

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☒ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>IBEW LOCAL 683 PENSION FUND PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1966</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1966</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/1966</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>IBEW LOCAL 683 BOARD OF TRUSTEES</u> <u>P.O. BOX 8010 COLUMBUS, OHIO 43201--8010</u> <u>PO BOX 8010</u> <u>23 WEST SECOND AVENUE</u> <u>COLUMBUS, OH 43201-8010</u> <u>COLUMBUS, OH 43201-8010</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1442087</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-421-0600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1442087</u>	2c Plan Sponsor's telephone number <u>614-421-0600</u>	2d Business code (see instructions) <u>238210</u>	
2b Employer Identification Number (EIN) <u>34-1442087</u>					
2c Plan Sponsor's telephone number <u>614-421-0600</u>					
2d Business code (see instructions) <u>238210</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/22/2015	MARGARET R. STIMMEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/22/2015	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) <u>RAYMOND KISSEL, CPA</u> <u>KISSEL & ASSOCIATES INC.</u> <u>1005 LEXINGTON AVE</u> <u>MANSFIELD, OH 44907-2247</u>			Preparer's telephone number (optional) <u>419-756-6304</u>

3a Plan administrator's name and address ☐ Same as Plan Sponsor 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 2273
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 892
a(2) Total number of active participants at the end of the plan year	6a(2) 892
b Retired or separated participants receiving benefits	6b 609
c Other retired or separated participants entitled to future benefits.....	6c 600
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2101
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 185
f Total. Add lines 6d and 6e	6f 2286
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 63
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)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2014	
b Assets	
(1) Current value of assets	1b(1) 174744398
(2) Actuarial value of assets for funding standard account	1b(2) 165561267
c (1) Accrued liability for plan using immediate gain methods	1c(1) 194641324
(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) 194641324
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) 340876056
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 9932882
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 11187616
(3) Expected plan disbursements for the plan year	1d(3) 11492616

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.

<div>SIGN HERE</div>		10/23/2015
JASON C. BIRKLE	Signature of actuary	Date
CUNI, RUST AND STRENK	Type or print name of actuary	14-07856
		Most recent enrollment number
4555 LAKE FOREST DRIVE SUITE 620, CINCINNATI, OH 45242-3760	Firm name	513-891-0270
	Address of the firm	Telephone number (including area code)

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	174744398
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	754	133571536
(2) For terminated vested participants	600	56506665
(3) For active participants:		
(a) Non-vested benefits		8169870
(b) Vested benefits		142627985
(c) Total active	919	150797855
(4) Total	2273	340876056
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....	2c	51.26 %

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
01/01/2014	6787959				
12/31/2014					
Totals ▶			3(b)	6787959	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	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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	3.64 %
b Rates specified in insurance or annuity contracts	<div style="display: flex; justify-content: space-around;"> Pre-retirement Post-retirement </div> <div style="display: flex; justify-content: space-around;"> ☐ Yes ☒ No ☐ N/A ☐ Yes ☒ No ☐ N/A </div>	
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	6.7 %	☐ 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	10.5 %			
h Estimated investment return on current value of assets for year ending on the valuation date	6h	15.4 %			

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-3755049	-395720
4	2649541	279218

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.....	8d(2)	5
(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	2916026

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	4547365
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)	63597247
(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	852427
e Total charges. Add lines 9a through 9d.....	9e	12218127
Credits to funding standard account:		
f Prior year credit balance, if any	9f	4469945
g Employer contributions. Total from column (b) of line 3	9g	6787959
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	30047245
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	985034
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	40954669

(2) "RPA '94" override (90% current liability FFL)	9j(2)		
(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	17574155
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	5356028
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 2014 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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

IBEW LOCAL 683 FRINGE BENEFIT FUNDS

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

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 ADMINISTRATION FEES	114630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANISON & ASSOCIATES

2152 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	168227	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE ASSET MANAGEMENT

P O BOX 13518
ST PETERSBURG, FL 33733

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	35642	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CUNI, RUST & STRENK

455 LAKE FOREST DRIVE SUITE 620
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	32775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

R.F. CHAPMAN

137 OAKWOOD AVENUE PO BOX 895
PORTSMOUTH, OH 45662-0895

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	18412	Yes ☐ No ☒	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	27303	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JPMORGAN CHASE BANK, NA

PO BOX 710812
COLUMBUS, 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	2015	Yes ☐ No ☒	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	22855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2014</div> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>IBEW LOCAL 683 PENSION FUND PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>IBEW LOCAL 683 BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>34-1442087</u>	

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

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 <u>93-6223188-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6553543</u>
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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 <u>31-1772714-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19612417</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>IBEW LOCAL 683 PENSION FUND PENSION PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>IBEW LOCAL 683 BOARD OF TRUSTEES</u>		D Employer Identification Number (EIN) <u>34-1442087</u>

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	348814	314817
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	553274	574180
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	205289	154667
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	905946	214416
(2) U.S. Government securities	1c(2)	7648780	5856513
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	6916427	8680596
(B) All other	1c(3)(B)	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)	69814129	74244318
(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)	87713982	89756468
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	174917355	179795975

