA 02090

52-2206685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 62 64	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	45342	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW YORK LIFE INVESTMENT MANAGEMENT	15 37 62 64	1811
(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.
COLUMBIA MANAGEMENT CO ONE FINANCIAL CENTER BOSTON, MA 02111		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW YORK LIFE INVESTMENT MANAGEMENT	15 37 62 64	23240
(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.
EXETER FUND INC 290 WOODCLIFF DR FAIRPORT, NY 14450		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW YORK LIFE INVESTMENT MANAGEMENT	15 37 62 64	14782
(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.
FRANKLIN TEMPLETON GROUP 3344 QUALITY DR RANCHO CORDOVA, CA 95670		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW YORK LIFE INVESTMENT MANAGEMENT	15 37 62 64	3900
(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.
GOLDMAN SACHS 71 SOUTH WACKER ST CHICAGO, IL 60606		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW YORK LIFE INVESTMENT MANAGEMENT	15 37 62 64	2438
(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.
HARBOR CAPITAL ADVISORS 111 S WACKER DR CHICAGO, IL 60606		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW YORK LIFE INVESTMENT MANAGEMENT	15 37 62 64	7630
(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.
LEGG MASON 100 LIGHT ST BALTIMORE, MD 21202		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW YORK LIFE INVESTMENT MANAGEMENT	15 37 62 64	4428
(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.	
MASSACHUSETTS FINANCIAL SERV 500 BOYLESTON ST BOSTON, MA 02116		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW YORK LIFE INVESTMENT MANAGEMENT	15 37 62 64	12017
(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.	
NECA STABLE VALUE 1555 PEACHTREE ST ATLANTA, GA 30309		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW YORK LIFE INVESTMENT MANAGEMENT	15 37 62 64	60926
(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.	
PUTNAM FIDUCIARY TRUST CO 1 POST OFFICE SQUARE BOSTON, MA 02019		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW YORK LIFE INVESTMENT MANAGEMENT	15 37 62 64	1108
(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.
PACIFIC INVESTMENT MGMT CO 840 NEWPORT CENTER DR NEWPORT BEACH, CA 92660		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>I.B.E.W. LOCAL 673 PROFIT SHARING ANNUITY PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>I.B.E.W. LOCAL 673 PROFIT SHARING ANNUITY PLAN - BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>34-6661994</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW NECA STABLE VALUE POOLED FUND</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO NATIONAL TRUST COMPANY</u>		
c EIN-PN <u>93-6223188-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4774615</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RETIRE TARGET 2010</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY</u>		
c EIN-PN <u>02-0476209-025</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>698553</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RETIRE TARGET 2020</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY</u>		
c EIN-PN <u>02-0476209-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1214213</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RETIRE TARGET 2030</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY</u>		
c EIN-PN <u>02-0476209-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>807006</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RETIRE TARGET 2040</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY</u>		
c EIN-PN <u>02-0476209-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>359518</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RETIRE TARGET 2050</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY</u>		
c EIN-PN <u>02-0476209-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2306</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RETIRE TARGET INC</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY</u>		
c EIN-PN <u>02-0476209-026</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35631</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM S&P 500 INDEX FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN 04-2884233-201	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1793123
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>I.B.E.W. LOCAL 673 PROFIT SHARING ANNUITY PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>I.B.E.W. LOCAL 673 PROFIT SHARING ANNUITY PLAN - BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>34-6661994</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	6666	9288
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	53245	74568
	(2) Participant contributions	1b(2)	4956	5008
	(3) Other	1b(3)	21743	9617
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	373476	557636
	(9) Value of interest in common/collective trusts	1c(9)	8552991	9684965
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22127062	25592413
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	31140139	35933495

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	15473	26817
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	15473	26817

