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).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
IBEW LOCAL 683 PENSION FUND PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1966

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

IBEW LOCAL 683 BOARD OF TRUSTEES

PO BOX 8010
COLUMBUS, OH 43201-8010

23 WEST SECOND AVENUE
COLUMBUS, OH 43201-8010

2b Employer Identification Number (EIN)
34-1442087

2c Sponsor's telephone number
614-421-0600

2d Business code (see instructions)
238210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	MARGARET R. STIMMEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	BRIAN DAMANT
	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)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

IBEW LOCAL 683 FRINGE BENEFIT FUNDS INC.

PO BOX 8010 23 WEST SECOND AVENUE
COLUMBUS, OH 43201-8010

3b Administrator's EIN
31-1449092

3c Administrator's telephone number
614-421-0600

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2298
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**	919
b	Retired or separated participants receiving benefits	**6b**	580
c	Other retired or separated participants entitled to future benefits	**6c**	600
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2099
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	174
f	Total. Add lines **6d** and **6e**.	**6f**	2273
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**	75

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

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 MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IBEW LOCAL 683 BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-1442087

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

1a	Enter the valuation date: Month 01 Day 01 Year 2013		
b	Assets		
(1)	Current value of assets	**1b(1)**	155571816
(2)	Actuarial value of assets for funding standard account	**1b(2)**	154034873
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	183649318
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	183649318
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	320769679
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	9432853
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	
(3)	Expected plan disbursements for the plan year	**1d(3)**	10483763

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

	10/15/2014
Signature of actuary	Date
RANDALL N. SMITH	14-06649
Type or print name of actuary	Most recent enrollment number
CUNI, RUST AND STRENK	513-891-0270
Firm name	Telephone number (including area code)
4555 LAKE FOREST DRIVE SUITE 620, CINCINNATI, OH 45242-3760	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	155571816
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		720	122511756
(2) For terminated vested participants		565	49116474
(3) For active participants:			
(a) Non-vested benefits			8060487
(b) Vested benefits			141080962
(c) Total active		1011	149141449
(4) Total		2296	320769679
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**	48.50 %	

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2013					
12/31/2013	6139950				
			Totals ► 3(b)	6139950	3(c)

4 Information on plan status:

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			**6a**	3.78 %	
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.50%		7.50 %	
e Expense loading	**6e**	6.5%	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date			**6g**	3.6 %	
h Estimated investment return on current value of assets for year ending on the valuation date			**6h**	10.1 %	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	5581314	588178
4	1215887	128134

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.		[X] Yes [ ] No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		[ ] Yes [X] No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		[ ] Yes [ ] No
(2) If line 8d(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 8d(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 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(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**	4387046
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	66134376	9438834
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	1036941
e Total charges. Add lines 9a through 9d		**9e**	14862821
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	6640979
g Employer contributions. Total from column (b) of line 3		**9g**	6139950
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	29878952	5421095
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	1130742
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	43690655	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	144352212	
(3) FFL credit		**9j(3)**	
k (1) Waived funding deficiency		**9k(1)**	
(2) Other credits		**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	19332766
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	4469945
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 2013 plan year	**9o(1)**	
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	
	(3) Total as of valuation date	**9o(3)**	
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.		[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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 IBEW LOCAL 683 PENSION FUND PENSION PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL 683 BOARD OF TRUSTEES	**D** Employer Identification Number (EIN) 34-1442087

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

IBEW LOCAL 683 FRINGE BENEFIT FUNDS

PO BOX 8010 23 WEST SECOND AVENUE
COLUMBUS, OH 43201

31-1449092

(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	PLAN ADMINISTRATOR	140800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DANISON & ASSOCIATES

2150 TREMONT CENTER
COLUMBUS, OH 43221

31-1553547

(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	INVESTMENT ADVISOR	158921	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EAGLE ASSETS MANAGEMENT

880 CARILLON PARKWAY
ST PETERSBURG, FL 33716

31-1124895

(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?
28	INVESTMENT MANAGER	36620	Yes [ ] No [X]	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)

CUNI, RUST & STRENK

4540 COOPER ROAD SUITE 304
CINCINNATI, OH 45242

31-1227755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	PLAN ACTUARY	33300	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

R.F. CHAPMAN

PO BOX 895
PORTSMOUTH, OH 45662

31-1492960

(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	PLAN ACCOUNTING	17225	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALLOTTA, FARLEY & WIDMAN CO., LPA

2222 CENTENNIAL ROAD
TOLEDO, OH 43617

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	LEGAL COUNCIL	22394	Yes [ ] No [X]	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)

JPMORGAN CHASE BANK, NA

PO BOX 710812
COLUMBVUS, OH 43271-0812

13-4994650

(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?
19	SECURITIES CUSTODIAN	10593	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KISSEL & ASSOCIATES, INC.

1005 LEXINGTON AVENUE
MANSFIELD, OH 44907

34-1204227

(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	PLAN AUDITOR	21175	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: M. R. RUST	**b** EIN: 31-1227755	
c Position: ACTUARY		
d Address: 4555 LAKE FOREST DRIVE SUITE 620 CINCINNATI, OH 45242-3760	**e** Telephone:	

Explanation: DURING THE PROCESS OF PERSONNEL RE-ASSIGNMENT AT THE OFFICES OF CUNI, RUST AND STRENK, THE PLAN'S ENROLLED ACTUARY WAS RE-ASSIGNED AND RANDALL SMITH WAS ASSIGNED AS THE PLANS' ENROLLED ACTUARY..

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.

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

A Name of plan
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
IBEW LOCAL 683 BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-1442087

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: IBEW-NECA STABLE VALUE TRUST

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6223188-001	C	21735771

a Name of MTIA, CCT, PSA, or 103-12 IE: IBEW-NECA EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-1772714-003	C	48078358

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A Name of plan
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IBEW LOCAL 683 BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-1442087

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	371789	348814
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	575053	553274
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	305787	205289
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	579642	905946
(2) U.S. Government securities	1c(2)	7693777	7648780
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	6476365	6916427
(B) All other	1c(3)(B)	1792816	810714
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	62080679	69814129
(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)	75866719	87713982
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	155742627	174917355
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	170812	172958
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	170812	172958
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	155571815	174744397

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)	6139950	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6139950
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	200	
(B) U.S. Government securities	2b(1)(B)	202180	
(C) Corporate debt instruments	2b(1)(C)	192416	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	464947	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		859743
(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)	3742022	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3742022
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	27088811	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	27408012	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-319201
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-353837	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-353837

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		11738779
(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)		8105240
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		29912696
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10229239	
(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)		10229239
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	94094	
(2) Contract administrator fees	2i(2)	140800	
(3) Investment advisory and management fees	2i(3)	158921	
(4) Other	2i(4)	117060	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		510875
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10740114
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		19172582
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: KISSEL & ASSOCIATES, INC. **(2)** EIN: 34-1204227

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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

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

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.

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

A Name of plan
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IBEW LOCAL 683 BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-1442087

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): _____ _____

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

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

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

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

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

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

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

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

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**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer THE SUPERIOR GROUP DIVISION OF ELECTRICAL SPECIALIST, INC.

b EIN 20-0354904 **c** Dollar amount contributed by employer 1765862

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 2015

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) 4.02
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer MID CITY ELECTRIC

b EIN 31-4445398 **c** Dollar amount contributed by employer 1371533

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 2015

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) 4.02
(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: 49.1% Investment-Grade Debt: 0.8% High-Yield Debt: 50.1% 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):

Kissel & Associates, Inc. accountants and business consultants

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419-756-6304 • FAX 419-756-0217 • www.ka-cpa.com

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
International Brotherhood of Electrical
Workers Local 683 - Pension Fund Pension Plan
23 West Second Avenue
P.O. Box 8010
Columbus, Ohio 43201

We have audited the accompanying financial statements of International Brotherhood of Electrical Workers, Local 683 - Pension Fund Pension Plan, which comprise the statements of net assets available for benefits and of accumulated plan benefits, as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the 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 entity'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 entity'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 financial status of the Plan as of December 31, 2013 and 2012, and the changes in its financial status for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of (1) assets (held at end of year) as of December 31, 2013 and (2) reportable transactions as of December 31, 2013 are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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. 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 audits 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.

