

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.) ☐ 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>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>06/01/1966</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 43201-8010</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.	10/16/2017	MARGARET R. STIMMEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 2295
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 920 6a(2) 966 6b 617 6c 545 6d 2128 6e 208 6f 2336 6g 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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 _____

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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

► **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 <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 or 5500-SF <u>IBEW LOCAL 683 BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>34-1442087</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2016

b Assets

(1) Current value of assets	1b(1)	<u>175187281</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>181852831</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>213181089</u>
(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)	<u>213181089</u>
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)	<u>383794408</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>10688427</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>12691991</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>12981991</u>

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	<u>09/14/2017</u>
Signature of actuary	Date
<u>JASON C. BIRKLE</u>	<u>17-07856</u>
Type or print name of actuary	Most recent enrollment number
<u>CUNI, RUST, & STRENK</u>	<u>513-891-0270</u>
Firm name	Telephone number (including area code)
<u>4555 LAKE FOREST DRIVE - SUITE 620, CINCINNATI, OH 45242-3760</u>	
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, see the Instructions for Form 5500 or 5500-SF.

Schedule MB (Form 5500) 2016
v. 160205

2 Operational information as of beginning of this plan year:**a** Current value of assets (see instructions)**2a**

175187282

b "RPA '94" current liability/participant count breakdown:**(1)** For retired participants and beneficiaries receiving payment.....

803

(2) Current liability 154822837**(2)** For terminated vested participants.....

572

60948852

(3) For active participants:**(a)** Non-vested benefits

4072876

(b) Vested benefits

163950353

(c) Total active

920

168023229

(4) Total

2295

383794918

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....**2c**

45.65%

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
01/01/2016					
12/31/2016	8015815				
Totals ▶ 3(b)				8015815	3(c)

4 Information on plan status:**a** Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))**4a**

85.3%

b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5**4b**

N

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 or critical and declining status, were any benefits reduced (see instructions)?..... ☐ Yes ☐ No**e** If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date**4e****f** If the rehabilitation plan projects emergence from critical status or critical and declining 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** ☐ Other (specify):**j** If box h is checked, enter period of use of shortfall method**5j****k** Has a change been made in funding method for this plan year?..... ☐ Yes ☒ No**l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?..... ☐ Yes ☐ No**m** If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....**5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.28%
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	AF	AF
d Valuation liability interest rate	6d	7.50%	7.50 %
e Expense loading	6e	6.2% ☐ 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	6.5%	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	0.4%	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2186343	230405
4	-586026	-61757

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a 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	8786955

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	4683507
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)	62082214
(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	893154
e Total charges. Add lines 9a through 9d	9e	12801872

Credits to funding standard account:

f Prior year credit balance, if any	9f	6065528
g Employer contributions. Total from column (b) of line 3	9g	8015815
	Outstanding balance	
h Amortization credits as of valuation date	9h	24688428
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	1160075
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	52398556
(2) "RPA '94" override (90% current liability FFL)	9j(2)	173008175
(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	20708099
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	7906227
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 2016 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	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.		☒ Yes ☐ No

<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
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
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

939 GOODALE BLVD
COLUMBUS, OH 43212

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	101640	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	143333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE ASSET MANAGEMENT

PO 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	20813	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 SUITE 620
CINCINNATI, OH 45242-3760

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	33275	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

R.F. CHAPMAN

137 OAKWOOD AVENUE
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	19589	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLOTTA FARLEY 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	18656	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)

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	27423	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT

7501 WISCONSIN AVE
BETHESDA, MD 20814

80-0618452

(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	9449	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL REAL ESTATE ADVISORS, LLC

900 SEVENTH STREET
WASHINGTON, DC 20001

26-2237421

(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	INVESTMENT CUSTODIAN	11542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name:	KISSEL & ASSOCIATES, INC.	b EIN:	34-1204227
c Position:	ACCOUNTANT		
d Address:	1005 LEXINGTON AVE MANSFIELD, OH 44907	e Telephone:	

Explanation: RETIREMENT OF PLAN AUDITOR.