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	172957	167223
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	172957	167223

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	174744398	179628752
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6787959	
(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)		6787959
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	211	
(B) U.S. Government securities	2b(1)(B)	214506	
(C) Corporate debt instruments	2b(1)(C)	257339	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	351646	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		823702
(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)	4506842	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4506842
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	26237298	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	26401229	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-163931
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	24925	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		24925

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		6553542
(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)		-2313121
c Other income.....	2c		229103
d Total income. Add all income amounts in column (b) and enter total.....	2d		16449021

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11072366	
(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)		11072366
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)	101345	
(2) Contract administrator fees.....	2i(2)	114630	
(3) Investment advisory and management fees.....	2i(3)	168227	
(4) Other.....	2i(4)	108099	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		492301
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11564667

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4884354
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: 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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
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 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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

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

1995441

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 2016

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) 4.15

(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

1429143

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 2016

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) 4.15

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

a Name of contributing employer ATLAS INDUSTRIAL ELECTRIC COMPANY

b EIN 31-1589454

c Dollar amount contributed by employer

570079

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 2016

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) 4.15

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

a Name of contributing employer CAPITAL CITY ELECTRIC COMPANY

b EIN 47-1212513

c Dollar amount contributed by employer

348354

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 2016

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) 4.15

(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: 79.8% Investment-Grade Debt: 1.0% High-Yield Debt: 19.2% 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): _____

1005 LEXINGTON AVENUE • MANSFIELD, OHIO 44907-2247
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, 2014 and 2013, 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 from 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, 2014 and 2013, 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, 2014 and (2) reportable transactions as of December 31, 2014 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 10, 2015

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

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
<u>ASSETS</u>		
INVESTMENTS AT FAIR VALUE:		
Money Market Funds	\$ 214,416	\$ 905,946
U. S. Government Obligations	2,464,674	3,127,224
U. S. Government Agencies Obligations	3,391,839	4,521,556
Mutual Funds	89,756,468	87,713,982
Common and Collective Funds	74,244,318	69,814,129
Foreign Obligations	0	810,714
Corporate Bonds	8,680,596	6,916,427
	-----	-----
TOTAL INVESTMENTS	178,752,311	173,809,978
	-----	-----
RECEIVABLES:		
Employers' Contributions	574,180	553,274
Reciprocity Contributions	44,015	103,855
Interest	110,652	101,434
	-----	-----
TOTAL RECEIVABLES	728,847	758,563
	-----	-----
CASH	314,817	348,814
	-----	-----
TOTAL ASSETS	179,795,976	174,917,355
	-----	-----
<u>LIABILITIES</u>		
Accounts Payable and Accrued Expenses	167,224	172,957
	-----	-----
TOTAL LIABILITIES	167,224	172,957
	-----	-----
NET ASSETS AVAILABLE FOR BENEFITS	\$179,628,751	\$174,744,398
	=====	=====

-SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS-
(4)

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, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
Investment Income:		
Net Appreciation (Depreciation) in		
Fair Value of Investments	\$ 4,101,416	\$ 19,075,746
Interest and Dividends	5,330,544	4,696,999
	-----	-----
	9,431,959	23,772,746
Less Investment Expenses:		
Investment Fees	42,463	47,214
	-----	-----
Net Investment Income	9,389,496	23,725,532
Contributions:		
Employers	6,787,959	6,139,950
Re-allocation of Administrative Expense	229,103	0
	-----	-----
Total Additions	16,406,558	29,865,482
	-----	-----
Benefits Paid to Participants	11,072,366	10,229,239
Legal Fees	27,303	22,394
Accounting Fees	41,267	38,400
Actuarial Fees	32,775	33,300
Administrative Manager Fees	114,630	140,800
Consulting Fees	168,227	158,921
Printing and Supplies	8,610	15,337
Insurance	25,450	24,468
Plan Administrative Expenses	31,576	30,040
	-----	-----
Total Deductions	11,522,204	10,692,900
	-----	-----
Net Increase (Decrease)	4,884,354	19,172,582
Net Assets Available for Benefits:		
Beginning of Year	174,744,398	155,571,816
	-----	-----
End of Year	\$179,628,751	\$174,744,398
	=====	=====

-SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS-
(5)

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

STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested Benefits:		
Participants Currently Receiving Benefits	\$103,155,321	\$ 94,516,731
Other Participants	97,173,089 -----	95,101,402 -----
	200,328,410	189,618,133
Nonvested Benefits	4,990,019 -----	5,023,191 -----
Total Actuarial Present Value of Accumulated Plan Benefits	\$205,318,429 =====	\$194,641,324 =====

-SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS-
(6)

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

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$194,641,324	\$183,649,318
Increase (Decrease) During Year Attributable to:		
Decrease in Discount Period	14,190,392	13,397,037
Change in Actuarial Assumptions	1,674,563	2,649,541
Benefits Paid	(11,072,366)	(10,229,239)
Plan Experience and Benefit Accrual	5,884,516	5,174,667
	-----	-----
NET INCREASE	10,677,105	10,992,006
	-----	-----
Actuarial Present Value of Accumulated Plan Benefits at End of Year	\$205,318,429 =====	\$194,641,324 =====

-SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS-
(7)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683 PENSION FUND PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

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, 2014.