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	31124666	35906678
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	669984	
(B) Participants	2a(1)(B)	78110	
(C) Others (including rollovers)	2a(1)(C)	71673	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		819767
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	16010	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16010
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1749184	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1749184
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		918630
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2754482
c Other income.....	2c		77368
d Total income. Add all income amounts in column (b) and enter total.....	2d		6335441

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1402693	
(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)		1402693
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		5566
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	34898	
(2) Contract administrator fees.....	2i(2)	55800	
(3) Investment advisory and management fees.....	2i(3)	38755	
(4) Other.....	2i(4)	15717	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		145170
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1553429

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4782012
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GALLOVIC, GRANITO & CO LTD

(2) EIN: 34-1723186

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>I.B.E.W. LOCAL 673 PROFIT SHARING ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>I.B.E.W. LOCAL 673 PROFIT SHARING ANNUITY PLAN - BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>34-6661994</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3808042</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

Gallovic, Granito & Co. Ltd

Certified Public Accountants

Mentor, Ohio

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN

DECEMBER 31, 2013 AND 2012

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
I.B.E.W. Local #673 Profit Sharing Annuity and 401(k) Plan
Mentor, Ohio

Report on the Financial Statements

We have audited the accompanying statements of I.B.E.W. Local #673 Profit Sharing Annuity and 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of I.B.E.W. Local #673 Profit Sharing Annuity and 401(k) Plan as of December 31, 2013 and 2012, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held for Investment Purposes at End of Year, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "Gallorice, Glenn Co LTD". The signature is written in a cursive, flowing style.

Mentor, Ohio
October 9, 2014

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**

	December 31,	
	2013	2012
ASSETS		
Investments, at fair value:		
Mutual Funds (Note F)	\$ 25,592,413	\$ 22,127,062
Common and Collective Investment Trusts (Note G)	9,684,965	8,552,991
Total Investments	35,277,378	30,680,053
Receivables		
Employers' contribution (Note C)	49,739	48,512
Employees' contribution	5,008	4,956
Notes receivable from participants (Note H)	1,842,961	1,664,710
Reciprocity receivable	24,829	4,733
Receivable from other plans (Note O)	966	-
	1,923,503	1,722,911
Other Assets		
Prepaid and deferred expenses	8,651	21,743
Cash		
Cash-checking	9,288	6,666
TOTAL ASSETS	37,218,820	32,431,373
LIABILITIES		
Accounts payable	16,610	15,473
Accounts payable - other plans (Note O)	10,207	-
TOTAL LIABILITIES	26,817	15,473
NET ASSETS AVAILABLE FOR BENEFITS	\$ 37,192,003	\$ 32,415,900

The accompanying notes are an integral part of these financial statements.

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN

**STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS**

	Years Ended December 31,	
	<u>2013</u>	<u>2012</u>
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment Income:		
Interest - participant loans	\$ 16,010	\$ 106,565
Dividends and capital gain distributions- mutual funds	1,749,184	866,170
Net investment gain:		
Common and Collective Investment Trusts	918,630	565,051
Net appreciation(depreciation) in fair value - mutual funds	2,754,482	1,994,213
Other investment income, net of investment expense	38,613	40,170
	<u>5,476,919</u>	<u>3,572,169</u>
Revenue:		
Employer contributions	764,678	663,213
Employee 401(k) contributions	78,110	65,733
Employee rollover contributions	71,673	-
Less: reciprocity paid to other locals	(94,694)	(53,393)
	<u>819,767</u>	<u>675,553</u>
TOTAL ADDITIONS	6,296,686	4,247,722
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits and expenses:		
Benefits paid to participants	1,414,168	2,143,904
Administrative expenses:		
Administrative fees - fund office	55,800	52,860
Professional fees	34,898	37,762
Other administrative fees	2,324	5,220
Reciprocity transfer fees	2,180	2,180
Insurance	5,684	7,050
Printing expense	647	1,717
Computer expense	4,882	4,579
	<u>106,415</u>	<u>111,368</u>
TOTAL DEDUCTIONS	1,520,583	2,255,272
NET INCREASE	4,776,103	1,992,450
NET ASSETS AVAILABLE FOR PLAN BENEFITS,		
BEGINNING OF YEAR, As previously stated	32,415,900	30,069,083
Prior Period Adjustment (Note H)	-	354,367
BEGINNING OF YEAR, As restated	<u>32,415,900</u>	<u>30,423,450</u>
END OF YEAR	<u><u>\$ 37,192,003</u></u>	<u><u>\$ 32,415,900</u></u>

The accompanying notes are an integral part of these financial statements.

