

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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 PROFIT SHARING ANNUITY PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>06/04/1984</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>IBEW LOCAL 683 BOARD OF TRUSTEES</u> <u>PO BOX 8010</u> <u>COLUMBUS, OH 43201-0810</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2016</u>	<u>MARGARET R. STIMMEL</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2016</u>	<u>BRIAN DAMANT</u>
	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) <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 <u>419-756-6304</u>

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☐ Same as Plan Sponsor IBEW LOCAL 683 FRINGE BENEFIT FUNDS PO BOX 8010 939 GOODALE BLVD-SUITE 200 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 2146
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) 2146
a(2) Total number of active participants at the end of the plan year	6a(2) 2022
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits.....	6c 51
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2073
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e
f Total. Add lines 6d and 6e	6f 2073
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 2073
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 65
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J	
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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
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	
FIDELITY INVESTMENTS INST. OPER. CO	82 DEVONSHIRE STREET BOSTON, MA 02109
04-2647786	

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

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

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

Schedule C (Form 5500) 2015
v.150123

(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
COLUMBUS, OH 43201

31-1449092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATION FEES	74910	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANNISON & ASSOCIATES, INC.

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	106129	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE ASSET MANAGEMENT

880
CARILLON PARKWAY
ST PETERSBURG, FL 33733

59-2385219

(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	MANAGE INVESTMENTS	41834	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)

R. F. CHAPMAN

P O 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 ACCOUNTANT	25015	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	PLAN COUNCIL	26382	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENT INST. OPER. CO.

82 DEVONSHIRE STREET
BOSTON, MA 02109

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65	INVESTMENTS	106890	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)

CHEVY CHASE TRUST

7501 WISCONSIN AVENUE
SUITE 1500W
BETHESDA, MD 20814

52-2037618

(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?
18	INVESTMENT CUSTODIAN	7241	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	20834	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED ACTUARIAL SERVICES, INC.

11590 N MERIDIAN ST SUITE 610
CARMEL, IN 46032-4529

35-2156428

(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	PERIODIC ACTUARIAL SER.	7000	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.	

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 <hr/> 2015 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN</u>	B Three-digit plan number (PN) ► <u>002</u>
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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>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: 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>29831237</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>13606551</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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
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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.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL 683 BOARD OF TRUSTEES	D Employer Identification Number (EIN) 34-1442087	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a	1323376	798643
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	501315	446330
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	140405	122087
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2363521	1816100
	(2) U.S. Government securities	1c(2)	7985637	8600469
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	10322081	8991795
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	2495624	2448926
	(9) Value of interest in common/collective trusts	1c(9)	40667928	43437788
	(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)	68559871	65742110
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	134359758 132404248
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	40463 45515
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	40463 45515
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	134319295 132358733

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	4450085
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	393865
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	4843950
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	103
	(B) U.S. Government securities	2b(1)(B)	258163
	(C) Corporate debt instruments	2b(1)(C)	293577
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	101487
	(F) Other	2b(1)(F)	430864
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1084194
(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)	3277384
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	3277384
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	13671988
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13706946
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-34958
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-3540140
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-3540140

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7777
(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)		327581
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5965788

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7597308	
(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)		7597308
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)	72230	
(2) Contract administrator fees	2i(2)	74910	
(3) Investment advisory and management fees	2i(3)	106129	
(4) Other	2i(4)	75773	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		329042
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7926350

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1960562
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:

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

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

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
International Brotherhood of Electrical Workers
Local 683 - Profit Sharing Annuity 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 - Profit Sharing Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 net assets available for benefits of the Plan as of December 31, 2015 and 2014, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on 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, 2015 and (2) reportable transactions as of December 31, 2015 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.



Mansfield, Ohio
September 28, 2016

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PROFIT SHARING ANNUITY PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
<u>ASSETS</u>		
INVESTMENTS AT FAIR VALUE:		
Corporate Bonds	\$ 8,991,795	\$ 10,322,081
Mutual Funds	65,742,110	68,559,871
U. S. Government Agencies Obligations	4,746,784	4,009,264
U. S. Government Obligations	3,853,685	3,976,373
Money Market Funds	1,816,100	2,363,521
Common and Collective Trust	43,437,788	40,667,928
	-----	-----
TOTAL INVESTMENTS	128,588,262	129,899,038
	-----	-----
RECEIVABLES:		
Employers' Contributions	446,330	501,315
Accrued Interest	122,087	140,405
Notes Receivable from Participants	2,448,926	2,495,624
	-----	-----
TOTAL RECEIVABLES	3,017,344	3,137,344
	-----	-----
CASH	798,643	1,323,376
	-----	-----
TOTAL ASSETS	132,404,248	134,359,758
	-----	-----
<u>LIABILITIES</u>		
Accounts Payable and Accrued Expenses	\$ 45,515	\$ 40,463
	-----	-----
TOTAL LIABILITIES	45,515	40,463
	-----	-----
NET ASSETS AVAILABLE FOR BENEFITS	\$132,358,733	\$134,319,295
	=====	=====

-SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS-
(3)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PROFIT SHARING ANNUITY PLAN

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation (Depreciation) in		
Fair Value of Investments	\$ (3,239,740)	\$ 1,044,056
Interest and Dividends	4,361,578	5,650,466
	-----	-----
	1,121,838	6,694,522
Less Investment Expenses	49,075	50,102
	-----	-----
Net Investment Income	1,072,763	6,644,420
Contributions:		
Employers	4,450,085	4,567,309
Reciprocity Received	485,292	549,923
Reciprocity Paid	(91,426)	(107,899)
	-----	-----
	4,843,950	5,009,333
Re-allocation of Administrative Expense	0	37,821
	-----	-----
Total Additions	5,916,713	11,691,574
	-----	-----
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	7,597,308	5,452,710
Administrative Expenses	5,376	16,364
Legal Fees	26,382	21,108
Accounting Fees	45,849	41,620
Administrative Manager Fees	74,910	77,183
Consulting Fees	106,129	123,857
Insurance	18,733	18,718
Conventions and Meetings	2,589	0
	-----	-----
Total Deductions	7,877,275	5,751,560
	-----	-----
Net Increase (Decrease)	(1,960,562)	5,940,015
Net Assets Available for Benefits:		
Beginning of Year	134,319,295	128,379,280
	-----	-----
End of Year	\$132,358,733	\$134,319,295
	=====	=====

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PROFIT SHARING ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2015 and 2014

1. Description of Plan:

The following description of the International Brotherhood of Electrical Workers Local 683 - Profit Sharing Annuity Plan ("Plan") provides only general information. Participants should refer to the amended and restated Plan document effective January 1, 2014 plus the amendments adopted by the Board of Trustees for more complete information.

A. General -

The Plan is a multiemployer defined contribution plan established pursuant to a collective bargaining agreement between the International Brotherhood of Electrical Workers Local 683 ("Local") representing the employees, and the Columbus Division of the Central Ohio Chapter, National Electrical Contractors Association ("Association"). The Plan covers all members of the Local employed under the terms of the collective bargaining agreement with the members of the Association. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions -

Association employers make contributions to the Plan for each hour paid to participants. Effective August 1, 1995, each eligible participant shall be permitted to make Elective Deferrals as a member of Group A or Group B. An employer which is required to contribute to the Trust Fund on behalf of a participant shall contribute the hourly contribution as elected for Group A or Group B per the Collective Bargaining Agreement.

C. Participant Accounts -

Each participant's account is credited with the contributions received on behalf of the participant from the Association employers. As of the last day of each Plan Year, the Administrative Manager shall revalue the total accumulated assets of the Fund and shall, after providing for payment of all reasonable and necessary expenses in the application of the Trust Fund, allocate earnings and losses on the investments generated from such assets on a pro rata basis determined by the value of the Individual Participant's Credit Account.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PROFIT SHARING ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2015 and 2014

1. Description of Plan, continued:

C. Participant Accounts, continued -

Participants participating in the Participant-Directed portion of the Plan (accounts with segregated investments) shall receive only the income or loss on such segregated investments and shall be responsible for the payment, on a pro rata basis, all reasonable and necessary investment expenses, administration expenses, and amount for reserves or such other purposes as the Trustees shall decide. The valuation of a Participant's Participant-Directed Investments shall be the total amount of the Participant's Participant-Directed account as of the date of the payment of the lump sum or other benefit, less the charge for expenses and/or other deductions against the Participant-Directed account.

D. Vesting -

Participants are immediately vested in any contribution to their account plus the earnings thereon.

E. Notes Receivable From Participants -

Participants may borrow from their credit accounts after the participant's credit account accumulates \$10,000 and then such loans are limited to a minimum loan of \$5,000 and further limited so that total loans will not exceed 50% of the participant's credit account with maximum outstanding loans of \$50,000. The loans are secured by the balance in the participant's credit account and bear an interest rate which is 2% above the prime rate charged by JP Morgan Chase Bank, NA at the time the loan was granted.

F. Payment of Benefits -

Upon termination of service due to death, disability, retirement or a break in service with no employer contributions for a period of 24 consecutive months, a participant shall be entitled to the full value of the credit account. If the value of a participant's credit account derived from employer contributions exceeds \$1,000, the participant and the participant's spouse (or if either the participant or the participant's spouse has died, the survivor) must consent to any distribution of such account balance.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PROFIT SHARING ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2015 and 2014

1. Description of Plan, continued:

F. Payment of Benefits, continued -

A married retired Participant's account benefits will be distributed in the form of a joint and survivor annuity over the estimated life expectancy of the participant and their beneficiary. The participant may elect, with the consent of his or her spouse, to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum distribution or substantially equal periodic installments per the Plan guidelines.