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.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683 PENSION FUND PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

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.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683 PENSION FUND PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

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.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683 PENSION FUND PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

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 advisors 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.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683 PENSION FUND PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

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, 2014 and 2013 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 2014 and 2013 valuations included an assumed average rate of return of 7.50% for both years, including a reduction of \$280,000 and \$305,000 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, 2015 and 2014. 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:

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683 PENSION FUND PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

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.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683 PENSION FUND PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

5. Investments:

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

	<u>December</u> <u>31, 2014</u>	<u>December</u> <u>31, 2013</u>
Mutual Funds		
First Eagle Global Fund	55,918,808	54,189,257
First Eagle Overseas Fund	13,399,177	8,184,076
IVA Worldwide Fund	18,646,454	18,022,093
Common and Collective Funds		
IBEW-NECA Equity Index Fund	54,631,900	48,078,358
IBEW-NECA Stable Value Investment Fund	19,612,417	21,735,771

During 2014 and 2013, 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 \$4,101,416 and \$19,075,746 respectively as follows:

	<u>December</u> <u>31, 2014</u>	<u>December</u> <u>31, 2013</u>
U.S. Government Obligations-Inactive Markets	\$ 19,307	\$ (137,696)
U.S. Government Agencies Obligations-Active Markets	(48,119)	(271,937)
Mutual Funds-Active Markets	(2,515,359)	8,105,240
Mutual Funds-Inactive Markets	50,099	(95,235)
Common and Collective Funds Inactive Markets	6,553,542	11,738,779
Foreign Obligations-Active Markets		(24,020)
Corporate Obligations-Active Markets	41,946	(239,385)
	<u>\$ 4,101,416</u>	<u>\$19,075,746</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683 PENSION FUND PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

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.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683 PENSION FUND PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

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, 2014 and 2013.

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 2014 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 2014 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, 2014 and 2013.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683 PENSION FUND PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

6. Fair Value Measurements, Continued:

Assets at Fair Value as of December 31, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Money Market Funds	\$ 214,416		214,416
Corporate Obligations	8,680,596		8,680,596
Mutual Funds	87,968,345	1,788,123	89,756,468
U.S. Government Obligations		2,464,674	2,464,674
U.S Government Agencies Obligations	3,391,839		3,391,839
Common & Collective Trust		<u>74,244,318</u>	<u>74,244,318</u>
	\$100,255,196	\$78,497,115	\$178,752,311

There were no Level 3 investments as of December 31, 2014.

Assets at Fair Value as of December 31, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
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		<u>69,814,129</u>	<u>69,814,129</u>
	\$99,183,382	\$74,626,596	\$173,809,978

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

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NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

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, 2014, 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, 2014.

December 31, 2014

	Fair Value	Redemption Frequency	Redemption Notice Period
Mutual Fund (a)	\$ 1,788,123	Monthly	15 business days
Common & Collective(b)	54,631,901	Daily	See (b)
Common & Collective(c)	19,612,417	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.

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Years Ended December 31, 2014 and 2013

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, 2014 two employers comprise approximately 50% 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, 2014. The Plan's uninsured balance totaled \$109,169 at December 31, 2014.

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LOCAL 683 PENSION FUND PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 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 2011.

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 2014 and 2013 were \$114,630 and \$140,800, respectively. 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.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683 PENSION FUND PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

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 10, 2015, the date the financial statements were available to be issued.

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 Federal Identification #34-1442087, Plan 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2014

(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	47,673.539 Shares, Common & Collective Fund	19,612,417	19,612,417
	IBEW-NECA Equity Index Fund	1,435,637.6926 Shares, Common & Collective Fund	27,794,950	54,631,901
	AFL-CIO Housing Investment Trust	1,568.397 Shares, Mutual Fund	1,736,410	1,788,123
	IVA Worldwide Fund	1,067,341.40 Shares, Mutual Fund	16,056,296	18,646,454
	First Eagle Overseas Fund	603,838.520 Shares, Mutual Fund	14,075,613	13,399,177
	First Eagle Global Fund	1,062,287.38 Shares, Mutual Fund	37,694,785	55,918,808
	Third Avenue Small Cap Value Fund	170.027 Shares, Mutual Fund	4,174	3,906
	United States Treas Nts	4.75%, Due 8/15/17 Face Value - \$200,000	226,748	219,626
	United States Treas Nts	4.00%, Due 8/15/18 Face Value - \$387,000	413,531	424,400
	United States Treas Nts	3.375%, Due 11/15/19 Face Value - \$700,000	755,324	758,352
	United States Treas Nts	3.625%, Due 2/15/21 Face Value - \$425,000	463,056	468,163
	United States Treas Nts	1.75%, Due 5/15/22 Face Value - \$325,000	314,666	319,491
	United States Treas Nts	2.75%, Due 2/15/24 Face Value - \$261,000	270,635	274,642
	Tennessee Valley Authority	5.50%, Due 7/18/17 Face Value - \$473,000.00	564,537	525,787
	Federal Farm Credit Bank	1.15%, Due 10/10/17 Face Value - \$304,000.00	305,011	303,790
	Private Export Funding	4.375%, Due 3/15/19 Face Value - \$145,000.00	163,344	159,616
	Federal Natl Mtge Assn Pool	2.50%, Due 10/01/22 Face Value - \$250,057.65	271,308	257,242
	Federal Natl Mtge Assn Pool	2.50%, Due 5/01/23 Face Value - \$240,197.81	258,565	247,113