Kissel & Associates, Inc.

Mansfield, Ohio
October 12, 2014

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PENSION FUND PENSION PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS		
INVESTMENTS AT FAIR VALUE:		
Money Market Funds	$ 905,946	$ 579,642
U. S. Government Obligations	3,127,224	2,530,073
U. S. Government Agencies Obligations	4,521,556	5,163,704
Mutual Funds	87,713,982	75,866,719
Common and Collective Funds	69,814,129	62,080,679
Foreign Obligations	810,714	1,792,816
Corporate Bonds	6,916,427	6,476,365
TOTAL INVESTMENTS	173,809,978	154,489,999
RECEIVABLES:		
Employers' Contributions	553,274	575,053
Reciprocity Contributions	103,855	38,946
Interest	101,434	266,841
TOTAL RECEIVABLES	758,563	880,839
CASH	348,814	371,789
TOTAL ASSETS	174,917,355	155,742,628
LIABILITIES		
Accounts Payable and Accrued Expenses	172,957	170,812
TOTAL LIABILITIES	172,957	170,812
NET ASSETS AVAILABLE FOR BENEFITS	$174,744,398	$155,571,816

-SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS-

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PENSION FUND PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	$ 19,075,746	$ 10,347,792
Interest and Dividends	4,696,999	4,321,560
	23,772,746	14,669,352
Less Investment Expenses:		
Investment Fees	47,214	47,650
Net Investment Income	23,725,532	14,621,702
Contributions:		
Employers	6,139,950	6,407,875
Total Additions	29,865,482	21,029,577
Benefits Paid to Participants	10,229,239	9,684,940
Legal Fees	22,394	18,889
Accounting Fees	38,400	35,195
Actuarial Fees	33,300	30,825
Administrator Fees	140,800	140,800
Consulting Fees	158,921	149,517
Printing and Supplies	15,337	6,726
Insurance	24,468	25,169
Conventions and Meetings	0	4,037
Plan Administrative Expenses	30,040	23,098
Total Deductions	10,692,900	10,119,196
Net Increase (Decrease)	19,172,582	10,910,381
Net Assets Available for Benefits:		
Beginning of Year	155,571,816	144,661,434
End of Year	$174,744,398	$155,571,816

-SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS-

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PENSION FUND PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2013 AND 2012

	2013	2012
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested Benefits:		
Participants Currently Receiving Benefits	$ 94,516,731	$ 87,304,691
Other Participants	95,101,402	91,136,032
	189,618,133	178,440,723
Nonvested Benefits	5,023,191	5,208,595
Total Actuarial Present Value of Accumulated Plan Benefits	$194,641,324	$183,649,318

-SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS-

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PENSION FUND PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2013 AND 2012

	2013	2012
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	$183,649,318	$174,879,912
Increase (Decrease) During Year Attributable to:		
Decrease in Discount Period	13,397,037	12,759,374
Change in Actuarial Assumptions	2,649,541	1,215,887
Benefits Paid	(10,229,239)	(9,684,940)
Plan Experience and Benefit Accrual	5,174,667	4,479,085
NET INCREASE	10,992,006	8,769,406
Actuarial Present Value of Accumulated Plan Benefits at End of Year	$194,641,324	$183,649,318

-SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS-

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683 PENSION FUND PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2013 and 2012

1. Description of Plan:

The following brief description of the International Brotherhood of Electrical Workers, Local 683 Pension Fund Pension Plan ("Plan") is provided for general information purposes only. Participants should refer to the amended and restated Plan document effective January 1, 2009 plus the amendments adopted by the Board of Trustees for more complete information.

A. General -

The Plan is a multiemployer defined benefit pension plan established pursuant to a collective bargaining agreement between The International Brotherhood of Electrical Workers Locals 683 and 1105 ("locals") representing the employees, and the Columbus Division of the Central Ohio Chapter, National Electrical Contractors Association ("Association"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Normal Retirement Age -

Normal retirement age is age 62 and requires 5 years of vesting service.

C. Funding Policy:

The Plan is funded by payments from Employers of the Association that employ members of the Locals. The rates paid are the result of Collective Bargaining Agreements between the Association and the Locals. The payments into the Plan have exceeded the minimum funding requirements of ERISA through December 31, 2013.

Although they have not expressed any intention of doing so, the Association and the Locals have the right under the Plan to discontinue contributions to the Plan at any time and to terminate the Plan subject to the provisions set forth in ERISA.

1. Description of Plan, continued:

D. Pension Benefits -

Members with 5 or more years of service are entitled to monthly pension benefits beginning at normal retirement age. The Plan permits early retirement with reduced benefits at age 55 with 5 years of vesting service. Members may elect to receive their pension benefits in the form of a joint and survivor annuity. If members terminate before rendering 5 years of service, they forfeit the right to receive Plan benefits.

E. Death Benefits -

A surviving spouse of a vested participant who dies before retirement will be entitled to receive a Qualified Pre-Retirement and Survivor Annuity or a Pre-Retirement Death Benefit as defined in the Plan document.

If a vested member is not married and dies before retirement, their beneficiary shall be eligible to receive a monthly income in an amount equal to 70% of the Accrued Benefit as of the date of death for 60 months.

If a vested member dies after pension payments have begun, benefits will be paid in accordance with the form of benefit distribution applicable to the member as defined in the Plan document.

F. Disability Benefits -

Active members must have 5 years of service, must be disabled for a continuous period of not less than 12 months and submit proof of a Social Security Disability Award. If the member is unable to provide proof of a Social Security Disability award and meets all other requirements, years of service becomes 10. Members who meet these eligibility requirements will receive a monthly benefit (payable in the Normal Form of Benefit payments) equal to the member's full Accrued Benefit as of the date determined to be totally and permanently disabled.

2. Summary of Accounting Policies:

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

A. Basis of Accounting -

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

B. Estimates -

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

C. Payment of Benefits -

Benefit payments to participants are recorded upon distribution.

D. Administrative Expenses -

The Plan's expenses are paid by the Plan, as provided by the plan document. Certain expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

2. Summary of Accounting Policies, continued:

E. Investment Valuation and Income Recognition -

The Plan's 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. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians. See note 6 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 investments bought and sold as well as held during the year.

3. Actuarial Present Value of Accumulated Plan Benefits -

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions for the service members have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated members or their beneficiaries, (b) beneficiaries of members who have died, and (c) present members or their beneficiaries. Benefits under the Plan are accumulated based on employer contributions made on behalf of a member and anticipated years of credited service. The accumulated plan benefits for active members are based on data for the year ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances, including retirement, death, and disability, are included to the extent they are deemed attributable to member service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

3. Actuarial Present Value of Accumulated Plan Benefits, continued -

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Cuni, Rust & Strenk 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 December 31, 2013 and 2012 were (a) life expectancy of participants (non-disabled - RP-2000 Mortality Table with Blue Collar Adjustment),(disabled - RP-2000 Disabled Retiree Mortality Table), (b) retirement age assumptions (the assumed average retirement age was 62), and (c) investment return. The 2013 and 2012 valuations included an assumed average rate of return of 7.50% for both years, including a reduction of $305,000 and $285,000 respectively, to reflect anticipated administrative expenses associated with providing benefits. 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. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2014 and 2013. Had the valuations been performed as of December 31, there would be no material differences.