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

Note A - Description of the Plan

The following description of the I.B.E.W. Local #673 Profit Sharing Annuity and 401(k) Plan ("Plan") provides only general information. For a more complete description of the Plan's provisions, refer to the Plan agreement.

1. General. The Plan is a defined contribution plan amended March 31, 2005 to provide a deferred arrangement described in Code Section 401(k), covering all employees working for an employer who has a Collective Bargaining Agreement with I.B.E.W. Local 673 requiring employer contributions and employee elective contributions to be made to the Profit Sharing Annuity and 401(k) Plan, and such contributions are made on the employees behalf.

On February 8, 2005, the Trustees approved the merger of the I.B.E.W. Local 673 401(k) Retirement Plan into the I.B.E.W. Local 673 Profit Sharing Annuity Plan, effective March 31, 2005. As mentioned above, the Profit Sharing Annuity Plan was amended to provide for the 401(k) Plan features and the Plan will be known as the I.B.E.W. Local 673 Profit Sharing Annuity and 401(k) Plan.

2. Contributions.

Profit Sharing Annuity Feature: Each month, a participating employer contributes a specified amount for each hour paid to each of his employees working under the terms of a collective bargaining agreement. There is no provision for individual participant's contributions. The Plan's contribution rates per hour are as follows:

	December 31,	
	2013	2012
Inside Working Agreement	\$ 2.10	\$ 2.10

401(k) Feature: Participants may contribute up to 25 percent of their annual earnings. Each month, employers of these employees forward the employee contributions to the Plan. Employer contributions to the Plan are made pursuant to the terms of the applicable collective bargaining agreement. There is no provision for employer contributions at December 31, 2013 and 2012.

3. Participant Accounts. Each participant's account is credited with employers' profit sharing annuity contributions, employee elective contributions, employee rollover contributions, and allocations of net investment earnings. Participant accounts can be charged with an allocation of administrative expenses. Allocations are based on participant account balances. Separate subaccounts are maintained within each participant account in which profit sharing annuity, 401(k) contributions, rollover contributions, and allocations are segregated.
4. Vesting: Profit Sharing Annuity Feature: Participants become fully vested in the Plan upon working 400 hours within a twelve (12) month period.

401(k) Feature: Participants become fully vested in the Plan immediately upon the establishment of the credit account balance on behalf of the employee.

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

Note A - Description of the Plan (Continued)

5. Forfeitures:

Profit Sharing Annuity Feature: Contributions are forfeited when a non-vested participant fails to be credited with at least 400 hours of work during any plan year (a break in service) and are forfeited only after five (5) consecutive one year breaks in service. All forfeitures are used solely for the purpose of paying the expenses for administration of the Plan. Forfeitures available to pay plan expenses were \$3,090 and \$2,903 as of December 31, 2013 and 2012, respectively.

401(k) Feature: Participants become fully and immediately vested in the Plan so there is no provision for forfeitures in the Plan for 401(k) contributions.

6. Payment of Benefits. Benefit payments under the Plan are made to eligible participants upon normal and early retirement, total and permanent disability retirement, death or termination. The participant shall receive payment on a total lump-sum basis unless he elects a partial distribution or any of the annuity payment options in the provisions of the formal plan.

7. Investment Options. Participants are permitted to direct the investment of their account among various alternative investment options established as part of the overall Fund. Various alternative investment options are available through New York Life and Putnam Investments for the years ended December 31, 2013 and 2012, respectively. (See Note F and G). The Trustees reserve the right to eliminate, change, and add investment options at any time.