2. Summary of Significant Accounting Policies:

A. Basis of Accounting -

The financial statements of the plan 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 and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

C. 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. See note 5 for discussion of fair value measurements.

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PROFIT SHARING ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2015 and 2014

2. Summary of Significant Accounting Policies, continued:

D. Notes Receivable From Participants-

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2015 or 2014.

E. Payment of Benefits -

Benefits are recorded when paid.

3. Investments:

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

	<u>December 31,</u>	
	<u>2015</u>	<u>2014</u>
Mutual Funds		
PIMCO Total Return Inst	7,199,305	6,849,542
First Eagle Global Fund	13,221,596*	13,309,575*
Common & Collective Trust		
IBEW NECA Equity Index Fund	13,606,551*	13,419,683*
IBEW NECA Stable Value Pooled Investment Fund	22,427,298*	21,196,433*
IBEW NECA Stable Value Pooled Investment Fund	7,403,939	

*Nonparticipant-directed

During 2015 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 \$3,239,740 as follows:

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PROFIT SHARING ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2015 and 2014

3. Investments, continued:

U.S. Government Obligations- Inactive Markets	(40,973)
U.S. Government Agencies Obligations-Active Markets	(112,103)
Corporate Bonds-Active Markets	(104,556)
Mutual Funds-Active Markets	(3,298,874)
Common & Collective Trust- Inactive Markets	316,766
	<u>\$ (3,239,740)</u>

4. Nonparticipant-Directed Investments:

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31, 2015	2014
Net Assets		
U.S. Government Obligations	\$ 3,853,685	\$ 3,976,373
U.S. Government Agencies Obligations	4,746,784	4,009,264
Corporate Bonds	8,991,795	10,322,081
Mutual Funds	21,128,829	21,226,631
Common & Collective Trust	36,033,848	34,616,116
Money Market Funds	322,077	501,386
	<u>\$75,077,018</u>	<u>\$ 74,651,851</u>

	Year Ended December 31, 2015
Changes in Net Assets:	
Contributions	\$3,517,591
Dividends and Interest	1,492,177
Net depreciation	(602,857)
Benefits paid to participants	(4,146,226)
Transfers to participant directed investments	(324,790)
Transfers from participant directed investments	0
Change in participant loans	96,808
Changes in other assets and liabilities	603,088
Expenses	(210,624)
	<u>\$ 425,167</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PROFIT SHARING ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2015 and 2014

5. 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 under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 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.

The asset 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 measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PROFIT SHARING ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2015 and 2014

5. Fair Value Measurements, continued:

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, are rated as level 1.

U.S. Government Obligations are corroborated by observable market data in inactive markets and are reported as level 2.

Common and Collective Trusts are corroborated by observable data provided by the 2015 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 preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2015 and 2014.

Assets at Fair Value as of December 31, 2015			
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Money Market			
Funds	1,816,100		1,816,100
Corporate			
Obligations	8,991,795		8,991,795
Mutual Funds	65,742,110		65,742,110
U.S. Government			
Obligations		3,853,685	3,853,685
U.S Government			
Agencies			
Obligations	4,746,784		4,746,784
Common & Collective			
Trust		43,437,788	43,437,788
	<hr/>	<hr/>	
	\$81,296,789	\$47,291,473	128,588,262

There were no Level 3 assets as of December 31, 2015.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 683-PROFIT SHARING ANNUITY PLAN

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Years Ended December 31, 2015 and 2014

5. 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	2,363,521		2,363,521
Corporate Obligations	10,322,081		10,322,081
Mutual Funds	68,559,871		68,559,871
U.S. Government Obligations		3,976,373	3,976,373
U.S Government Agencies Obligations	4,009,264		4,009,264
Common & Collective Trust		40,667,928	40,667,928
	\$85,254,737	\$44,644,301	129,899,038

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

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, 2015.

December 31, 2015

	Fair Value	Redemption Frequency	Redemption Notice Period
Common & Collective(a)	13,606,551	Daily	See (a)
Common & Collective(b)	29,831,237	Daily	See (b)

a) 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.

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NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2015 and 2014

5. Fair Value Measurements, continued:

b) 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.

6. Accounts Receivable - Employers:

Employers' contributions based on hours paid to union members during a particular month are not paid until the following month and, therefore, represent a receivable at each month's end.

7. Related Party 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 2015 and 2014 were \$74,910 and \$77,183, respectively.

8. Plan Termination:

Although it has not expressed any intent to do so, the Plan may be terminated at any time upon the written agreement of the Local and the Association and subject to the provisions of the ERISA. Upon termination, contributions to the Plan would cease and the fund would be distributed in accordance with the terms and provisions of the Plan.

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LOCAL 683-PROFIT SHARING ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2015 and 2014

9. Tax Status:

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated December 4, 2015, that the amended and restated Plan document effective January 1, 2014 and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the plan is qualified, and the related trust is tax-exempt. 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 2012.