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="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW-NECA EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
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>47995918</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW-NECA STABLE VALUE TRUST</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO NATIONAL TRUST COMPANY</u>		
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>19066853</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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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>Internal Revenue Service</small> <small>Department of Labor</small> <small>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> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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
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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	471993	623880
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	605813	804082
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	59862	49306
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	244500	650924
(2) U.S. Government securities	1c(2)	4485801	4342681
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5012637	4191558
(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)		5031902
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	75139292	68906181
(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)	89335947	100877848
(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	175355845	185478362

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	168563	250607
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	168563	250607

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	175187282	185227755
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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)	8015816	
(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)		8015816
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	669	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	244370	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	370206	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		615245
(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)	3966139	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3966139
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	24752930	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	19234581	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		5518349
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	32022	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		32022

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		244357
(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)		4199941
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		22591869

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12066110	
(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)		12066110
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)	98943	
(2) Contract administrator fees.....	2i(2)	101640	
(3) Investment advisory and management fees.....	2i(3)	143333	
(4) Other	2i(4)	141370	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		485286
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12551396

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10040473
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: BODINE PERRY, LLC

(2) EIN: 41-2028444

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.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o		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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3982012. (See instructions.)

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

<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 sections 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>2016</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
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
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, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2016 v. 160205		

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 SPECIAL

b EIN 20-0354904 **c** Dollar amount contributed by employer 2645455

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 2017

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) 4.27

(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 1353815

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 2017

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) 4.27

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

a Name of contributing employer ATLAS INDUSTRIAL

b EIN 31-1589454 **c** Dollar amount contributed by employer 829399

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 2017

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) 4.27

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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: <u>57.0</u> % Investment-Grade Debt: <u>3.0</u> % High-Yield Debt: <u>3.0</u> % Real Estate: _____% Other: <u>37.0</u> %	
	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): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____ / _____ / _____ and the serial number _____.	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____ / _____ / _____.	

**International Brotherhood of Electrical Workers
Local 683 - Pension Fund Pension Plan**

Financial Statements

For the Years Ended
December 31, 2016 and 2015



Canfield, OH • Warren, OH • Columbus, OH • Naples, FL

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Independent Auditors' Report

Board of Trustees and Plan Management
International Brotherhood of Electrical Workers
Local 683 - Pension Fund Pension Plan
Columbus, Ohio

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 as of December 31, 2016, and of accumulated plan benefits as of December 31, 2016, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan as of December 31, 2016, and the changes in its financial status for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on 2015 Financial Statements

The financial statements of International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan as of December 31, 2015, were audited by other auditors whose report dated September 28, 2016, expressed an unmodified opinion on the those statements.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employees 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. These supplemental schedules have been subjected to the auditing procedures applied in the audit of the financial statements, and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Bodine Perry, LLC

Canfield, Ohio
October 9, 2017

International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan

Statements of Net Assets Available for Benefits
As of December 31, 2016 and 2015

Assets

	2016	2015
Cash and Cash Equivalents	\$ 623,880	\$ 471,993
Investments at Fair Value		
Money market funds	650,924	244,500
U.S government agencies obligations	2,461,038	2,538,975
U.S government obligations	1,881,643	1,946,826
Corporate bonds	4,191,558	5,012,637
Mutual funds	100,877,848	87,527,561
Common collective trusts	68,906,181	76,947,678
Private real estate investment trust	5,031,902	-
Total Investments	<u>184,001,094</u>	<u>174,218,177</u>
Receivables		
Employer contributions	775,605	556,219
Reciprocity contributions	28,477	49,594
Accrued interest and dividend income	49,306	59,862
Total Receivables	<u>853,388</u>	<u>665,675</u>
Total Assets	<u><u>185,478,362</u></u>	<u><u>175,355,845</u></u>

Liabilities

Accounts payable and accrued expenses	<u>250,607</u>	<u>168,564</u>
Total Liabilities	<u>250,607</u>	<u>168,564</u>
Net Assets Available for Benefits	<u><u>\$ 185,227,755</u></u>	<u><u>\$ 175,187,281</u></u>

See Independent Auditors' Report and Notes to Financial Statements.