4. Plan Termination:

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

4. Plan Termination, Continued:

A. Annuity benefits that former members or their beneficiaries have been receiving for at least three years, or that members eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

C. All other vested benefits (that is, vested benefits not insured by the PBGC).

D. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the level of benefits guaranteed by the PBGC.

5. Investments:

The following table presents the investments that represent 5 percent or more of the Plan's net assets.

	December 31, 2013	December 31, 2012
Mutual Funds		
First Eagle Global Fund	54,189,257	46,798,995
First Eagle Overseas Fund	8,184,076	7,314,944
IVA Worldwide Fund	18,022,093	15,376,608
Common and Collective Funds		
IBEW-NECA Equity Index Fund	48,078,358	36,339,579
IBEW-NECA Stable Value Investment Fund	21,735,771	25,741,100

During 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $19,075,746 and $10,347,792 respectively as follows:

	December 31, 2013	December 31, 2012
U.S. Government Obligations-Inactive Markets	$ (137,696)	$ (24,866)
U.S. Government Agencies Obligations-Active Markets	(271,937)	(695)
Mutual Funds-Active Markets	8,105,240	5,159,173
Mutual Funds-Inactive Markets	(95,235)	1,048
Common and Collective Funds Inactive Markets	11,738,779	4,997,742
Foreign Obligations-Active Markets	(24,020)	32,062
Corporate Obligations-Active Markets	(239,385)	183,328
	$19,075,746	$10,347,792

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6. Fair Value Measurements:

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). 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 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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.

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

6. 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.

Corporate Obligations, Mutual Funds, (reported in active markets) and U.S. Government Agencies Obligations are valued at the closing price reported in the active markets in which the individual securities are traded and are reported as level 1.

U.S. Government Obligations are corroborated by observable market data in inactive markets and an inactive Mutual Fund is corroborated by the 2013 audited financial statement based on calculated net asset value per unit and are reported as level 2.

Common and Collective Trusts are corroborated by observable data provided by the 2013 audited financial statements based on the calculated net asset value per unit reported in the financial statements and are reported as level 2 investments.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2013 and 2012.

6. Fair Value Measurements, Continued:

Assets at Fair Value as of December 31, 2013

	Level 1	Level 2	Total
Money Market Funds	$ 905,946		905,946
Corporate Obligations	6,916,427		6,916,427
Mutual Funds	86,028,739	1,685,243	87,713,982
Foreign Obligations	810,714		810,714
U.S. Government Obligations		3,127,224	3,127,224
U.S Government Agencies Obligations	4,521,556		4,521,556
Common &Collective Trust		69,814,129	69,814,129
	$99,183,382	$74,626,596	$173,809,978

There were no Level 3 investments as of December 31, 2013.

Assets at Fair Value as of December 31, 2012

	Level 1	Level 2	Total
Money Market Funds	$ 579,642		579,642
Corporate Obligations	6,476,365		6,476,365
Mutual Funds	74,140,578	1,726,142	75,866,720
Foreign Obligations	1,792,816		1,792,816
U.S. Government Obligations		2,530,073	2,530,073
U.S Government Agencies Obligations	5,163,704		5,163,704
Common &Collective Trust		62,080,679	62,080,679
	$88,153,105	$66,336,894	$154,489,999

There were no Level 3 investments as of December 31, 2012.

6. Fair Value Measurements, Continued:

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We have evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2013, there were no significant transfers in or out of levels 1, 2 or 3.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per unit as of December 31, 2013.

December 31, 2013

	Fair Value	Redemption Frequency	Redemption Notice Period
Mutual Fund (a)	$ 1,685,243	Monthly	15 business days
Common & Collective(b)	48,078,358	Daily	See (b)
Common & Collective(c)	21,735,771	Daily	See (c)

a) Mutual Fund. The mutual fund's objective is to generate competitive risk-adjusted total rates of return for its investors by investing in fixed-income investments, primarily multifamily and single family mortgage-backed securities and mortgage-backed obligations. The Plan can redeem monthly as of the last business day of each month. The request must be received on a business day at least 15 days before the last business day of the month.

6. Fair Value Measurements, Continued:

b) Common & Collective Trust Fund. The fund's objective is to as nearly as practical replicate the performance of the Standard & Poor's 500 Index, by purchase and sale of those equities which compose the S&P 500 Index. The valuation of the Fund is performed as of the close of business on each day on which the New York Stock Exchange is open for business. Units are issued and redeemed daily at net asset value per unit. Notice of intention with respect to admissions and withdrawals must be given before 3:00 PM Eastern Time of the Valuation Date. Settlement occurs on the next business day after the Valuation Date. There is no lockup period or other restrictions on withdrawals.

c) Common & Collective Trust Fund. The Trust's primary investment objectives are to seek the preservation of principal and to provide interest income reasonably obtained under prevailing market conditions and rates, consistent with seeking to maintain required liquidity. The trust holds primarily synthetic guaranteed investment contracts. The net unit values of the classes of the Trust are determined as of the close of each business day. Participant units are issued and redeemed only at the end of each day and at the net unit value at contract value, provided that the redeeming participant plans comply with the required one-year notice provision. Effective May 1, 2013, the required one-year notice provision was changed to a two-year provision. When the market value of units is less than their contract value, participant plans may also elect to withdraw units at their market value upon 10 days' notice.

7. Concentrations:

During the year ended December 31, 2013 two employers comprise approximately 51% of the total employer contributions.

The Plan maintains cash balances in excess of $250,000 in a bank, which is insured by the Federal Deposit Insurance Corporation up to a maximum of $250,000 at December 31, 2013. The Plan's uninsured balance totaled $128,163 at December 31, 2013.

8. Tax Status:

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated September 5, 2011, that the amended and restated Plan document effective January 1, 2009, including the first amendment dated February 17, 2011, and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). 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 designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

9. Related Party and Party in Interest Transactions:

The Plan is administered by I.B.E.W. Local 683 Fringe Benefit Fund, Inc. (a non-profit corporation) organized by the Board of Trustees of the I.B.E.W. Local 683 Profit Sharing Annuity Plan, Pension Plan, Educational Plan and Health and Welfare Plan. Administration fees for 2013 and 2012 were $140,800 each year. As described in Note 2D, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

During the year ended December 31, 2012 one employer was deemed to have withdrawn from the I.B.E.W. Local 683 Pension Fund Pension Plan as a result of ceasing to make required contributions in 2011. A withdrawal liability of $20,838 was determined by the Plan's actuary and was included in Contributions on the Statement of Changes in Net Assets Available for Benefits. At December 31, 2012 the balance due from the employer was $8,313 and was included in Employers' Contributions Receivable on the Statement of Net Assets Available for Benefits. During the year ended December 31, 2013 the amount due was paid in full.

10. 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 could occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for benefits. One of the Plan's investments has a small portion of derivatives included in its total assets. The management of the investment fund is confident that any losses on derivatives would be an insignificant amount of its total assets.

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 member 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.

11. Plan Amendments:

The Board of Trustees approved the third amendment to the plan at their meeting pertaining to Section 4.03(B) of Article IV, which addresses the future service benefit adding the following to the first sentence: (4) For hours worked on or after January 1, 2014, $120 per year of benefit service. The Board also approved the fourth amendment to the plan, effective September 18, 2013. Section 2.59 of Article II was amended regarding the definition of spouse. Participants should review the Third and Fourth Amendments to the Plan for more detailed information. The financial effects of these amendments, if any, are not determinable.