10. Concentrations:

During the year ended December 31, 2015 two employers comprise approximately 45% 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 \$250,000 at December 31, 2015. The Plan's uninsured balance totaled \$725,470 at December 31, 2015.

11. Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and 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.

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Years Ended December 31, 2015 and 2014

12. Plan Amendment:

The Board of Trustees approved the Fourth Amendment to the Plan at the October 23, 2014 meeting. The Fourth Amendment is effective January 1, 2014 and amends Section 6.03(B)(3) of Article VI regarding the frequency of partial distributions from a participant's credit account.

The Board of Trustees approved the Fifth Amendment to the Plan at the December 18, 2014 meeting. The Fifth Amendment is effective January 1, 2015 and amends Section 16.01 of Article XVI regarding frequency of hardship withdrawals and limits the number of hardship withdrawals to 5 per participant's lifetime, amends Section 16.04 of Article XVI regarding permitted reasons for hardship withdrawals and adds Section 20.07 to Article XX to prohibit participants who have received a loan under the Plan's loan program from transferring his/her credit account balance to or from the Participant-Directed Investment portion of the Plan while there is an outstanding loan balance.

The Board of Trustees signed the IRS required First Amendment to the Plan at the December 17, 2015 meeting. The Amendment was required in order to obtain a favorable determination letter for the Amended and Restated Plan effective January 1, 2014.

Because of the numerous plan changes and complexity of each modification, it is suggested that participants should review the Amendments to the International Brotherhood of Electrical Workers Local 683 Profit Sharing Annuity Plan for more detailed information.

The financial effects of these amendments, if any, are not determinable.

13. Subsequent Events:

The Plan has evaluated subsequent events through September 28, 2016, the date the financial statements were available to be issued.

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LOCAL 683- PROFIT SHARING ANNUITY PLAN
Federal Identification #34-1442087, Plan 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2015

(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
	First Eagle Overseas Fund	159,102.114 Shares, Mutual Fund	3,716,390	3,563,887
	First Eagle Global Fund	256,481.004 Shares, Mutual Fund	10,915,688	13,221,596
	IVA Worldwide Fund	265,750.185 Shares, Mutual Fund	4,013,866	4,339,701
	Third Avenue Small Cap Value Fund	194.426 Shares, Mutual Fund	4,643	3,645
	United States Treas Nts	4.75%, Due 08/15/17 Face Value - \$228,000	258,563	241,689
	United States Treas Nts	4.00%, Due 08/15/18 Face Value - \$271,000	281,445	290,721
	United States Treas Nts	3.375%, Due 11/15/19 Face Value - \$120,000	127,198	128,137
	United States Treas Nts	3.625%, Due 02/15/21 Face Value - \$480,000	518,914	521,755
	United States Treas Nts	3.125%, Due 05/15/2021 Face Value - \$325,000	350,397	345,644
	United States Treas Nts	1.75%, Due 05/15/22 Face Value - \$581,000	565,663	571,489
	United States Treas Nts	2.750%, Due 11/15/2023 Face Value - \$438,000	463,485	457,110
	United States Treas Nts	2.750%, Due 02/15/24 Face Value - \$836,000	871,161	870,778
	United States Treas Nts	2.125%, Due 05/15/2025 Face Value - \$432,000	426,050	426,362
	Tennessee Valley Authority	5.50%, Due 07/18/17 Face Value - \$405,000	483,647	431,933
	Private Export Funding	4.375%, Due 03/15/19 Face Value - \$165,000	185,874	178,438
	Tennessee Valley Authority	3.875%, due 02/15/2021 Face Value - \$186,000	202,821	203,026
	Federal Natl Mtge Assn Pool	2.50%, Due 10/01/22 Face Value - \$220,542.29	239,284	224,611
	Federal Natl Mtge Assn Pool	2.500%, Due 12/01/2022 Face Value - \$224,305.21	230,614	228,441
	Federal Natl Mtge Assn Pool	2.50%, Due 05/01/23 Face Value - \$219,543.07	236,331	223,605
	Federal Natl Mtge Assn Pool	3.00%, Due 11/01/23 Face Value - \$281,465.88	302,289	290,836