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December 31, 2014

(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 Mtge Assn Pool	3.00%, Due 11/01/23 Face Value - \$314,598.35	337,873	328,749
	Federal Home Loan Mortgage Corp	4.50%, Due 5/01/24 Face Value - \$157,049.64	171,218	168,659
	Federal Natl Mtge Assn Pool	3.50%, Due 12/01/24 Face Value - \$282,889.73	300,261	299,877
	Federal Natl Mtge Assn Pool	4.50%, Due 1/01/27 Face Value - \$302,114.37	326,661	326,495
	Federal Home Loan Mortgage Corp	2.50%, Due 5/01/28 Face Value - \$205,686.28	216,183	209,644
	Federal Natl Mtge Assn Pool	3.00%, Due 6/01/28 Face Value - \$291,860.96	304,949	304,110
	Federal Home Loan Mortgage Corp	4.00%, Due 8/15/29 Face Value - \$247,078.85	265,005	260,757
	Aon Corp	Corporate Bond, Due 5/27/16, 3.125%, Face Value - \$245,000	246,363	251,402
	BMW Vehicle Lease Trust	Corporate Bond, Due 2/21/17, .73%, Face Value - \$285,000	284,953	284,741
	CVS Caremark Corp	Corporate Bond, Due 6/01/17, 5.75%, Face Value - \$90,000	105,214	99,329
	Inter-American Devel Bk	Corporate Bond, Due 8/15/17, 2.375%, Face Value - \$250,000	258,992	258,610
	American Express Bk Fsb	Corporate Bond, Due 9/13/17, 6.00%, Face Value - \$210,000	247,624	234,100
	Oracle Corp	Corporate Bond, Due 4/15/18, 5.75%, Face Value - \$135,000	161,877	152,612
	John Deere Owner Trust	Corporate Bond, Due 4/16/18, 0.92%, Face Value - \$205,000	204,967	204,906
	Northrop Grumman Corp	Corporate Bond, Due 6/1/18, 1.75%, Face Value - \$160,000	159,467	158,850
	EMC Corp	Corporate Bond, Due 6/01/18, 1.875%, Face Value - \$245,000	244,860	244,167
	Halliburton Company	Corporate Bond, Due 8/01/18,		

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 Federal Identification #34-1442087, Plan 001
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December 31, 2014

(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
		2.00%, Face Value - \$170,000	170,247	169,266
	Total Capital Sa	Corporate Bond, Due 8/10/18, 2.125%, Face Value - \$240,000	241,512	241,942
	Carmax Auto Owner Trust	Corporate Bond, Due 8/17/18, .89%, Face Value - \$200,000	200,063	199,032
	Ontario (Province of)	Corporate Bond, Due 9/27/18, 2.00%, Face Value - \$320,000	321,094	323,789
	Enterprise Products Operating LLC	Corporate Bond, Due 1/31/19, 6.50%, Face Value - \$150,000	174,605	171,924
	Thermo Fisher Scientific	Corporate Bond, Due 2/01/19, 2.40%, Face Value - \$110,000	109,776	110,164
	Kinder Morgan Energy Partners	Corporate Bond, Due 2/01/19, 2.65%, Face Value - \$160,000	157,960	157,650
	Sempra Energy	Corporate Bond, Due 2/15/19, 9.80%, Face Value - \$125,000	139,515	160,513
	Ford Credit Floorplan Master Owner	Corporate Bond, Due 2/15/19, 1.20%, Face Value - \$245,000	244,979	244,277
	Royal Bank of Canada	Corporate Bond, Due 3/15/19, 2.15%, Face Value - \$285,000	284,892	286,320
	Ford Credit Auto Owner Trust	Corporate Bond, Due 4/15/19, 1.29%, Face Value - \$165,000	164,960	165,021
	Capital One Financial	Corporate Bond, Due 4/24/19, 2.45%, Face Value - \$160,000	159,880	159,634
	Apple Inc	Corporate Bond, Due 5/06/19, 2.10%, Face Value - \$205,000	205,271	207,327
	General Elec Cap Corp	Corporate Bond, Due 8/07/19, 6.00%, Face Value - \$85,000	101,058	98,869
	Kla-Tencor Corp	Corporate Bond, Due 11/01/19, 3.375%, Face Value - \$132,000	134,399	134,486
	CNH Equipment Trust	Corporate Bond, Due 11/15/19, .87%, Face Value - \$280,000	278,753	279,012
	Blackrock Inc	Corporate Bond, Due 12/10/19, 5.00%, Face Value - \$214,000	239,019	241,944