12. Subsequent Events:

The Plan has evaluated subsequent events through October 12, 2014, the date the financial statements were available to be issued.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683- PENSION FUND PENSION PLAN
Federal Identification #34-1442087, Plan 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b) Identity Of Issue, Borrower, Lessor Or Similar Party	(c) Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par Or Maturity Value	(d) Cost	(e) Current Value
	IBEW-NECA Stable Value Invt Fund	53,765.481 Shares, Common & Collective Fund	21,735,771	21,735,771
	IBEW-NECA Equity Index Fund	1,435,637.693 Shares, Common & Collective Fund	27,794,950	48,078,358
	AFL-CIO Housing Investment Trust	1,517.748 Shares, Mutual Fund	1,683,628	1,685,243
	IVA Worldwide Fund	1,011,340.82 Shares, Mutual Fund	15,086,926	18,022,093
	First Eagle Overseas Fund	348,258.572 Shares, Mutual Fund	7,956,754	8,184,076
	First Eagle Global Fund	1,006,860.96 Shares, Mutual Fund	34,851,410	54,189,257
	Third Avenue Small Cap Value Fund	136.583 Shares, Mutual Fund	3,408	3,766
	Third Avenue International Value Fund	277,591.028 Shares, Mutual Fund	5,305,101	5,629,546
	United States Treas Nts	1.375%, Due 6/30/18 Face Value - $245,000	244,481	243,143
	United States Treas Nts	1.75%, Due 10/31/18 Face Value - $1,348,000	1,394,588	1,353,904
	United States Treas Nts	1.875%, Due 10/31/20 Face Value - $255,000	245,916	244,642
	United States Treas Nts	2.50%, Due 8/15/23 Face Value - $164,000	161,707	157,491
	United States Treas Nts	4.00%, Due 8/15/18 Face Value - $467,000	505,792	517,968
	United States Treas Nts	4.75%, Due 8/15/17 Face Value - $540,000	517,231	610,076
	Federal Home Ln Mtg Corp Multiclass	4.00%, Due 8/15/29 Face Value - $317,497.45	331,132	326,736
	Federal Home Ln Mtg Corp Multiclass	2.00%, Due 12/15/41 Face Value - $278,780.07	284,181	267,715
	Federal Home Ln Mtg Partn Ctfs	4.50%, Due 5/01/24 Face Value - $218,790.97	233,388	234,645
	Federal Home Ln Mtg Corp Partn Ctfs	2.50%, Due 5/01/28 Face Value - $231,478.11	240,159	229,721

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683- PENSION FUND PENSION PLAN
Federal Identification #34-1442087, Plan 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b) Identity Of Issue, Borrower, Lessor Or Similar Party	(c) Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par Or Maturity Value	(d) Cost	(e) Current Value
	Federal Natl Mtg Assn Gtd Mtg Pass	2.50%, Due 5/01/23 Face Value - $286,199.38	300,375	292,204
	Federal Natl Mtg Assn Gtd Mtg Pass	2.50%, Due 10/01/22 Face Value - $305,513.50	321,911	311,911
	Federal Natl Mtg Assn Gtd Mtg Pass	3.00%, Due 10/01/23 Face Value - $382,612.84	400,159	396,903
	Federal Natl Mtg Assn Gtd Mtg Pass	6.00%, Due 11/01/33 Face Value - $63,594.65	65,721	71,386
	Federal Natl Mtg Assn Gtd Remic Pass	2.00%, Due 4/25/41 Face Value - $447,061.25	447,760	451,809
	Federal Natl Mtg Assn Gtd Remic Pass	4.00%, Due 7/25/41 Face Value - $400,382.88	422,404	422,824
	Inter Amern Dev Bk Global Medium Term	0.875%, Due 3/15/18 Face Value - $494,000	493,162	479,590
	International Bk For Recon & Dev	2.375%, Due 5/26/15 Face Value - $325,000	323,525	334,370
	Private Expt Fdg Corp Secd Nt Ser Z	4.375%, Due 3/15/19 Face Value - $145,000	163,344	160,099
	Tennessee Valley Auth Global Pwr Bd	5.50% Due 07/18/07 Face Value - $473,000	564,537	541,642
	American Express Bk Fsb Medium Term	Corporate Bond, Due 9/13/17, 6.00%, Face Value - $210,000	247,624	241,576
	American Intl Group Inc Nt	Corporate Bond, Due 8/15/18, 8.25%, Face Value - $215,000	278,545	268,939
	AON Corp SR NT	Corporate Bond, Due 5/27/16, 3.125%, Face Value - $245,000	246,363	255,503
	Banc Amer Coml Mtg Inc	Corporate Bond, Due 11/10/38, 4.58%, Face Value - $27,182.68	28,424	27,187
	Baxter Intl Inc SR NT	Corporate Bond, Due 6/1/18, 5.375%, Face Value - $200,000	214,950	226,406
	BB&T Corp Sr Medium Term Nts Tranche	Corporate Bond, Due 8/15/17, 1.60%, Face Value - $165,000	164,700	163,527
	Carmax Auto Owner Tr	Corporate Bond, Due 8/17/18, 0.89%, Face Value - $200,000	200,063	198,752

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683- PENSION FUND PENSION PLAN
Federal Identification #34-1442087, Plan 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b) Identity Of Issue, Borrower, Lessor Or Similar Party	(c) Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par Or Maturity Value	(d) Cost	(e) Current Value
	CBS Corp New Gtd Sr Nt	Corporate Bond, Due 7/1/17, 1.95%, Face Value - $170,000	168,059	170,308
	Celgene Corp Sr Nt	Corporate Bond, Due 8/15/18, 2.30%, Face Value - $245,000	245,832	243,655
	Cnh Equip Tr	Corporate Bond, Due 11/15/16, 0.87%, Face Value - $280,000	278,753	278,127
	Coca Cola Co Nt	Corporate Bond, Due 9/1/16, 1.80%, Face Value - $230,000	236,353	235,525
	Comcast Corp New Nt	Corporate Bond, Due 7/15/22, 3.125%, Face Value - $160,000	159,862	152,688
	Costco Wholesale Corp New Sr Nt	Corporate Bond, Due 12/07/15, 0.65%, Face Value - $240,000	240,163	240,442
	CVS Caremark Corp Sr Nt	Corporate Bond, Due 6/1/17, 5.75%, Face Value - $145,000	170,222	164,446
	Emc Corp Nt	Corporate Bond, Due 6/1/18, 1.875%, Face Value - $245,000	244,860	242,217
	Exelon Generation Co LLC Sr Nt	Corporate Bond, Due 10/1/17, 6.20%, Face Value - $145,000	169,459	163,857
	General Elec Cap Corp Medium Term	Corporate Bond, Due 8/7/19, 6.00%, Face Value - $205,000	243,729	240,529
	GE Equip Transn LLC Ser	Corporate Bond, Due 11/24/14, 0.50%, Face Value - $197,727.22	197,719	197,644
	Halliburton Co Sr Nt	Corporate Bond, Due 8/1/18, 2.00%, Face Value - $170,000	170,247	168,701
	Home Depot Inc Sr Nt	Corporate Bond, Due 9/10/18, 2.25%, Face Value - $160,000	159,774	162,200
	Honda Auto Receivables	Corporate Bond, Due 2/17/15, 0.54%, Face Value - $160,000	159,998	160,162
	Intel Corp Sr Nt	Corporate Bond, Due 12/15/22, 2.70%, Face Value - $120,000	120,463	110,617
	Keycorp Medium Term Sr Nts	Corporate Bond, Due 12/13/18, 2.30%, Face Value - $245,000	245,858	243,224
	LB-UBS Coml Mtg Tr 2004-C2 Coml Mtg	Corporate Bond, Due 3/15/36, 4.367%, Face Value - $15,720.11	16,418	15,747