8. Restrictions on Plan Assets. The use of Plan assets are for the exclusive benefit of eligible employees, participants, pensioners, their beneficiaries, or for proper expenses of administration of the Plan and Fund.

Note B - Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

1. Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.
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. The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

Note B - Summary of Significant Accounting Policies (Continued)

liability in an orderly transaction between market participants at the measurement date. See Note N for 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 investments bought and sold as well as held during the year.

4. Concentrations. The Plan's participants are employed by electrical contractors in the Northeastern Ohio area.
5. Reclassifications. Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform to the presentation in the current-year financial statements.
6. Participant Loans. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.
7. Date of Management Review. Subsequent events were evaluated through October 9, 2014, which is the date the financial statements were available to be issued.

Note C - Employer's Contributions Receivable

Employer's contributions receivable as of December 31, 2013 and 2012 include delinquent contributions of \$-0- and \$-0-, respectively.

Note D - Plan Termination

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

Note E - Tax Status

The Plan obtained its latest determination letter on November 15, 2011, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN**NOTES TO FINANCIAL STATEMENTS****FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012**Note F - Mutual Funds

The following table presents the cost basis and fair market value of investments in mutual funds held by the Plan at December 31, 2013 and 2012:

	December 31, 2013		December 31, 2012	
	Cost	Fair Value	Cost	Fair Value
Goldman Sachs Mid Cap Value Fd A	\$ 704,895	\$ 809,811	\$ 435,155	\$ 477,738
Harbor Capital International Fd R	812,175	1,006,511	877,038	951,034
AMCAP Fund A	783,006	1,164,207	783,038	944,495
American Beacon Sm Cap Value I	474,746	574,580	190,159	206,542
Manning & Napier Pro-Blend Ext Fd	2,523,981	2,802,561	2,525,592	2,568,510
Franklin Small-Mid Cap Growth A	2,645,845	3,131,234	2,134,350	2,181,127
Clearbridge Appreciation Fund A	1,204,894	1,593,399	1,325,526	1,435,513
Putnam Income Fund A	6,255,048	6,728,392	6,363,113	6,954,787
MFS Value Fund	879,088	1,163,707	827,727	858,301
Columbia Small Cap Growth A	312,859	335,499	346,550	326,117
PIMCO Total Return Fund A	276,662	265,807	356,135	358,579
Putnam Equity Income Fund A	4,876,014	6,016,705	4,640,361	4,864,319
	<u>\$ 21,749,213</u>	<u>\$ 25,592,413</u>	<u>\$ 20,804,744</u>	<u>\$ 22,127,062</u>

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

Note G - Common and Collective Investment Trusts

The following table presents the cost basis and fair market value of investments in common and collective investment trusts held by the Plan at December 31, 2013 and 2012. The Plan's investment in these trusts are valued at the Plan's undivided interest in the underlying assets of the Trust.

Invesco National Trust Company is the Trustee for the IBEW-NECA Stable Value Pooled Investment Fund. It is a collective investment trust established for certain tax-qualified retirement, pension and profit-sharing employee benefit plans which are exempt from federal income taxation under the Internal Revenue Code. The primary objective of the Fund is to provide a low risk moderate-yield investment option for qualified plans.

Manning & Napier Advisors, Inc. manage The Manning & Napier Retirement Funds. Each fund is a collective investment trust that employs an asset allocation strategy designed for investors planning to retire (or otherwise begin using the invested funds) in or about the calendar year designated in the fund's name. Amounts invested in each Manning & Napier Retirement Fund are allocated among other Manning & Napier Funds based on the fund's target date. The target percentages for each fund gradually change over time based on the number of years that remain until the target date of the fund so that a fund's asset allocation will become more conservative as the fund approaches its target date.