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December 31, 2014

(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
	Becton Dickinson and Co	Corporate Bond, Due 12/15/19, 2.675%, Face Value - \$134,000	134,762	135,762
	American Express Credit Account	Corporate Bond, Due 1/15/20, 1.26%, Face Value - \$245,000	244,995	244,412
	PNC Funding Corp	Corporate Bond, Due 2/08/20, 5.125%, Face Value - \$215,000	244,220	241,589
	Volkswagen Auto Loan Enhances	Corporate Bond, Due 3/20/20, 1.16%, Face Value - \$203,000	202,964	201,500
	JPMorgan Chase & Co	Corporate Bond, Due 7/22/20, 4.40%, Face Value - \$150,000	161,887	162,597
	Morgan Stanley	Corporate Bond, Due 7/24/20, 5.50%, Face Value - \$160,000	181,274	180,516
	Omnicom Group Inc	Corporate Bond, Due 8/15/20, 4.45%, Face Value - \$225,000	240,945	242,014
	Verizon Communications	Corporate Bond, Due 9/15/20, 4.50%, Face Value - \$145,000	154,597	157,435
	Exelon Generation Co LLC	Corporate Bond, Due 10/01/20, 4.00%, Face Value - \$157,000	164,931	163,815
	Mercedes-Benz Auto Receivables	Corporate Bond, Due 11/16/20, 1.31%, Face Value - \$165,000	164,971	163,845
	Sysco Corporation	Corporate Bond, Due 10/02/21, 3.00%, Face Value - \$160,000	159,650	162,427
	Goldman Sachs Group Inc	Corporate Bond, Due 1/24/22, 5.75%, Face Value - \$192,000	220,820	222,103
	Comcast Corp	Corporate Bond, Due 7/15/22, 3.125%, Face Value - \$160,000	159,862	162,592
	Northern States Pwr-Minn	Corporate Bond, Due 8/15/22, 2.15%, Face Value - \$175,000	169,451	168,080
	Intel Corp	Corporate Bond, Due 12/15/22, 2.70%, Face Value - \$120,000	120,463	119,286
	Celgene Corp	Corporate Bond, Due 8/15/23, 4.00%, Face Value - \$120,000	126,311	126,303
	Microsoft Corp	Corporate Bond, Due 12/15/23, 3.625%, Face Value - \$130,000	129,405	139,118

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 Federal Identification #34-1442087, Plan 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2014

(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
	Novartis Capital Corp	Corporate Bond, Due 5/06/24, 3.40%, Face Value - \$245,000	243,253	254,868
	CSX Corp	Corporate Bond, Due 8/01/24, 3.40%, Face Value - \$190,000	190,879	192,447
	Meeder Fund Money Market (Inst)	Money Market 121,307.73 Shares variable rate	121,308	121,308
	Meeder Fund Money Market (retail)	Money Market 30,188.13 Shares variable rate	30,188	30,188
	Chevy Chase SEI Daily Income Tr	Money Market 62,920.12 Shares variable rate	62,920	62,920

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Local 683 - PENSION FUND PENSION PLAN

Federal Identification # 34-1442087, Plan 001

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2014

(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)
SEI Daily Income TR Govt Portfolio CL B	5,986,640 Shares Money Market	5,986,640				5,986,640	5,986,640	
SEI Daily Income TR Govt Portfolio CL B	5,923,720 Shares Money Market		5,923,720			5,923,720	5,923,720	

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2014

(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	47,673.539 Shares, Common & Collective Fund	19,612,417	19,612,417
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	United States Treas Nts	3.375%, Due 11/15/19 Face Value - \$700,000	755,324	758,352
	United States Treas Nts	3.625%, Due 2/15/21 Face Value - \$425,000	463,056	468,163
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	Private Export Funding	4.375%, Due 3/15/19 Face Value - \$145,000.00	163,344	159,616
	Federal Natl Mtge Assn Pool	2.50%, Due 10/01/22 Face Value - \$250,057.65	271,308	257,242
	Federal Natl Mtge Assn Pool	2.50%, Due 5/01/23 Face Value - \$240,197.81	258,565	247,113