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683- PENSION FUND PENSION PLAN
Federal Identification #34-1442087, Plan 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b) Identity Of Issue, Borrower, Lessor Or Similar Party	(c) Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par Or Maturity Value	(d) Cost	(e) Current Value
	LB-UBS Coml Mtg Tr 2004-C6 Mtg	Corporate Bond, Due 8/15/29, 5.02%, Face Value - $141,759.33	151,356	143,555
	Microsoft Corp Nt	Corporate Bond, Due 12/15/23, 3.625%, Face Value - $130,000	129,360	130,203
	Northern Sts Pwr Co Minn 1st Mtg Bd	Corporate Bond, Due 8/15/22, 2.15%, Face Value - $95,000	94,856	85,491
	Northrop Grumman Corp Sr Nt	Corporate Bond, Due 6/1/18, 1.75%, Face Value - $160,000	159,467	156,090
	Oracle Corp NT	Corporate Bond, Due 04/15/18, 5.75%, Face Value - $135,000	161,877	156,002
	Sempra Energy NT	Corporate Bond, Due 2/15/19, 9.80%, Face Value - $125,000	139,515	165,130
	Thermo Fisher Scientific Inc Sr Nt	Corporate Bond, Due 2/1/19, 2.40%, Face Value - $110,000	109,776	108,976
	U S Bancorp Medium Term NT	Corporate Bond, Due 11/15/16, 2.20%, Face Value - $155,000	159,593	160,068
	United Technologies Corp NT	Corporate Bond, Due 12/15/17, 5.375%, Face Value - $210,000	217,409	239,308
	Verizon Communications Inc Nt	Corporate Bond, Due 9/15/16, 2.50%, Face Value - $160,000	164,970	165,446
	Volkswagen Auto Ln Enhanced Tr	Corporate Bond, Due 5/20/17, 1.16%, Face Value - $203,000	202,964	201,532
	Wachovia Corp Global Medium Term Sr	Corporate Bond, Due 2/1/18, 5.75%, Face Value - $200,000	241,445	230,616
	Wal-Mart Stores Inc Nt	Corporate Bond, Due 12/15/18, 1.95%, Face Value - $245,000	244,681	244,116
	Wellpoint Inc NT	Corporate Bond, Due 2/15/17, 2.375%, Face Value - $156,000	153,984	157,917
	Ontario Prov Cda BD	Foreign Bond, Due 9/27/18, 2.00%, Face Value - $320,000	321,094	320,608
	Toronto Dominion Bk Sr Medium Term	Foreign Bond, Due 10/19/16, 2.375%, Face Value - $240,000	247,926	249,175
	Total Cap GTD NT	Foreign Bond, Due 8/10/18, 2.125%, Face Value - $240,000	241,512	240,931

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683- PENSION FUND PENSION PLAN
Federal Identification #34-1442087, Plan 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b) Identity Of Issue, Borrower, Lessor Or Similar Party	(c) Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par Or Maturity Value	(d) Cost	(e) Current Value
	Meeder Fund Money Market (Inst)	Money Market 121,174.24 Shares variable rate	121,174	121,174
	Meeder Fund Money Market (retail)	Money Market 30,170.560 Shares variable rate	30,171	30,171
	Raymond James Bank Deposit Program	Money Market 905.08 Shares variable rate	905	905
	JP Morgan US Treasury Plus Money Market	Money Market 753,695.69 Shares variable rate	753,696	753,696

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
Local 683 - PENSION FUND PENSION PLAN
Federal Identification # 34-1442087, Plan 001
Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2013

(a) Identity Of Party Involved	(b) Description Of Asset Include Interest Rate And Maturity In Case Of Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost Of Asset	(h) Current Value Of Asset On Transaction Date	(i) Net Gain Or (Loss)
JP Morgan US Treas. Plus Money Market Fund Investor Class	9,967,201.00 Shares Money Market	9,967,201				9,967,201	9,967,201	
JP Morgan US Treas. Plus Money Market Fund Investor Class	9,641,088.00 Shares Money Market		9,641,088			9,641,088	9,641,088	

Kissel & Associates, Inc. accountants and business consultants
1005 LEXINGTON AVENUE · MANSFIELD, OHIO 44907

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
I.B.E.W. Local 683 Pension Fund Pension Plan

B Three-digit plan number (PN) ► 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Board of Trustees, I.B.E.W. Local 683 Pension Fund Pension Plan

D Employer Identification Number (EIN)
34-1442087

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

1a Enter the valuation date: Month 01 Day 01 Year 2013

b	Assets:		
	(1) Current value of assets	1b(1)	155,571,816
	(2) Actuarial value of assets for funding standard account	1b(2)	154,034,873
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	183,649,318
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	1c(2)(a)	
	(b) Accrued liability under entry age normal method	1c(2)(b)	
	(c) Normal cost under entry age normal method	1c(2)(c)	
	(3) Accrued liability under unit credit cost method	1c(3)	183,649,318
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	0
	(2) "RPA '94" information:		
	(a) Current liability	1d(2)(a)	320,769,679
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	9,432,853
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	
	(3) Expected plan disbursements for the plan year	1d(3)	10,483,763

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 Randall N. Smith — Signature of actuary

8/18/2014 — Date

Randall N. Smith — Type or print name of actuary

14-06649 — Most recent enrollment number

Cuni, Rust & Strenk — Firm name

(513) 891-0270 — Telephone number (including area code)

4555 Lake Forest Drive - Suite 620

US Cincinnati OH 45242-3760 — Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		2a	155,571,816
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants		(2) Current liability
(1) For retired participants and beneficiaries receiving payment	720		122,511,756
(2) For terminated vested participants	565		49,116,474
(3) For active participants:			
(a) Non-vested benefits			8,060,487
(b) Vested benefits			141,080,962
(c) Total active	1,011		149,141,449
(4) Total	2,296		320,769,679
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	48.50 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2013	0				
12/31/2013	6,139,950				
			Totals ► 3(b)	6,139,950	3(c)

4 Information on plan status:

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability 6a 3.78 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.50 %	7.50 %
e Expense loading	6e	6.5 % ☐ N/A	% ☒ N/A
f Salary scale	6f	% ☒ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		3.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		10.1 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial Balance	(3) Amortization Charge/Credit
1	5,581,314	588,178
4	1,215,887	128,134

8 Miscellaneous information:

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

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

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

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

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

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

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? . . . . . [ ] Yes [ ] No

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:				
a Prior year funding deficiency, if any			9a	0
b Employer's normal cost for plan year as of valuation date			9b	4,387,046
c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	66,134,376		9,438,834
(2) Funding waivers	9c(2)	0		0
(3) Certain bases for which the amortization period has been extended	9c(3)	0		0
d Interest as applicable on lines 9a, 9b, and 9c			9d	1,036,941
e Total charges. Add lines 9a through 9d			9e	14,862,821
Credits to funding standard account:				
f Prior year credit balance, if any			9f	6,640,979
g Employer contributions. Total from column (b) of line 3			9g	6,139,950
		Outstanding balance		
h Amortization credits as of valuation date	9h	29,878,952		5,421,095
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	1,130,742
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	43,690,655		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	144,352,212		
(3) FFL credit			9j(3)	0
k (1) Waived funding deficiency			9k(1)	0
(2) Other credits			9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	19,332,766
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	4,469,945
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	

9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2013 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions [X] Yes [ ] No

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

1. Interest Rates: 7.50%/3.78% (Funding/Current Liability).

2. Mortality Rates:

   a. Basic Valuation

      i. Non-Disabled: RP-2000 Table with Blue Collar adjustment.

      ii. Disabled: RP-2000 Disabled Retiree Mortality Table.

      iii. Future Mortality Improvements: 20-year projection using Scale AA.

   b. Current Liability: 2013 Static Mortality Table.