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December 31, 2015

(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 Home Loan Mortgage Corp	4.50%, Due 05/01/24 Face Value - \$127,114.97	138,583	136,007
	Federal Natl Mtge Assn Pool	3.50%, Due 12/01/24 Face Value - \$293,689.47	311,724	308,380
	Federal Natl Mtge Assn Pool	3.000%, Due 01/01/2025 Face Value - \$310,357.95	326,894	321,276
	Federal Natl Mtge Assn Pool	3.000%, Due 02/01/2025 Face Value - \$321,780.49	338,035	333,133
	Federal Natl Mtge Assn Pool	3.000%, Due 04/01/2025 Face Value - \$243,957.87	256,766	252,648
	Federal Natl Mtge Assn Pool	4.50%, Due 01/01/27 Face Value - \$244,857.79	0	261,229
	Federal Home Loan Mortgage Corp	2.50%, Due 05/01/28 Face Value - \$203,653.20	214,047	207,068
	Federal Home Loan Mortgage Corp	3.00%, Due 08/01/28 Face Value - \$306,450.65	318,900	316,374
	Federal Home Loan Mortgage Corp	4.000%, Due 01/01/2029 Face Value - \$366,418.65	387,030	381,882
	Federal Home Loan Mortgage Corp	4.000%, Due 02/01/2029 Face Value - \$156,349.39	167,636	165,730
	Federal Home Loan Mortgage Corp	4.00%, Due 08/15/29 Face Value - \$271,579.02	288,725	282,168
	Aon Corp	Corporate Bond, Due 05/27/16 3.125%, Face Value - \$275,000	276,552	277,129
	BMW Vehicle Lease Trust	Corporate Bond, Due 02/21/17 0.73%, Face Value - \$239,329.53	239,290	239,093
	Inter-American Devel Bk	Corporate Bond, Due 08/15/17 2.375%, Face Value - \$324,000	331,246	330,713
	American Express Bk Fsb	Corporate Bond, Due 09/13/17 6.00%, Face Value - \$240,000	282,998	257,074
	Oracle Corp	Corporate Bond, Due 04/15/18 5.75%, Face Value - \$145,000	173,868	158,214
	John Deere Owner Trust	Corporate Bond, Due 04/16/18 0.92%, Face Value - \$222,253.74	222,218	221,778
	Carmax Auto Owner Trust	Corporate Bond, Due 08/17/18, 0.89%, Face Value - \$225,000	225,070	223,760

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December 31, 2015

(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
	Ontario (Province of)	Corporate Bond, Due 09/27/18, 2.00%, Face Value - \$365,000	366,248	368,011
	Thermo Fisher Scientific	Corporate Bond, Due 02/01/19, 2.40%, Face Value - \$125,000	124,745	124,945
	Kinder Morgan Energy Partners	Corporate Bond, Due 02/01/19, 2.65%, Face Value - \$200,000	197,450	184,894
	Sempra Energy	Corporate Bond, Due 02/15/19 9.80%, Face Value - \$150,000	167,418	181,514
	Ford Credit Floorplan Master Owner	Corporate Bond, Due 02/15/19, 1.20%, Face Value - \$280,000	279,976	278,970
	Ford Credit Auto Owner Trust	Corporate Bond, Due 04/15/19, 1.29%, Face Value - \$185,000	184,955	184,508
	Capital One Financial	Corporate Bond, Due 04/24/19, 2.45%, Face Value - \$180,000	179,865	180,329
	Apple Inc	Corporate Bond, Due 05/06/19, 2.10%, Face Value - \$235,000	235,240	237,747
	Intl Bk Recon & Develop	Corporate Bond, Due 10/07/19, 1.875%, Face Value - \$250,000	253,162	251,975
	Kla-Tencor Corp	Corporate Bond, Due 11/01/19, 3.375%, Face Value - \$166,000	168,380	167,706
	CNH Equipment Trust	Corporate Bond, Due 11/15/19, 0.87%, Face Value - \$320,000	318,575	319,021
	First Tennessee Bank	Corporate Bond, Due 12/01/19 2.950%, Face Value - \$188,000	190,582	186,569
	Becton Dickinson and Co	Corporate Bond, Due 12/15/19, 2.675%, Face Value - \$169,000	169,779	169,919
	American Express Credit Account	Corporate Bond, Due 01/15/20, 1.26%, Face Value - \$280,000	279,994	279,432
	PNC Funding Corp	Corporate Bond, Due 02/08/20 5.125%, Face Value - \$245,000	268,654	269,429
	Citigroup Inc	Corporate Bond, Due 02/18/2020 2.400%, Face Value - \$195,000	194,571	192,719
	Directv Holdings LLC	Corporate Bond, Due 03/15/2020 5.200%, Face Value - \$125,000	139,337	135,376
	Petrologistics LP/FIN	Corporate Bond, Due 04/01/20 6.25%, Face Value - \$172,000	179,319	179,740