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December 31, 2014

(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 Mtge Assn Pool	3.00%, Due 11/01/23 Face Value - \$314,598.35	337,873	328,749
	Federal Home Loan Mortgage Corp	4.50%, Due 5/01/24 Face Value - \$157,049.64	171,218	168,659
	Federal Natl Mtge Assn Pool	3.50%, Due 12/01/24 Face Value - \$282,889.73	300,261	299,877
	Federal Natl Mtge Assn Pool	4.50%, Due 1/01/27 Face Value - \$302,114.37	326,661	326,495
	Federal Home Loan Mortgage Corp	2.50%, Due 5/01/28 Face Value - \$205,686.28	216,183	209,644
	Federal Natl Mtge Assn Pool	3.00%, Due 6/01/28 Face Value - \$291,860.96	304,949	304,110
	Federal Home Loan Mortgage Corp	4.00%, Due 8/15/29 Face Value - \$247,078.85	265,005	260,757
	Aon Corp	Corporate Bond, Due 5/27/16, 3.125%, Face Value - \$245,000	246,363	251,402
	BMW Vehicle Lease Trust	Corporate Bond, Due 2/21/17, .73%, Face Value - \$285,000	284,953	284,741
	CVS Caremark Corp	Corporate Bond, Due 6/01/17, 5.75%, Face Value - \$90,000	105,214	99,329
	Inter-American Devel Bk	Corporate Bond, Due 8/15/17, 2.375%, Face Value - \$250,000	258,992	258,610
	American Express Bk Fsb	Corporate Bond, Due 9/13/17, 6.00%, Face Value - \$210,000	247,624	234,100
	Oracle Corp	Corporate Bond, Due 4/15/18, 5.75%, Face Value - \$135,000	161,877	152,612
	John Deere Owner Trust	Corporate Bond, Due 4/16/18, 0.92%, Face Value - \$205,000	204,967	204,906
	Northrop Grumman Corp	Corporate Bond, Due 6/1/18, 1.75%, Face Value - \$160,000	159,467	158,850
	EMC Corp	Corporate Bond, Due 6/01/18, 1.875%, Face Value - \$245,000	244,860	244,167
	Halliburton Company	Corporate Bond, Due 8/01/18, 2.00%, Face Value - \$170,000	170,247	169,266

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2014

(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
	Total Capital Sa	Corporate Bond, Due 8/10/18, 2.125%, Face Value - \$240,000	241,512	241,942
	Carmax Auto Owner Trust	Corporate Bond, Due 8/17/18, .89%, Face Value - \$200,000	200,063	199,032
	Ontario (Province of)	Corporate Bond, Due 9/27/18, 2.00%, Face Value - \$320,000	321,094	323,789
	Enterprise Products Operating LLC	Corporate Bond, Due 1/31/19, 6.50%, Face Value - \$150,000	174,605	171,924
	Thermo Fisher Scientific	Corporate Bond, Due 2/01/19, 2.40%, Face Value - \$110,000	109,776	110,164
	Kinder Morgan Energy Partners	Corporate Bond, Due 2/01/19, 2.65%, Face Value - \$160,000	157,960	157,650
	Sempra Energy	Corporate Bond, Due 2/15/19, 9.80%, Face Value - \$125,000	139,515	160,513
	Ford Credit Floorplan Master Owner	Corporate Bond, Due 2/15/19, 1.20%, Face Value - \$245,000	244,979	244,277
	Royal Bank of Canada	Corporate Bond, Due 3/15/19, 2.15%, Face Value - \$285,000	284,892	286,320
	Ford Credit Auto Owner Trust	Corporate Bond, Due 4/15/19, 1.29%, Face Value - \$165,000	164,960	165,021
	Capital One Financial	Corporate Bond, Due 4/24/19, 2.45%, Face Value - \$160,000	159,880	159,634
	Apple Inc	Corporate Bond, Due 5/06/19, 2.10%, Face Value - \$205,000	205,271	207,327
	General Elec Cap Corp	Corporate Bond, Due 8/07/19, 6.00%, Face Value - \$85,000	101,058	98,869
	Kla-Tencor Corp	Corporate Bond, Due 11/01/19, 3.375%, Face Value - \$132,000	134,399	134,486
	CNH Equipment Trust	Corporate Bond, Due 11/15/19, .87%, Face Value - \$280,000	278,753	279,012
	Blackrock Inc	Corporate Bond, Due 12/10/19, 5.00%, Face Value - \$214,000	239,019	241,944
	Becton Dickinson and Co	Corporate Bond, Due 12/15/19, 2.675%, Face Value - \$134,000	134,762	135,762

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, 2014

(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
	American Express Credit Account	Corporate Bond, Due 1/15/20, 1.26%, Face Value - \$245,000	244,995	244,412
	PNC Funding Corp	Corporate Bond, Due 2/08/20, 5.125%, Face Value - \$215,000	244,220	241,589
	Volkswagen Auto Loan Enhances	Corporate Bond, Due 3/20/20, 1.16%, Face Value - \$203,000	202,964	201,500
	JPMorgan Chase & Co	Corporate Bond, Due 7/22/20, 4.40%, Face Value - \$150,000	161,887	162,597
	Morgan Stanley	Corporate Bond, Due 7/24/20, 5.50%, Face Value - \$160,000	181,274	180,516
	Omnicom Group Inc	Corporate Bond, Due 8/15/20, 4.45%, Face Value - \$225,000	240,945	242,014
	Verizon Communications	Corporate Bond, Due 9/15/20, 4.50%, Face Value - \$145,000	154,597	157,435
	Exelon Generation Co LLC	Corporate Bond, Due 10/01/20, 4.00%, Face Value - \$157,000	164,931	163,815
	Mercedes-Benz Auto Receivables	Corporate Bond, Due 11/16/20, 1.31%, Face Value - \$165,000	164,971	163,845
	Sysco Corporation	Corporate Bond, Due 10/02/21, 3.00%, Face Value - \$160,000	159,650	162,427
	Goldman Sachs Group Inc	Corporate Bond, Due 1/24/22, 5.75%, Face Value - \$192,000	220,820	222,103
	Comcast Corp	Corporate Bond, Due 7/15/22, 3.125%, Face Value - \$160,000	159,862	162,592
	Northern States Pwr-Minn	Corporate Bond, Due 8/15/22, 2.15%, Face Value - \$175,000	169,451	168,080
	Intel Corp	Corporate Bond, Due 12/15/22, 2.70%, Face Value - \$120,000	120,463	119,286
	Celgene Corp	Corporate Bond, Due 8/15/23, 4.00%, Face Value - \$120,000	126,311	126,303
	Microsoft Corp	Corporate Bond, Due 12/15/23, 3.625%, Face Value - \$130,000	129,405	139,118
	Novartis Capital Corp	Corporate Bond, Due 5/06/24, 3.40%, Face Value - \$245,000	243,253	254,868