International Brotherhood of Electrical Workers

Local 683 - Pension Fund Pension Plan

Statements of Changes in Net Assets Available For Benefits
For the Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Additions to Net Assets		
Investment Income:		
Interest income	\$ 615,245	\$ 737,620
Dividend income	3,966,139	1,854,830
Net appreciation (depreciation) in fair value of investments	9,994,669	(1,647,427)
Total Investment Income	<u>14,576,053</u>	<u>945,023</u>
Less: Investment Expenses	<u>(45,442)</u>	<u>(30,375)</u>
Net Investment Income	14,530,611	914,648
Contributions:		
Employer contributions	8,134,104	6,625,405
Reciprocity received	252,758	253,281
Reciprocity paid	(371,046)	(125,572)
Total Contributions	<u>8,015,816</u>	<u>6,753,114</u>
Total Additions	22,546,427	7,667,762
Deductions from Net Assets		
Participant Benefits Paid	12,066,110	11,679,976
Administrative Expenses:		
Accounting fees	47,012	44,351
Actuary fee	33,275	26,900
Attorney fees	18,656	13,593
Administrative manager fees	101,640	101,640
Consultant fee	143,333	141,485
PGBC premium	61,965	59,436
Insurance expense	22,764	25,495
Office supplies expense	7,467	8,518
Plan administrative expenses	2,200	4,985
Trustee conferences and meetings expense	1,531	2,853
Total Administrative Expenses	<u>439,843</u>	<u>429,256</u>
Total Deductions	<u>12,505,953</u>	<u>12,109,232</u>
Change in Net Assets Available for Benefits	10,040,474	(4,441,470)
Net Assets Available for Benefits:		
Beginning of Year	175,187,281	179,628,751
End of Year	<u><u>\$ 185,227,755</u></u>	<u><u>\$ 175,187,281</u></u>

See Independent Auditors' Report and Notes to Financial Statements.

International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan

Statements of Accumulated Plan Benefits
For the Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits:		
Participants currently receiving benefits	\$ 113,945,568	\$ 105,740,102
Other participants	<u>106,967,697</u>	<u>103,804,035</u>
	220,913,265	209,544,137
Nonvested Benefits	<u>3,621,190</u>	<u>3,636,952</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 224,534,455</u>	<u>\$ 213,181,089</u>

See Independent Auditors' Report and Notes to Financial Statements.

International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan

Statements of Changes in Accumulated Plan Benefits
For the Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 213,181,089	\$ 205,318,429
Increase (Decrease) During Year		
Attributable to:		
Decrease in discount period	15,544,283	14,968,801
Change in actuarial assumptions	3,148,095	(586,026)
Benefits paid	(12,066,110)	(11,679,976)
Plan experience and benefit accrual	<u>4,727,098</u>	<u>5,159,861</u>
Net Change	<u>11,353,366</u>	<u>7,862,660</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u><u>\$ 224,534,455</u></u>	<u><u>\$ 213,181,089</u></u>

See Independent Auditors' Report and Notes to Financial Statements.

International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan

Notes to Financial Statements
For the Years Ended December 31, 2016 and 2015

Note A - Description of Plan

The following brief description of the International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan ("Plan") is for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multi-employer defined benefit pension plan established pursuant to a collective bargaining agreement between the International Brotherhood of Electrical Workers 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).

Normal Retirement Age

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

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, 2016.

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.

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.

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.

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
For the Years Ended December 31, 2016 and 2015

Note A - Description of Plan (continued)

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:

1. 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.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.
3. All other vested benefits not insured by the PBGC.
4. All nonvested benefits.

Participants should refer to the Plan agreement for more complete information concerning vesting, benefits, and other provisions. The PBGC's benefit guarantee is contained in the Plan booklet which includes the Summary Plan Description and the Plan Document. Copies of the Plan booklet are available at the Fund Office.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the 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.

Cash and Cash Equivalents

The Plan considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold during the year.

Employer Contributions Receivable

Contributions receivable represent employer contributions related to employee's hours worked on or prior to December 31. The balance is based on actual collections subsequent to year end.

International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan

Notes to Financial Statements
For the Years Ended December 31, 2016 and 2015

Note B - Summary of Significant Accounting Policies (continued)

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

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 the net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Reclassifications

Certain reclassifications have been made to the prior year financial statements in order for them to be in conformity with this year's presentation.

Subsequent Events

Subsequent events have been evaluated through October 9, 2017, which is the date the financial statements were available to be issued.

Note C - 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.