The Putnam Fiduciary Trust Company is the Trustee of the Putnam S & P 500 Index Fund. It is a collective investment trust that seeks to achieve a return, before the assessment of fees that closely approximates the return of the Standard and Poor's 500 Composite Stock Price Index ("S & P 500 Index").

	December 31, 2013		December 31, 2012	
	Cost	Fair Value	Cost	Fair Value
IBEW-NECA Stable Value Pooled Inv Fund	\$ 4,260,395	\$ 4,774,615	\$ 4,223,779	\$ 4,672,444
Manning & Napier Retirement Income Fund	33,410	35,631	1,612	1,903
Manning & Napier Retirement 2010 Fund	524,923	698,553	597,190	711,632
Manning & Napier Retirement 2020 Fund	970,385	1,214,213	698,984	806,969
Manning & Napier Retirement 2030 Fund	557,444	807,006	546,047	669,618
Manning & Napier Retirement 2040 Fund	265,126	359,518	203,597	236,997
Manning & Napier Retirement 2050 Fund	2,224	2,306	-	-
Putnam S & P 500 Index Fund	1,005,254	1,793,123	1,088,105	1,453,428
	<u>\$ 7,619,161</u>	<u>\$ 9,684,965</u>	<u>\$ 7,359,314</u>	<u>\$ 8,552,991</u>

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

Note H - Participant Loans

As of January 1, 1998, participants may borrow from their fund accounts. Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan transactions are treated as a transfer to/from the investment fund from/to the Participant Loan fund. The loan repayment periods do not exceed five (5) years unless the loan is used to purchase a principal residence. In this case, the repayment period is determined by the Board of Trustees at the time of the loan. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Interest rates range from 4.25% to 10.5%. Participants are required to make monthly principal and interest payments.

	December 31,	
	2013	2012
Participant Loans	557,636	373,476
Participant Loans in Default	1,285,325	1,291,234
	<u>\$ 1,842,961</u>	<u>\$ 1,664,710</u>

The loan balance at December 31, 2013 and 2012 includes loans in default. These participants were in violation of the loan agreement, and the Plan considered these loans to be in default. The Plan document states that these loans shall be deducted at retirement, death, disability, or other termination from any benefit to which the participant is entitled. However, the Internal Revenue Code requires that loans in default be treated as distributions to the participant for income tax purposes; therefore, the participant will receive notice that the defaulted loan is treated as a distribution for tax purposes. For Form 5500 purposes, the defaulted loans are treated as deemed distributions and are deducted from the loan balance.

For the plan year ended December 31, 2012, the Plan's investment custodian, Mercer Trust Company, added \$354,367 in retroactive accrued interest on prior defaulted loans. This adjustment is shown as a prior period adjustment in the Statement of Changes in Net Assets available for plan benefits.

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

Note I - Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2013 and 2012 to Schedule H of Form 5500:

	December 31,	
	2013	2012
<u>Net assets available for benefits:</u>		
Per the financial statements	\$ 37,192,003	\$ 32,415,900
Amount deducted for loans treated as deemed distributions	(1,285,325)	(1,291,234)
Per Schedule H to the Form 5500	<u>\$ 35,906,678</u>	<u>\$ 31,124,666</u>

The following is a reconciliation of distributions paid to participants resulting from loan defaults per financial statements at December 31, 2013 and 2012 to Schedule H of Form 5500 (See Note H):

	December 31,	
	2013	2012
Distributions to participants from loans		
Per the financial statements	\$ 11,475	\$ 214,684
Amount deducted for loans treated as deemed distributions	1,285,325	1,291,234
Retroactive accrued interest adjustment	-	(354,367)
Loans treated as deemed distributions in prior years	(1,291,234)	(1,051,384)
Deemed distributions to participants		
Per Form 5500 Schedule H, Part II, g	<u>\$ 5,566</u>	<u>\$ 100,167</u>

Note J - Plan Amendments

The Plan obtained its latest determination letter on November 15, 2011. On November 22, 2011, the Plan executed an amendment related to the treatment of excess contributions pursuant to Code Section 415. For a more complete description of the Plan's provisions refer to the Plan agreement.