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December 31, 2015

(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
	Zimmer Holdings Inc	Corporate Bond, Due 04/01/2020 2.700%, Face Value - \$209,000	208,891	206,373
	Inter-American Devel Bk	Corporate Bond, Due 06/16/2020 1.875%, Face Value - \$290,000	289,861	290,363
	JPMorgan Chase & Co	Corporate Bond, Due 07/22/20 4.40%, Face Value - \$169,000	180,137	180,387
	Morgan Stanley	Corporate Bond, Due 07/24/20, 5.50%, Face Value - \$200,000	222,121	222,524
	Verizon Communications	Corporate Bond, Due 09/15/20, 4.50%, Face Value - \$165,000	174,147	177,278
	Medco Health Solutions	Corporate Bond, Due 09/15/2020 4.125%, FaceValue - \$175,000	186,976	183,593
	Exelon Generation Co LLC	Corporate Bond, Due 10/01/20, 4.00%, Face Value - \$178,000	185,466	183,449
	Ace Ina Holdings	Corporate Bond, Due 11/03/20, 2.300%, Face Value - \$185,000	184,896	183,670
	Intercontinental Exchange	Corporate Bond, Due 12/01/2020 2.750%, Face Value - \$175,000	175,266	174,956
	Cardinal Health Inc	Corporate Bond, Due 12/15/20, 4.625%, Face Value - \$175,000	189,319	189,802
	Autozone Inc	Corporate Bond, Due 04/15/21 2.500%, Face Value - \$65,000	64,975	63,425
	Goldman Sachs Group Inc	Corporate Bond, Due 01/24/22 5.75%, Face Value - \$120,000	135,714	136,466
	Comcast Corp	Corporate Bond, Due 07/15/22 3.125%, Face Value - \$180,000	179,845	182,929
	Northern States Pwr-Minn	Corporate Bond, Due 08/15/22 2.15%, Face Value - \$195,000	188,760	188,070
	Intel Corp	Corporate Bond, Due 12/15/22 2.70%, Face Value - \$135,000	135,521	133,560
	Celgene Corp	Corporate Bond, Due 08/15/23 4.00%, Face Value - \$135,000	141,376	138,517
	Microsoft Corp	Corporate Bond, Due 12/15/23 3.625%, Face Value - \$150,000	149,380	157,631
	Novartis Capital Corp	Corporate Bond, Due 05/06/24 3.40%, Face Value - \$275,000	273,039	283,907

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December 31, 2015

(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 08/01/24 3.40%, Face Value - \$115,000	115,486	114,334
	Meeder Fund	Money Market 38,750.9800 Shares variable rate	38,751	38,751
	IBEW-NECA Stable Value	71,118.192 Shares, Common & Collective Trust	28,795,627	29,831,237
	IBEW-NECA Equity Index	352,647.492 Shares, Common & Collective Trust	6,902,428	13,606,551
	Pim Total Rt Inst	714,926.044 Shares, Mutual Fund	8,077,282	7,199,305
	Oakmark Select I	135,921.699 Shares, Mutual Fund	4,304,340	5,329,490
	Templeton Foreign R6	156,093.578 Shares, Mutal Fund	1,173,461	980,268
	Fkln Mtl Glb Disc R6	17,715.413 Shares, Mutal Fund	614,083	519,947
	Nb Genesis R6	73,649.384 Shares, Mutual Fund	4,221,093	3,759,065
	Fkln Mtl Shares R6	55,426.559 Shares, Mutual Fund	1,681,468	1,439,982
	Fmmt Retire Gov II	1,494,022.470 Shares, Mutual Fund	1,494,022	1,494,022
	Sptn Ext Mkt Idx Adv	12,349.456 Shares, Mutual Fund	624,626	619,943
	Sptn 500 Index Adv	30,356.637 Shares, Mutual Fund	1,763,042	2,179,607
	Fid Balanced K	258,844.039 Shares, Mutual Fund	5,130,068	5,492,671
	Fid Diversifd Intl K	51,163.905 Shares, Mutual Fund	1,527,045	1,790,225
	Fid Dividend Gr K	102,812.293 Shares, Mutual Fund	2,992,030	3,110,072
	Fid Equity Income K	58,909.104 Shares, Mutual Fund	2,687,103	3,007,899
	Fid Growth Co K	45,243.670 Shares, Mutual Fund	4,620,971	6,191,144
	Fid Mid Cap Stock K	91,465.478 Shares, Mutual Fund	2,786,755	2,993,665
	SEI Daily Income	Money Market 283,326.260 Shares variable rate	283,326	283,326
	Participant Loans	Interest 5.25%	0	2,448,926

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Local 683 - PROFIT SHARING ANNUITY PLAN

Federal Identification # 34-1442087, Plan 002

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2015

(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	4,773,656 Shares Money Market	4,773,656				4,773,656	4,773,656	
SEI Daily Income TR Govt Portfolio CL B	3,761,509 Shares Money Market		3,761,509			3,761,509	3,761,509	

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December 31, 2015

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SEI Daily Income TR Govt Portfolio CL B	4,773,656 Shares Money Market	4,773,656				4,773,656	4,773,656	
SEI Daily Income TR Govt Portfolio CL B	3,761,509 Shares Money Market		3,761,509			3,761,509	3,761,509	

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 Federal Identification #34-1442087, Plan 002
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2015

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	First Eagle Overseas Fund	159,102.114 Shares, Mutual Fund	3,716,390	3,563,887
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	United States Treas Nts	3.125%, Due 05/15/2021 Face Value - \$325,000	350,397	345,644
	United States Treas Nts	1.75%, Due 05/15/22 Face Value - \$581,000	565,663	571,489
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	Federal Natl Mtge Assn Pool	2.50%, Due 10/01/22 Face Value - \$220,542.29	239,284	224,611
	Federal Natl Mtge Assn Pool	2.500%, Due 12/01/2022 Face Value - \$224,305.21	230,614	228,441
	Federal Natl Mtge Assn Pool	2.50%, Due 05/01/23 Face Value - \$219,543.07	236,331	223,605
	Federal Natl Mtge Assn Pool	3.00%, Due 11/01/23 Face Value - \$281,465.88	302,289	290,836