3. Retirement Rates:

   a. Actives

Age	<30 Years of Service	>30 Years of Service
55-59	0.01	0.01
60	0.25	0.50
61	0.15	0.25
62	1.00	1.00

The weighted average retirement age is 60.9.

   b. Terminated Vesteds: Age 62, or age 60 with 30 years of Vesting Service.

4. Actuarial Cost Method: Unit Credit.

5. Number of Hours Worked: 1,750 per year.

6. Expense Load: $285,000 per year.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

7. Termination Rates:

Years 1 and 2 – 0.20; years 3 and later:

Age	Rate
25	0.096742
35	0.087062
45	0.063540
55	0.015488
65	0.000000

8. Disability Rates:

Age	Rate
25	0.0014
35	0.0020
45	0.0042
55	0.0110
65	0.0000

9. Percent Married/Spousal Age:

85% with husbands 3 years older than their wives.

10. Actuarial Value of Assets:

Market Value of Assets minus a decreasing fraction ($^4/_5$, $^3/_5$, $^2/_5$, and $^1/_5$) of each of the preceding 4 years gains/(losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.

11. Changes Since Last Year:

The mortality rates were updated, the expense load was lowered, and the Current Liability interest and mortality rates were updated as mandated by the IRS.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
Local 683 - PENSION FUND PENSION PLAN
Federal Identification # 34-1442087, Plan 001
Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2013

(a) Identity Of Party Involved	(b) Description Of Asset Include Interest Rate And Maturity In Case Of Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost Of Asset	(h) Current Value Of Asset On Transaction Date	(i) Net Gain Or (Loss)
JP Morgan US Treas. Plus Money Market Fund Investor Class	9,967,201.00 Shares Money Market	9,967,201				9,967,201	9,967,201	
JP Morgan US Treas. Plus Money Market Fund Investor Class	9,641,088.00 Shares Money Market		9,641,088			9,641,088	9,641,088	

Schedule MB, line 6 – Summary of Plan Provisions
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

1. Effective Date: June 1, 1966.

2. Plan Year: January 1st through December 31st.

3. Covered Employees: All employees covered by the Local 683 Collective Bargaining Agreement.

4. Eligibility: January 1st coincident with or following 435 hours worked.

5. Vesting Service: 1 year for each Plan Year during which 435 hours are worked.

6. Benefit Service: 1 year for each Plan Year during which 1,800 hours are worked at the base journeyman rate. Year is pro-rated for more or less than 1,800 hours worked.

7. Employer Contributions:

Effective Date	Hourly Rate
June 1, 2009	$2.77
June 1, 2010	$3.27
June 1, 2011	$3.77
June 1, 2013	$4.02

8. Actuarial Equivalency: UP 1984 Mortality Table set-back 5 years for spouses at 6.50%.

Schedule MB, line 6 – Summary of Plan Provisions
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

9. Normal Retirement:

a. Eligibility

Age 62 and 5 Years of Vesting Service.

b. Monthly Benefit

Effective Date	Contribution % Benefit Credit
June 1, 1966	3.25%
January 1, 2004	$100
January 1, 2008	$110

10. Early Retirement:

a. Eligibility

Age 55 and 5 Years of Vesting Service.

b. Monthly Benefit

Calculated as for Normal Retirement with monthly benefit reduced $^1/_2$ of 1% for each month that Early Retirement precedes Normal Retirement. Monthly benefit is unreduced at age 60 with 30 Years of Vesting Service.

11. Vested Retirement:

a. Eligibility

5 Years of Vesting Service.

b. Monthly Benefit

Calculated as for Normal Retirement. Participants may elect to receive monthly benefit calculated as for Early Retirement.

12. Disability Retirement:

a. Eligibility

Total and Permanent Disability and 5 Years of Vesting Service.

b. Monthly Benefit

Calculated as for Normal Retirement payable immediately with no reduction for early commencement.

Schedule MB, line 6 – Summary of Plan Provisions
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

13. Pre-Retirement Death:

a. Eligibility	5 Years of Vesting Service.
b. Monthly Benefit	Calculated as for an age 55 Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement for surviving spouses. Minimum surviving spouse benefit equals 70% of Normal Retirement Benefit payable immediately for 60 months without reduction for early commencement. Benefit for beneficiaries of unmarried participants equals 70% of Normal Retirement Benefit payable immediately for 60 months without reduction for early commencement.

14. Payment Forms:

a. Normal	5-Year Certain & Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) unreduced for Pop-Up for married participants.
b. Optional	Actuarially Equivalent 75% Joint & Survivor Annuity unreduced for Pop-Up (QOSA), and Bridge Payment Annuity.

15. Changes Since Last Year: The hourly contribution rate was increased effective June 1, 2013.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683- PENSION FUND PENSION PLAN
Federal Identification #34-1442087, Plan 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b) Identity Of Issue, Borrower, Lessor Or Similar Party	(c) Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par Or Maturity Value	(d) Cost	(e) Current Value
	IBEW-NECA Stable Value Invt Fund	53,765.481 Shares, Common & Collective Fund	21,735,771	21,735,771
	IBEW-NECA Equity Index Fund	1,435,637.693 Shares, Common & Collective Fund	27,794,950	48,078,358
	AFL-CIO Housing Investment Trust	1,517.748 Shares, Mutual Fund	1,683,628	1,685,243
	IVA Worldwide Fund	1,011,340.82 Shares, Mutual Fund	15,086,926	18,022,093
	First Eagle Overseas Fund	348,258.572 Shares, Mutual Fund	7,956,754	8,184,076
	First Eagle Global Fund	1,006,860.96 Shares, Mutual Fund	34,851,410	54,189,257
	Third Avenue Small Cap Value Fund	136.583 Shares, Mutual Fund	3,408	3,766
	Third Avenue International Value Fund	277,591.028 Shares, Mutual Fund	5,305,101	5,629,546
	United States Treas Nts	1.375%, Due 6/30/18 Face Value - $245,000	244,481	243,143
	United States Treas Nts	1.75%, Due 10/31/18 Face Value - $1,348,000	1,394,588	1,353,904
	United States Treas Nts	1.875%, Due 10/31/20 Face Value - $255,000	245,916	244,642
	United States Treas Nts	2.50%, Due 8/15/23 Face Value - $164,000	161,707	157,491
	United States Treas Nts	4.00%, Due 8/15/18 Face Value - $467,000	505,792	517,968
	United States Treas Nts	4.75%, Due 8/15/17 Face Value - $540,000	517,231	610,076
	Federal Home Ln Mtg Corp Multiclass	4.00%, Due 8/15/29 Face Value - $317,497.45	331,132	326,736
	Federal Home Ln Mtg Corp Multiclass	2.00%, Due 12/15/41 Face Value - $278,780.07	284,181	267,715
	Federal Home Ln Mtg Partn Ctfs	4.50%, Due 5/01/24 Face Value - $218,790.97	233,388	234,645
	Federal Home Ln Mtg Corp Partn Ctfs	2.50%, Due 5/01/28 Face Value - $231,478.11	240,159	229,721