Note K - 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 such changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement of net assets available for benefits.

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

Note L - Uncertain Tax Positions

The Plan adopted the provisions of FASB ASC 740-10, "Accounting for Uncertainty in Income Taxes." FASB ASC 740-10 prescribes a recognition threshold that a position is required to meet before being recognized in the financial statements and provides guidance on derecognition, measurement, classification, interest and penalties, accounting in interim periods, disclosure and transition issues for uncertain tax positions. Management has evaluated the Entity's tax positions and concluded that there were no material uncertain tax positions requiring recognition in the financial statements. Accrued interest relating to uncertain tax positions would be recorded as a component of interest expense and penalties related to uncertain tax positions would be recorded as a component of general and administrative expenses.

The Plan is no longer subject to tax examinations for the years before 2010 by taxing authorities where the Plan has filed returns.

Note M – Change in Investment Custodian

On January 2, 2013, New York Life Trust Company replaced Mercer Trust Company as investment custodian for the Plan's investments. All Plan investments were transferred to New York Life Trust Company in-kind on January 2, 2013.

Note N - Fair Value Measurements

Fair Value Measurement provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities, (level 1 measurements), and the lowest priority to unobservable inputs, (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	<p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">● quoted prices for similar assets or liabilities in active markets;● quoted prices for identical or similar assets or liabilities in inactive markets;● inputs other than quoted prices that are observable for the asset or liability;● inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p><i>If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.</i></p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

N - Fair Value Measurements, (continued)

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common and Collective Trusts: Valued at the Plan's undivided interest in the underlying assets for the trust which are valued at the closing stock price on the NY Stock Exchange.

The preceding methods may produce a fair value calculation 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 following table sets forth by level, within the fair value hierarchy, the plan's fair value measurements at December 31, 2013:

	Fair Value Measurements at December 31, 2013					
	Quoted Prices in Active Markets for Identical Assets		Significant Other Observable Inputs		Significant Unobservable Inputs	
	(Level 1)		(Level 2)		(Level 3)	
TOTAL						
Mutual Funds:						
Bond Funds	\$	265,807	\$	-	\$	-
U. S. Stock Funds		24,320,095		-		-
International Stock Funds		1,006,511		-		-
Total mutual funds		25,592,413		-		-
Collective and Common Investment Trusts		-		9,684,965		-
Total investments at fair value	\$	25,592,413	\$	9,684,965	\$	-
					\$	35,277,378

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

Note N - Fair Value Measurements, (continued)

The following table sets forth by level, within the fair value hierarchy, the plan's fair value measurements at December 31, 2012:

Fair Value Measurements at December 31, 2012				
	Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs	TOTAL
	(Level 1)	(Level 2)	(Level 3)	
Mutual Funds:				
Bond Funds	\$ 358,579	\$ -	\$ -	\$ 358,579
U. S. Stock Funds	20,817,449	-	-	20,817,449
International Stock Funds	951,034	-	-	951,034
Total mutual funds	22,127,062	-	-	22,127,062
Collective and Common Investment Trusts	-	8,552,991	-	8,552,991
Total investments at fair value	\$ 22,127,062	\$ 8,552,991	\$ -	\$ 30,680,053

Note O - Related Party Transactions

Administrative services are provided to the Plan by the I.B.E.W. Local 673 Benefits Funds office, a related party. Administrative fees of \$55,800 and \$52,860 were paid to the funds office for the years ending December 31, 2013 and 2012, respectively. An accounts payable liability in the amount of \$9,545 and \$0 is due for these administrative services at December 31, 2013 and 2012, respectively.

An account receivable of \$966 is due from the I.B.E.W. Local 673 Pension Plan, a related party, for its share of fiduciary insurance at December 31, 2013. An account payable of \$662 is due to the I.B.E.W. Local 673 Pension Plan for the Plan's share of a related legal bill at December 31, 2013.