The plan's actuaries determined the actuarial present value of accumulated plan benefits, which is the 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 possibility of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The most recent actuarial valuations were prepared by Cuni, Rust & Strenk Actuarial. The significant actuarial assumptions used in the valuations as of December 31, 2016 and 2015 were (a) life expectancy of participants (non-disabled - RP-2014 Mortality Table with Blue Collar Adjustment for 2016 and RP-2000 Mortality Table with Blue Collar Adjustment for 2015), (disabled - RP-2014 Disabled Retiree Mortality Table for 2016 and RP-2000 Disabled Retiree Mortality Table for 2015), (b) retirement age assumptions, and (c) investment return. The 2016 and 2015 valuations included an assumed average rate of return of 7.50% for each year, including a reduction of \$300,000 and \$290,000 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, 2017 and 2016. Had the valuations been performed as of December 31, there would be no material differences.

International Brotherhood of Electrical Workers

Local 683 - Pension Fund Pension Plan

Notes to Financial Statements
For the Years Ended December 31, 2016 and 2015

Note D - Investments

The following methods and assumptions were used to measure the fair value of each class of financial instruments listed below. For short-term cash investments, the cost approximates the fair value because of the short maturity of investments. Generally, the government and government agencies obligations, corporate bonds, and mutual funds fair values are estimated using quoted market prices. Investments in common and collective trusts and private real estate investment trusts are generally carried at their fair market value using net asset value per unit as reported by the investee.

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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of value hierarchy under FASB ASC Topic 820 are described as follows:

Level 1 Fair Value Measurements

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 Fair Value Measurements

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 delivered principally from or corroborated 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 Fair Value Measurements

Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

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 to maximize the use of observable inputs and minimize the use of unobservable measurements.

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, 2016 and 2015.

Money market funds: Valued at the closing price reported on an actively traded exchange and are reported as level 1.

U.S government agencies obligations: Valued at the closing price reported on an actively traded exchange and are reported as level 1.

U.S. government obligations: Valued using pricing models maximizing the use of observable inputs for similar securities and are reported as level 2.

International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan

Notes to Financial Statements
For the Years Ended December 31, 2016 and 2015

Note D - Investments (continued)

Corporate bonds: Valued using the pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings and are reported as level 2.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are therefore reported as level 1.

The preceding method described may produce fair value calculations that may not be indicative of net realizable value or reflective of future values. Furthermore, although the plan believes its valuation is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value could result in a different fair value measurement at the reporting date.

Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 650,924	\$ -0-	\$ -0-	\$ 650,924
U.S. government agencies obligations	2,461,038	-0-	-0-	2,461,038
U.S. government obligations	-0-	1,881,643	-0-	1,881,643
Corporate bonds	-0-	4,191,558	-0-	4,191,558
Mutual funds	100,877,848	-0-	-0-	100,877,848
Total Assets in Fair Value Hierarchy	103,989,810	6,073,201	-0-	110,063,011
Investment Valued at NAV	-0-	-0-	-0-	73,938,083
Total	\$ 103,989,810	\$ 6,073,201	\$ -0-	\$ 184,001,094

There were no level 3 investments as of December 31, 2016.

Assets at Fair Value as of December 31, 2015				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 244,500	\$ -0-	\$ -0-	\$ 244,500
U.S. government agencies obligations	2,538,975	-0-	-0-	2,538,975
U.S. government obligations	-0-	1,946,826	-0-	1,946,826
Corporate bonds	-0-	5,012,637	-0-	5,012,637
Mutual funds	87,527,561	-0-	-0-	87,527,561
Total Assets in Fair Value Hierarchy	90,311,036	6,959,463	-0-	97,270,499
Investment Valued at NAV	-0-	-0-	-0-	76,947,678
Total	\$ 90,311,036	\$ 6,959,463	\$ -0-	\$ 174,218,177

There were no level 3 investments as of December 31, 2015.

International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan

Notes to Financial Statements
For the Years Ended December 31, 2016 and 2015

Note D - Investments (continued)

The following table summarizes investments measured at fair value based on net asset value (NAV) per unit as of December 31, 2016.