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, 2014

(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
	CSX Corp	Corporate Bond, Due 8/01/24, 3.40%, Face Value - \$190,000	190,879	192,447
	Meeder Fund Money Market (Inst)	Money Market 121,307.73 Shares variable rate	121,308	121,308
	Meeder Fund Money Market (retail)	Money Market 30,188.13 Shares variable rate	30,188	30,188
	Chevy Chase SEI Daily Income Tr	Money Market 62,920.12 Shares variable rate	62,920	62,920

**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

2014**This Form is Open to Public
Inspection**For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**► **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) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 01 Day 01 Year 2014**b** Assets:

(1) Current value of assets 1b(1) 174,744,398

(2) Actuarial value of assets for funding standard account 1b(2) 165,561,267

c (1) Accrued liability for plan using immediate gain methods 1c(1) 194,641,324

(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) 194,641,324

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) 340,876,056

(b) Expected increase in current liability due to benefits accruing during the plan year 1d(2)(b) 9,932,882

(c) Expected release from "RPA '94" current liability for the plan year 1d(2)(c) 11,187,616

(3) Expected plan disbursements for the plan year 1d(3) 11,492,616

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

10/05/2015

Date

14-07856

Jason C. Birkle

Type or print name of actuary

Cuni, Rust & Strenk

Firm name

4555 Lake Forest Drive - Suite 620

Most recent enrollment number

(513) 891-0270

Telephone number (including area code)

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 ☐

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

Schedule MB (Form 5500) 2014
v.140124

2 Operational information as of beginning of this plan year:**a** Current value of assets (see instructions)**2a****174,744,398****b** "RPA '94" current liability/participant count breakdown:**(1) Number of participants****(2) Current liability**

(1) For retired participants and beneficiaries receiving payment

754**133,571,536**

(2) For terminated vested participants

600**56,506,665**

(3) For active participants:

(a) Non-vested benefits

8,169,870

(b) Vested benefits

142,627,985

(c) Total active

919**150,797,855**

(4) Total

2,273**340,876,056****c** If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage**2c****51.26 %****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
01/01/2014	0				
12/31/2014	6,787,959				
Totals ▶ 3(b)				6,787,959	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****f** If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge.If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐**4f****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****3.64 %****b** Rates specified in insurance or annuity contracts

Pre-retirement			Post-retirement		
☐ 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	6.7 % ☐ 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		10.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		15.4 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial Balance	(3) Amortization Charge/Credit
1	(3,755,049)	(395,720)
4	2,649,541	279,218

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☒ Yes ☐ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☒ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	5
(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	2,916,026

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	4,547,365
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)	63,597,247
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	852,427
e Total charges. Add lines 9a through 9d	9e	12,218,127
Credits to funding standard account:		
f Prior year credit balance, if any	9f	4,469,945
g Employer contributions. Total from column (b) of line 3	9g	6,787,959
		Outstanding balance
h Amortization credits as of valuation date	9h	30,047,245
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	985,034
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	40,954,669

(2) "RPA '94" override (90% current liability FFL)	9j(2)	150,875,772	
(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	17,574,155
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	5,356,028
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 2014 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	☒ Yes ☐ No	

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, 2014

(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)
SEI Daily Income TR Govt Portfolio CL B	5,986,640 Shares Money Market	5,986,640				5,986,640	5,986,640	
SEI Daily Income TR Govt Portfolio CL B	5,923,720 Shares Money Market		5,923,720			5,923,720	5,923,720	

[illegible]

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, 2014 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 increased from \$285,000 to \$305,000 per year.
- The percent married assumption was changed from 85% to 80%.