I.B.E.W. LOCAL #673 PROFIT SHARING ANNUITY AND 401(k) PLAN

EIN # 34-6661994, PLAN 002

SUPPLEMENTAL SCHEDULE

December 31, 2013

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR Form 5500, Schedule H, 4i				
a	b Identity of Issue	c Description	d Cost	e Current Value
	American Beacon Funds-Small Cap Value Fund	Mutual Fund	474,746	574,580
	American Funds-AMCAP Fund	Mutual Fund	783,006	1,164,207
	Columbia Funds-Columbia Small Cap Growth Fund A	Mutual Fund	312,859	335,499
	Franklin Templeton Funds-Small-Mid Cap Growth Fund	Mutual Fund	2,645,845	3,131,234
	Goldman Sachs Funds - Mid Cap Value Fund Class A	Mutual Fund	704,895	809,811
	Harbor Funds-Harbor Capital International Fund	Mutual Fund	812,175	1,006,511
	IBEW-NECA Stable Value Pooled Investment Fund	Common/Collective Trust	4,260,395	4,774,615
	Legg Mason Funds-Clearbridge Appreciation Fund A	Mutual Fund	1,204,894	1,593,399
	Manning & Napier Funds - Pro-Blend Extended Fund	Mutual Fund	2,523,981	2,802,561
	Manning & Napier Funds - Retirement 2010 Fund	Common/Collective Trust	524,923	698,553
	Manning & Napier Funds - Retirement 2020 Fund	Common/Collective Trust	970,385	1,214,213
	Manning & Napier Funds - Retirement 2030 Fund	Common/Collective Trust	557,444	807,006
	Manning & Napier Funds - Retirement 2040 Fund	Common/Collective Trust	265,126	359,518
	Manning & Napier Funds - Retirement 2050 Fund	Common/Collective Trust	2,224	2,306
	Manning & Napier Funds - Retirement Income Fund	Common/Collective Trust	33,410	35,631
	MFS Funds-MFS Value Fund Class A	Mutual Fund	879,088	1,163,707
	PIMCO Funds-PIMCO Total Return Fund A	Mutual Fund	276,662	265,807
	Putnam Funds-Putnam Equity Income Fund	Mutual Fund	4,876,014	6,016,705
	Putnam Funds-Putnam Income Fund	Mutual Fund	6,255,048	6,728,392
	Putnam Funds-Putnam S & P 500 Index Fund	Common/Collective Trust	1,005,254	1,793,123
	Participant Loans	Participant Loans 4.25% - 10.50%		557,636

See Auditor's Report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2013</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2013 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; ☐ special extension (enter description) _____	☐ automatic extension;	☐ the DFVC program;

Part II Basic Plan Information —enter all requested information			
1a Name of plan I.B.E.W. LOCAL 673 PROFIT SHARING ANNUITY PLAN		1b Three-digit plan number (PN) ▶	002
		1c Effective date of plan 05/01/1982	
2a Plan sponsor's name and address; including room or suite number (employer, if for a single-employer plan) I.B.E.W. LOCAL 673 PROFIT SHARING ANNUITY PLAN - BOARD OF TRUSTEES 8356 MUNSON ROAD MENTOR OH 44060		2b Employer Identification Number (EIN) 34-6661994	
		2c Sponsor's telephone number 440-255-2419	
		2d Business code (see instructions) 238210	

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

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

SIGN HERE	 Signature of plan administrator	10/13/2014 Date	DONNA J. WOLF, ADMINISTRATOR Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10/13/2014 Date	DONNA J. WOLF, ADMINISTRATOR Enter name of individual signing as employer or plan sponsor
SIGN HERE	_____ Signature of DFE	_____ Date	_____ Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) VINCENT J. GRANITO Z & G TAX GROUP LTD. 8518 MENTOR AVE., SUITE A MENTOR OH 44060-5838			Preparer's telephone number (optional) 440-951-1173