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(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 Home Loan Mortgage Corp	4.50%, Due 05/01/24 Face Value - \$127,114.97	138,583	136,007
	Federal Natl Mtge Assn Pool	3.50%, Due 12/01/24 Face Value - \$293,689.47	311,724	308,380
	Federal Natl Mtge Assn Pool	3.000%, Due 01/01/2025 Face Value - \$310,357.95	326,894	321,276
	Federal Natl Mtge Assn Pool	3.000%, Due 02/01/2025 Face Value - \$321,780.49	338,035	333,133
	Federal Natl Mtge Assn Pool	3.000%, Due 04/01/2025 Face Value - \$243,957.87	256,766	252,648
	Federal Natl Mtge Assn Pool	4.50%, Due 01/01/27 Face Value - \$244,857.79	0	261,229
	Federal Home Loan Mortgage Corp	2.50%, Due 05/01/28 Face Value - \$203,653.20	214,047	207,068
	Federal Home Loan Mortgage Corp	3.00%, Due 08/01/28 Face Value - \$306,450.65	318,900	316,374
	Federal Home Loan Mortgage Corp	4.000%, Due 01/01/2029 Face Value - \$366,418.65	387,030	381,882
	Federal Home Loan Mortgage Corp	4.000%, Due 02/01/2029 Face Value - \$156,349.39	167,636	165,730
	Federal Home Loan Mortgage Corp	4.00%, Due 08/15/29 Face Value - \$271,579.02	288,725	282,168
	Aon Corp	Corporate Bond, Due 05/27/16 3.125%, Face Value - \$275,000	276,552	277,129
	BMW Vehicle Lease Trust	Corporate Bond, Due 02/21/17 0.73%, Face Value - \$239,329.53	239,290	239,093
	Inter-American Devel Bk	Corporate Bond, Due 08/15/17 2.375%, Face Value - \$324,000	331,246	330,713
	American Express Bk Fsb	Corporate Bond, Due 09/13/17 6.00%, Face Value - \$240,000	282,998	257,074
	Oracle Corp	Corporate Bond, Due 04/15/18 5.75%, Face Value - \$145,000	173,868	158,214
	John Deere Owner Trust	Corporate Bond, Due 04/16/18 0.92%, Face Value - \$222,253.74	222,218	221,778
	Carmax Auto Owner Trust	Corporate Bond, Due 08/17/18, 0.89%, Face Value - \$225,000	225,070	223,760

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	Ontario (Province of)	Corporate Bond, Due 09/27/18, 2.00%, Face Value - \$365,000	366,248	368,011
	Thermo Fisher Scientific	Corporate Bond, Due 02/01/19, 2.40%, Face Value - \$125,000	124,745	124,945
	Kinder Morgan Energy Partners	Corporate Bond, Due 02/01/19, 2.65%, Face Value - \$200,000	197,450	184,894
	Sempra Energy	Corporate Bond, Due 02/15/19 9.80%, Face Value - \$150,000	167,418	181,514
	Ford Credit Floorplan Master Owner	Corporate Bond, Due 02/15/19, 1.20%, Face Value - \$280,000	279,976	278,970
	Ford Credit Auto Owner Trust	Corporate Bond, Due 04/15/19, 1.29%, Face Value - \$185,000	184,955	184,508
	Capital One Financial	Corporate Bond, Due 04/24/19, 2.45%, Face Value - \$180,000	179,865	180,329
	Apple Inc	Corporate Bond, Due 05/06/19, 2.10%, Face Value - \$235,000	235,240	237,747
	Intl Bk Recon & Develop	Corporate Bond, Due 10/07/19, 1.875%, Face Value - \$250,000	253,162	251,975
	Kla-Tencor Corp	Corporate Bond, Due 11/01/19, 3.375%, Face Value - \$166,000	168,380	167,706
	CNH Equipment Trust	Corporate Bond, Due 11/15/19, 0.87%, Face Value - \$320,000	318,575	319,021
	First Tennessee Bank	Corporate Bond, Due 12/01/19 2.950%, Face Value - \$188,000	190,582	186,569
	Becton Dickinson and Co	Corporate Bond, Due 12/15/19, 2.675%, Face Value - \$169,000	169,779	169,919
	American Express Credit Account	Corporate Bond, Due 01/15/20, 1.26%, Face Value - \$280,000	279,994	279,432
	PNC Funding Corp	Corporate Bond, Due 02/08/20 5.125%, Face Value - \$245,000	268,654	269,429
	Citigroup Inc	Corporate Bond, Due 02/18/2020 2.400%, Face Value - \$195,000	194,571	192,719
	Directv Holdings LLC	Corporate Bond, Due 03/15/2020 5.200%, Face Value - \$125,000	139,337	135,376
	Petrologistics LP/FIN	Corporate Bond, Due 04/01/20 6.25%, Face Value - \$172,000	179,319	179,740