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683- PENSION FUND PENSION PLAN
Federal Identification #34-1442087, Plan 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b) Identity Of Issue, Borrower, Lessor Or Similar Party	(c) Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par Or Maturity Value	(d) Cost	(e) Current Value
	Federal Natl Mtg Assn Gtd Mtg Pass	2.50%, Due 5/01/23 Face Value - $286,199.38	300,375	292,204
	Federal Natl Mtg Assn Gtd Mtg Pass	2.50%, Due 10/01/22 Face Value - $305,513.50	321,911	311,911
	Federal Natl Mtg Assn Gtd Mtg Pass	3.00%, Due 10/01/23 Face Value - $382,612.84	400,159	396,903
	Federal Natl Mtg Assn Gtd Mtg Pass	6.00%, Due 11/01/33 Face Value - $63,594.65	65,721	71,386
	Federal Natl Mtg Assn Gtd Remic Pass	2.00%, Due 4/25/41 Face Value - $447,061.25	447,760	451,809
	Federal Natl Mtg Assn Gtd Remic Pass	4.00%, Due 7/25/41 Face Value - $400,382.88	422,404	422,824
	Inter Amern Dev Bk Global Medium Term	0.875%, Due 3/15/18 Face Value - $494,000	493,162	479,590
	International Bk For Recon & Dev	2.375%, Due 5/26/15 Face Value - $325,000	323,525	334,370
	Private Expt Fdg Corp Secd Nt Ser Z	4.375%, Due 3/15/19 Face Value - $145,000	163,344	160,099
	Tennessee Valley Auth Global Pwr Bd	5.50% Due 07/18/07 Face Value - $473,000	564,537	541,642
	American Express Bk Fsb Medium Term	Corporate Bond, Due 9/13/17, 6.00%, Face Value - $210,000	247,624	241,576
	American Intl Group Inc Nt	Corporate Bond, Due 8/15/18, 8.25%, Face Value - $215,000	278,545	268,939
	AON Corp SR NT	Corporate Bond, Due 5/27/16, 3.125%, Face Value - $245,000	246,363	255,503
	Banc Amer Coml Mtg Inc	Corporate Bond, Due 11/10/38, 4.58%, Face Value - $27,182.68	28,424	27,187
	Baxter Intl Inc SR NT	Corporate Bond, Due 6/1/18, 5.375%, Face Value - $200,000	214,950	226,406
	BB&T Corp Sr Medium Term Nts Tranche	Corporate Bond, Due 8/15/17, 1.60%, Face Value - $165,000	164,700	163,527
	Carmax Auto Owner Tr	Corporate Bond, Due 8/17/18, 0.89%, Face Value - $200,000	200,063	198,752

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683- PENSION FUND PENSION PLAN
Federal Identification #34-1442087, Plan 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b) Identity Of Issue, Borrower, Lessor Or Similar Party	(c) Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par Or Maturity Value	(d) Cost	(e) Current Value
	CBS Corp New Gtd Sr Nt	Corporate Bond, Due 7/1/17, 1.95%, Face Value - $170,000	168,059	170,308
	Celgene Corp Sr Nt	Corporate Bond, Due 8/15/18, 2.30%, Face Value - $245,000	245,832	243,655
	Cnh Equip Tr	Corporate Bond, Due 11/15/16, 0.87%, Face Value - $280,000	278,753	278,127
	Coca Cola Co Nt	Corporate Bond, Due 9/1/16, 1.80%, Face Value - $230,000	236,353	235,525
	Comcast Corp New Nt	Corporate Bond, Due 7/15/22, 3.125%, Face Value - $160,000	159,862	152,688
	Costco Wholesale Corp New Sr Nt	Corporate Bond, Due 12/07/15, 0.65%, Face Value - $240,000	240,163	240,442
	CVS Caremark Corp Sr Nt	Corporate Bond, Due 6/1/17, 5.75%, Face Value - $145,000	170,222	164,446
	Emc Corp Nt	Corporate Bond, Due 6/1/18, 1.875%, Face Value - $245,000	244,860	242,217
	Exelon Generation Co LLC Sr Nt	Corporate Bond, Due 10/1/17, 6.20%, Face Value - $145,000	169,459	163,857
	General Elec Cap Corp Medium Term	Corporate Bond, Due 8/7/19, 6.00%, Face Value - $205,000	243,729	240,529
	GE Equip Transn LLC Ser	Corporate Bond, Due 11/24/14, 0.50%, Face Value - $197,727.22	197,719	197,644
	Halliburton Co Sr Nt	Corporate Bond, Due 8/1/18, 2.00%, Face Value - $170,000	170,247	168,701
	Home Depot Inc Sr Nt	Corporate Bond, Due 9/10/18, 2.25%, Face Value - $160,000	159,774	162,200
	Honda Auto Receivables	Corporate Bond, Due 2/17/15, 0.54%, Face Value - $160,000	159,998	160,162
	Intel Corp Sr Nt	Corporate Bond, Due 12/15/22, 2.70%, Face Value - $120,000	120,463	110,617
	Keycorp Medium Term Sr Nts	Corporate Bond, Due 12/13/18, 2.30%, Face Value - $245,000	245,858	243,224
	LB-UBS Coml Mtg Tr 2004-C2 Coml Mtg	Corporate Bond, Due 3/15/36, 4.367%, Face Value - $15,720.11	16,418	15,747

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683- PENSION FUND PENSION PLAN
Federal Identification #34-1442087, Plan 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b) Identity Of Issue, Borrower, Lessor Or Similar Party	(c) Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par Or Maturity Value	(d) Cost	(e) Current Value
	LB-UBS Coml Mtg Tr 2004-C6 Mtg	Corporate Bond, Due 8/15/29, 5.02%, Face Value - $141,759.33	151,356	143,555
	Microsoft Corp Nt	Corporate Bond, Due 12/15/23, 3.625%, Face Value - $130,000	129,360	130,203
	Northern Sts Pwr Co Minn 1st Mtg Bd	Corporate Bond, Due 8/15/22, 2.15%, Face Value - $95,000	94,856	85,491
	Northrop Grumman Corp Sr Nt	Corporate Bond, Due 6/1/18, 1.75%, Face Value - $160,000	159,467	156,090
	Oracle Corp NT	Corporate Bond, Due 04/15/18, 5.75%, Face Value - $135,000	161,877	156,002
	Sempra Energy NT	Corporate Bond, Due 2/15/19, 9.80%, Face Value - $125,000	139,515	165,130
	Thermo Fisher Scientific Inc Sr Nt	Corporate Bond, Due 2/1/19, 2.40%, Face Value - $110,000	109,776	108,976
	U S Bancorp Medium Term NT	Corporate Bond, Due 11/15/16, 2.20%, Face Value - $155,000	159,593	160,068
	United Technologies Corp NT	Corporate Bond, Due 12/15/17, 5.375%, Face Value - $210,000	217,409	239,308
	Verizon Communications Inc Nt	Corporate Bond, Due 9/15/16, 2.50%, Face Value - $160,000	164,970	165,446
	Volkswagen Auto Ln Enhanced Tr	Corporate Bond, Due 5/20/17, 1.16%, Face Value - $203,000	202,964	201,532
	Wachovia Corp Global Medium Term Sr	Corporate Bond, Due 2/1/18, 5.75%, Face Value - $200,000	241,445	230,616
	Wal-Mart Stores Inc Nt	Corporate Bond, Due 12/15/18, 1.95%, Face Value - $245,000	244,681	244,116
	Wellpoint Inc NT	Corporate Bond, Due 2/15/17, 2.375%, Face Value - $156,000	153,984	157,917
	Ontario Prov Cda BD	Foreign Bond, Due 9/27/18, 2.00%, Face Value - $320,000	321,094	320,608
	Toronto Dominion Bk Sr Medium Term	Foreign Bond, Due 10/19/16, 2.375%, Face Value - $240,000	247,926	249,175
	Total Cap GTD NT	Foreign Bond, Due 8/10/18, 2.125%, Face Value - $240,000	241,512	240,931