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

Form 5500 (2013)

PARTY IN INTEREST -
IDENTITY - Columbia Funds-Colum
DESCRIPTION - Mutual Fund
COST - 312859
CURRENT VALUE - 335499

PARTY IN INTEREST -
IDENTITY - Goldman Sachs Funds
DESCRIPTION - Mutual Fund
COST - 704895
CURRENT VALUE - 809811

PARTY IN INTEREST -
IDENTITY - Harbor Funds-Harbor
DESCRIPTION - Mutual Fund
COST - 812175
CURRENT VALUE - 1006511

PARTY IN INTEREST -
IDENTITY - IBEW-NECA Stable Val
DESCRIPTION - Common/Collective Tr
COST - 4260395
CURRENT VALUE - 4774615

PARTY IN INTEREST -
IDENTITY - American Funds-AMCAP
DESCRIPTION - Mutual Fund
COST - 783006
CURRENT VALUE - 1164207

PARTY IN INTEREST -
IDENTITY - Legg Mason Funds-Cle
DESCRIPTION - Mutual Fund
COST - 1204894
CURRENT VALUE - 1593399

PARTY IN INTEREST -
IDENTITY - American Beacon Fund
DESCRIPTION - Mutual Fund
COST - 474746
CURRENT VALUE - 574580

PARTY IN INTEREST -
IDENTITY - PIMCO Funds-PIMCO To
DESCRIPTION - Mutual Fund
COST - 276662
CURRENT VALUE - 265807

PARTY IN INTEREST -
IDENTITY - Manning & Napier Fun
DESCRIPTION - Common/Collective Tr
COST - 33410
CURRENT VALUE - 35631

PARTY IN INTEREST -
IDENTITY - Manning & Napier Fun
DESCRIPTION - Common/Collective Tr
COST - 524923
CURRENT VALUE - 698553

PARTY IN INTEREST -
IDENTITY - Manning & Napier Fun
DESCRIPTION - Common/Collective Tr
COST - 970385
CURRENT VALUE - 1214213

PARTY IN INTEREST -
IDENTITY - Manning & Napier Fun
DESCRIPTION - Common/Collective Tr
COST - 557444
CURRENT VALUE - 807006

PARTY IN INTEREST -
IDENTITY - Manning & Napier Fun
DESCRIPTION - Common/Collective Tr
COST - 265126
CURRENT VALUE - 359518

PARTY IN INTEREST -
IDENTITY - Manning & Napier Fun
DESCRIPTION - Common/Collective Tr
COST - 2224
CURRENT VALUE - 2306

PARTY IN INTEREST -
IDENTITY - Franklin Templeton F
DESCRIPTION - Mutual Fund
COST - 2645845
CURRENT VALUE - 3131234

PARTY IN INTEREST -
IDENTITY - Manning & Napier Fun
DESCRIPTION - Mutual Fund
COST - 2523981
CURRENT VALUE - 2802561

PARTY IN INTEREST -
IDENTITY - Putnam Funds-Putnam
DESCRIPTION - Mutual Fund
COST - 6255048
CURRENT VALUE - 6728392

PARTY IN INTEREST -
IDENTITY - Putnam Funds-Putnam
DESCRIPTION - Common/Collective Tr
COST - 1005254
CURRENT VALUE - 1793123

PARTY IN INTEREST -
IDENTITY - MFS Funds-MFS Value
DESCRIPTION - Mutual Fund
COST - 879088
CURRENT VALUE - 1163707

PARTY IN INTEREST -
IDENTITY - Putnam Funds-Putnam
DESCRIPTION - Mutual Fund
COST - 4876014
CURRENT VALUE - 6016705

PARTY IN INTEREST -
IDENTITY - Participant Loans
DESCRIPTION - Loans 4.25% to 10.5
COST - 0
CURRENT VALUE - 557636