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	Zimmer Holdings Inc	Corporate Bond, Due 04/01/2020 2.700%, Face Value - \$209,000	208,891	206,373
	Inter-American Devel Bk	Corporate Bond, Due 06/16/2020 1.875%, Face Value - \$290,000	289,861	290,363
	JPMorgan Chase & Co	Corporate Bond, Due 07/22/20 4.40%, Face Value - \$169,000	180,137	180,387
	Morgan Stanley	Corporate Bond, Due 07/24/20, 5.50%, Face Value - \$200,000	222,121	222,524
	Verizon Communications	Corporate Bond, Due 09/15/20, 4.50%, Face Value - \$165,000	174,147	177,278
	Medco Health Solutions	Corporate Bond, Due 09/15/2020 4.125%, FaceValue - \$175,000	186,976	183,593
	Exelon Generation Co LLC	Corporate Bond, Due 10/01/20, 4.00%, Face Value - \$178,000	185,466	183,449
	Ace Ina Holdings	Corporate Bond, Due 11/03/20, 2.300%, Face Value - \$185,000	184,896	183,670
	Intercontinental Exchange	Corporate Bond, Due 12/01/2020 2.750%, Face Value - \$175,000	175,266	174,956
	Cardinal Health Inc	Corporate Bond, Due 12/15/20, 4.625%, Face Value - \$175,000	189,319	189,802
	Autozone Inc	Corporate Bond, Due 04/15/21 2.500%, Face Value - \$65,000	64,975	63,425
	Goldman Sachs Group Inc	Corporate Bond, Due 01/24/22 5.75%, Face Value - \$120,000	135,714	136,466
	Comcast Corp	Corporate Bond, Due 07/15/22 3.125%, Face Value - \$180,000	179,845	182,929
	Northern States Pwr-Minn	Corporate Bond, Due 08/15/22 2.15%, Face Value - \$195,000	188,760	188,070
	Intel Corp	Corporate Bond, Due 12/15/22 2.70%, Face Value - \$135,000	135,521	133,560
	Celgene Corp	Corporate Bond, Due 08/15/23 4.00%, Face Value - \$135,000	141,376	138,517
	Microsoft Corp	Corporate Bond, Due 12/15/23 3.625%, Face Value - \$150,000	149,380	157,631
	Novartis Capital Corp	Corporate Bond, Due 05/06/24 3.40%, Face Value - \$275,000	273,039	283,907

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	CSX Corp	Corporate Bond, Due 08/01/24 3.40%, Face Value - \$115,000	115,486	114,334
	Meeder Fund	Money Market 38,750.9800 Shares variable rate	38,751	38,751
	IBEW-NECA Stable Value	71,118.192 Shares, Common & Collective Trust	28,795,627	29,831,237
	IBEW-NECA Equity Index	352,647.492 Shares, Common & Collective Trust	6,902,428	13,606,551
	Pim Total Rt Inst	714,926.044 Shares, Mutual Fund	8,077,282	7,199,305
	Oakmark Select I	135,921.699 Shares, Mutual Fund	4,304,340	5,329,490
	Templeton Foreign R6	156,093.578 Shares, Mutal Fund	1,173,461	980,268
	Fkln Mtl Glb Disc R6	17,715.413 Shares, Mutal Fund	614,083	519,947
	Nb Genesis R6	73,649.384 Shares, Mutual Fund	4,221,093	3,759,065
	Fkln Mtl Shares R6	55,426.559 Shares, Mutual Fund	1,681,468	1,439,982
	Fmmt Retire Gov II	1,494,022.470 Shares, Mutual Fund	1,494,022	1,494,022
	Sptn Ext Mkt Idx Adv	12,349.456 Shares, Mutual Fund	624,626	619,943
	Sptn 500 Index Adv	30,356.637 Shares, Mutual Fund	1,763,042	2,179,607
	Fid Balanced K	258,844.039 Shares, Mutual Fund	5,130,068	5,492,671
	Fid Diversifd Intl K	51,163.905 Shares, Mutual Fund	1,527,045	1,790,225
	Fid Dividend Gr K	102,812.293 Shares, Mutual Fund	2,992,030	3,110,072
	Fid Equity Income K	58,909.104 Shares, Mutual Fund	2,687,103	3,007,899
	Fid Growth Co K	45,243.670 Shares, Mutual Fund	4,620,971	6,191,144
	Fid Mid Cap Stock K	91,465.478 Shares, Mutual Fund	2,786,755	2,993,665
	SEI Daily Income	Money Market 283,326.260 Shares variable rate	283,326	283,326
	Participant Loans	Interest 5.25%	0	2,448,926