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683- PENSION FUND PENSION PLAN
Federal Identification #34-1442087, Plan 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b) Identity Of Issue, Borrower, Lessor Or Similar Party	(c) Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par Or Maturity Value	(d) Cost	(e) Current Value
	Meeder Fund Money Market (Inst)	Money Market 121,174.24 Shares variable rate	121,174	121,174
	Meeder Fund Money Market (retail)	Money Market 30,170.560 Shares variable rate	30,171	30,171
	Raymond James Bank Deposit Program	Money Market 905.08 Shares variable rate	905	905
	JP Morgan US Treasury Plus Money Market	Money Market 753,695.69 Shares variable rate	753,696	753,696

Schedule MB, line 8b – Schedule of Active Participant Data
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

Years of Credited Service:

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		46		19		0		0		0		0		0		0		0	
25 to 29	0		34		53		8		0		0		0		0		0		0	
30 to 34	0		35		40		48		4		0		0		0		0		0	
35 to 39	0		19		14		61		31		1		0		0		0		0	
40 to 44	0		10		13		37		33		31		0		0		0		0	
45 to 49	0		7		11		27		33		48		30		1		0		0	
50 to 54	0		6		7		31		22		34		38		31		9		0	
55 to 59	0		1		4		14		17		12		6		33		22		0	
60 to 64	0		1		2		8		3		3		4		2		6		0	
65 to 69	0		0		0		0		0		0		0		0		1		0	
70 & up	0		0		0		0		0		0		0		0		0		0	

Schedule MB, line 6 – Summary of Plan Provisions
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

1. Effective Date: June 1, 1966.

2. Plan Year: January 1st through December 31st.

3. Covered Employees: All employees covered by the Local 683 Collective Bargaining Agreement.

4. Eligibility: January 1st coincident with or following 435 hours worked.

5. Vesting Service: 1 year for each Plan Year during which 435 hours are worked.

6. Benefit Service: 1 year for each Plan Year during which 1,800 hours are worked at the base journeyman rate. Year is pro-rated for more or less than 1,800 hours worked.

7. Employer Contributions:

Effective Date	Hourly Rate
June 1, 2009	$2.77
June 1, 2010	$3.27
June 1, 2011	$3.77
June 1, 2013	$4.02

8. Actuarial Equivalency: UP 1984 Mortality Table set-back 5 years for spouses at 6.50%.

Schedule MB, line 6 – Summary of Plan Provisions
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

9. Normal Retirement:

a. Eligibility

Age 62 and 5 Years of Vesting Service.

b. Monthly Benefit

Effective Date	Contribution % Benefit Credit
June 1, 1966	3.25%
January 1, 2004	$100
January 1, 2008	$110

10. Early Retirement:

a. Eligibility

Age 55 and 5 Years of Vesting Service.

b. Monthly Benefit

Calculated as for Normal Retirement with monthly benefit reduced $^1/_2$ of 1% for each month that Early Retirement precedes Normal Retirement. Monthly benefit is unreduced at age 60 with 30 Years of Vesting Service.

11. Vested Retirement:

a. Eligibility

5 Years of Vesting Service.

b. Monthly Benefit

Calculated as for Normal Retirement. Participants may elect to receive monthly benefit calculated as for Early Retirement.

12. Disability Retirement:

a. Eligibility

Total and Permanent Disability and 5 Years of Vesting Service.

b. Monthly Benefit

Calculated as for Normal Retirement payable immediately with no reduction for early commencement.

Schedule MB, line 6 – Summary of Plan Provisions
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

13. Pre-Retirement Death:

a. Eligibility	5 Years of Vesting Service.
b. Monthly Benefit	Calculated as for an age 55 Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement for surviving spouses. Minimum surviving spouse benefit equals 70% of Normal Retirement Benefit payable immediately for 60 months without reduction for early commencement. Benefit for beneficiaries of unmarried participants equals 70% of Normal Retirement Benefit payable immediately for 60 months without reduction for early commencement.

14. Payment Forms:

a. Normal	5-Year Certain & Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) unreduced for Pop-Up for married participants.
b. Optional	Actuarially Equivalent 75% Joint & Survivor Annuity unreduced for Pop-Up (QOSA), and Bridge Payment Annuity.

15. Changes Since Last Year: The hourly contribution rate was increased effective June 1, 2013.

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

Effective with the January 1, 2013 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The mortality rates projections were updated.

- The expense load was lowered from $300,000 to $285,000 per year.

Randall N. Smith (signed)
Randall N. Smith
Enrollment # 14-06649

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

Charge Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
01/01/1976	Initial	$ 7,980,165	3	$ 589,421	$ 1,647,768
01/01/1984	Assumption	2,375,935	1	187,139	187,139
01/01/1987	Amendment	2,686,775	4	211,621	761,951
01/01/1989	Amendment	1,616,717	6	127,339	642,535
01/01/1990	Amendment	4,809,231	7	378,794	2,156,792
01/01/1991	Amendment	3,239,160	8	255,129	1,606,451
01/01/1996	Amendment	5,075,459	13	399,763	3,492,048
01/01/2000	Amendment	3,760,258	17	296,173	3,003,635
01/01/2000	Assumption	4,435,805	17	349,382	3,543,255
01/01/2002	Experience	3,263,446	4	343,913	1,238,271
01/01/2003	Experience	9,787,953	5	1,031,488	4,486,281
01/01/2005	Experience	1,736,483	7	182,997	1,041,955
01/01/2006	Experience	7,406,564	8	780,530	4,914,683
01/01/2007	Assumption	1,085,660	24	85,511	1,009,599
01/01/2008	Assumption	347,469	10	36,617	270,197
01/01/2008	Plan Change	2,438,012	10	256,926	1,895,830
01/01/2009	Assumption	366,376	11	38,610	303,631
01/01/2009	Experience	9,665,581	11	1,018,593	8,010,292
01/01/2010	Assumption	974,610	12	102,708	854,058
01/01/2010	Experience	2,245,739	12	236,664	1,967,960
01/01/2011	Assumption	352,130	13	37,109	324,154
01/01/2011	Experience	5,580,233	13	588,064	5,136,907
01/01/2012	Assumption	2,888,489	14	304,399	2,777,897
01/01/2012	Experience	8,384,921	14	883,632	8,063,886
01/01/2013	Experience	5,581,314	15	588,178	5,581,314
01/01/2013	Assumption	1,215,887	15	128,134	1,215,887
	Total Charges			$ 9,438,834	$ 66,134,376

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

Credit Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
01/01/1990	Assumption	$ 4,402,091	7	$ 346,726	$ 1,974,207
01/01/1996	Assumption	3,570,489	13	281,226	2,456,584
01/01/1999	Experience	136,025	1	14,334	14,334
01/01/2000	Experience	139,851	2	14,738	28,446
01/01/2001	Experience	465,878	3	49,096	137,251
01/01/2002	Assumption	1,029,374	19	81,078	868,016
01/01/2004	Experience	5,300,435	6	558,578	2,818,523
01/01/2004	Asset Method	3,477,388	1	471,262	471,262
01/01/2004	Assumption	3,401,910	21	267,948	2,999,538
01/01/2004	Amendment	810,125	21	63,809	714,303
01/01/2007	Experience	2,387,039	9	251,554	1,724,986
01/01/2008	Experience	1,745,561	10	183,953	1,357,372
01/01/2009	Cost Method	20,932,374	6	2,836,793	14,314,130
	Total Credits			$ 5,421,095	$ 29,878,952

1.	Net Amortization	$ 36,255,424
2.	Credit Balance	$ 6,640,979
3.	Balance Test: [(1) - (2)]	$ 29,614,445
4.	Unfunded Accrued Liability:	
	a. Accrued Liability	$ 183,649,318
	b. Actuarial Value of Assets	154,034,873
	c. Unfunded Accrued Liability: [(a) - (b)]	$ 29,614,445