 _____ (signed)
Jason C. Birkle
Enrollment # 14-07856

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:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
01/01/1976	Initial	\$ 7,980,165	7	\$ 199,816	\$ 1,137,723
01/01/1987	Amendment	2,686,775	8	93,956	591,605
01/01/1989	Amendment	1,616,717	10	75,057	553,836
01/01/1990	Amendment	4,809,231	11	243,048	1,911,348
01/01/1991	Amendment	3,239,160	12	174,696	1,452,671
01/01/1996	Amendment	5,075,459	17	327,782	3,324,206
01/01/2000	Amendment	3,760,258	21	259,996	2,910,522
01/01/2000	Assumption	4,435,805	21	306,706	3,433,413
01/01/2002	Experience	3,263,446	8	152,691	961,435
01/01/2003	Experience	9,787,953	9	541,598	3,713,902
01/01/2005	Experience	1,736,483	11	117,417	923,380
01/01/2006	Experience	7,406,564	12	534,454	4,444,214
01/01/2007	Assumption	1,085,660	28	79,846	993,395
01/01/2008	Assumption	347,469	14	27,515	251,099
01/01/2008	Plan Change	2,438,012	14	193,059	1,761,822
01/01/2009	Assumption	366,376	15	30,024	284,898
01/01/2009	Experience	9,665,581	15	792,070	7,516,076
01/01/2010	Assumption	974,610	16	82,191	807,701
01/01/2010	Experience	2,245,739	16	189,388	1,861,143
01/01/2011	Assumption	352,130	17	30,427	308,573
01/01/2011	Experience	5,580,233	17	482,177	4,890,006
01/01/2012	Assumption	2,888,489	18	254,842	2,659,010
01/01/2012	Experience	8,384,921	18	739,774	7,718,773
01/01/2013	Assumption	1,215,887	19	109,222	1,169,334
01/01/2013	Experience	5,581,314	19	501,365	5,367,621
01/01/2014	Assumption	2,649,541	15	279,218	2,649,541
Total Charges				\$ 6,818,335	\$ 63,597,247

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:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
01/01/1990	Assumption	\$ 4,402,091	6	\$ 346,726	\$ 1,749,543
01/01/1996	Assumption	3,570,489	12	281,226	2,338,510
01/01/2000	Experience	139,851	1	14,736	14,736
01/01/2001	Experience	465,878	2	49,096	94,767
01/01/2002	Assumption	1,029,374	18	81,078	845,958
01/01/2004	Experience	5,300,435	5	558,578	2,429,441
01/01/2004	Assumption	3,401,910	20	267,948	2,936,459
01/01/2004	Amendment	810,125	20	63,809	699,281
01/01/2007	Experience	2,387,039	8	251,554	1,583,939
01/01/2008	Experience	1,745,561	9	183,953	1,261,425
01/01/2009	Cost Method	20,932,374	5	2,836,793	12,338,137
01/01/2014	Experience	3,755,049	15	395,720	3,755,049
Total Credits				\$ 5,331,217	\$ 30,047,245
Net Amortization					\$ 33,550,002
2.	Credit Balance				\$ 4,469,945
3.	Balance Test: [(1) - (2)]				\$ 29,080,057
4.	Unfunded Accrued Liability:				
	a. Accrued Liability				\$194,641,324
	b. Actuarial Value of Assets				165,561,267
	c. Unfunded Accrued Liability: [(a) - (b)]				\$ 29,080,057

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 with 1,800 hours worked at the base journeyman rate pro-rated for hours worked other than 1,800.
7. Employer Contributions:

<u>Effective Date</u>	<u>Hourly Rate</u>
June 1, 2009	\$2.77
June 1, 2010	\$3.27
June 1, 2011	\$3.77
June 1, 2013	\$4.02
June 1, 2014	\$4.27
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

<u>Effective Date</u>	<u>Benefit Credit</u>
January 1, 2004	\$100
January 1, 2008	\$110
January 1, 2014	\$120

Prior to January 1, 2004 the benefit was 3.25% of contributions.

10. Early Retirement:

a. Eligibility

Age 55 and 5 Years of Vesting Service.

b. Monthly Benefit

Calculated as for Normal Retirement with benefit reduced $\frac{1}{2}$ of 1% for each month that Early Retirement precedes Normal Retirement (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 or 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 (this benefit is also payable to beneficiaries of unmarried participants).

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 benefit credit was increased effective January 1, 2014 and the contribution rate was increased effective June 1, 2014.

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%/3.64% (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 23-year projection using Scale AA.

b. Current Liability 2014 Static Mortality Table.

3. Retirement Rates:

a. Actives

	<30 Years	>30 Years
<u>Age</u>	<u>of Service</u>	<u>of Service</u>
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: \$305,000 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:

<u>Age</u>	<u>Rate</u>
25	0.096742
35	0.087062
45	0.063540
55	0.015488
65	0.000000

8. Disability Rates:

<u>Age</u>	<u>Rate</u>
25	0.0012
35	0.0020
45	0.0042
55	0.0110
65	0.0000

9. Percent Married/Spousal Age:

80% with husbands 3 years older than their wives.

10. Actuarial Value of Assets:

Market Value of Assets minus a decreasing fraction ($\frac{4}{5}$, $\frac{3}{5}$, $\frac{2}{5}$, and $\frac{1}{5}$) 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 projections, expense load, and percent married assumptions were updated, and the Current Liability interest and mortality rates were updated as mandated by the IRS.