	December 31, 2016		
	Fair Value	Redemption Frequency	Redemption Notice Period
Common collective trust (a)	\$ 47,995,918	Daily	See (a)
Common collective trust (b)	19,066,853	Daily	See (b)
Common collective trust (c)	1,843,410	Monthly	See (c)
Private REIT (d)	3,023,545	Quarterly	See (d)
Private REIT(e)	2,008,357	Quarterly	See (e)
	<u>\$ 73,938,083</u>		

- a) Common collective trust: the fund's objective is to as nearly as practical replicate the performance of the Standard and Poor's 500 Index, by purchase and resale 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.
- b) Common collective trust: 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 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 two-year notice 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.
- c) Common collective trust: this represents a single investment in the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) Housing Investment Trust (HIT) which invests in a portfolio composed primarily of mortgage backed securities, with higher yield, higher credit quality and similar interest rate risks as the Barclays Capital Aggregate Bond Index. Redemptions are permitted monthly with a 15-day notice period.
- d) Valuation of private REITS: The Plan may invest a portion of its assets in Private Real Estate Investment Trusts ("Private REITs"). The Private REITs measure their investment assets at fair value and report a NAV per share on a calendar quarter basis. In accordance with Accounting Standards Codification ("ASC") 820, the Fund has elected to apply the practical expedient and to value its investments in Private REITs at their respective NAVs at each quarter. For non-calendar quarter-end days, the Pricing Committee estimates the fair value of each Private REIT by adjusting the most recent NAV for each REIT by the change in a proprietary benchmark that the Pricing Committee has deemed to be representative of the entire Private REIT market. In the event that a price is not provided by the Private REIT, the fair valuation procedures will be followed. As of December 31, 2016, all of the Plan's investments in Private REITs were valued at the respective NAVs of the Private REITs.

International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan

Notes to Financial Statements
For the Years Ended December 31, 2016 and 2015

Note D - Investments (continued)

- e) The INDURE REIT LLC investments solely in the INDURE Build to Core Fund, LLC which is a fund that is valued based on NAV. During the first two years following initial investment, redemption is limited to a maximum of 20% of investment balance. Follow the two-year period, redemptions are permitted daily with a one-day notice period.

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 trust (a)	\$ 55,392,645	Daily	See (a)
Common collective trust (b)	19,746,647	Daily	See (b)
Common collective trust (c)	1,808,386	Monthly	See (c)
	<u>\$ 76,947,648</u>		

- a) Common trust: the fund's objective is to as nearly as practical replicate the performance of the Standard and Poor's 500 Index, by purchase and resale 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.
- b) Common collective trust: 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 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.
- c) Common collective trust: this represents a single investment in the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) Housing Investment Trust (HIT) which invests in a portfolio composed primarily of mortgage backed securities, with higher yield, higher credit quality and similar interest rate risks as the Barclays Capital Aggregate Bond Index. Redemptions are permitted monthly with a 15-day notice period.

Note E - Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated September 2, 2015, that the Plan 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.

International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan

Notes to Financial Statements
For the Years Ended December 31, 2016 and 2015

Note F - Concentrations

Employer Contributions

During the year ended December 31, 2016, three employers represented 60%, of total employer contributions to the Plan. During the year ended December 31, 2015, two employers represented 46% of total employer contributions to the Plan.

Credit Risk

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, 2016 and December 31, 2015. The Plan's uninsured balance totaled \$401,871 and \$254,154 at December 31, 2016 and December 31, 2015, respectively.

Note G - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note H- Related Party and Party in Interest Transactions

The Plan is administered by IBEW Local 683 Fringe Benefit Fund, Inc. IBEW Local 683 Fringe Benefit Fund, Inc. is a non-profit corporation organized by the Board of Trustees of the IBEW Local 683 Profit Sharing Annuity Plan, Pension Plan, Educational Plan and Health and Welfare Plan. Administration fees for 2016 and 2015 were \$101,640 and \$101,640, respectively. As described in note B "Administrative Expenses", 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.

Note I -Plan Amendments

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. The amendment requires the attachment of an Appendix A, entitled "Summary of Plan Information Outlined in Collective Bargaining Agreement", following page 123, the Plan's signature page.

International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan

Notes to Financial Statements
For the Years Ended December 31, 2016 and 2015

Note J - Accounting Changes - Plan Investment Disclosures

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value per share as a practical expedient. ASU 2015-07 is effective for fiscal years beginning after December 15, 2016, with early adoption permitted, and is to be applied retrospectively. The Plan has elected to adopt early ASU 2015-07 for the years ended December 31, 2016 and 2015. Plan management does not believe the adoption of the ASU had a material impact on the financial statements.

For the Plan year ended December 31, 2016, the Plan changed its method of accounting and reporting to comply with the provisions of ASU 2015-12 issued by the Financial Accounting Standards Board. ASU 2015-12 eliminates the requirements to disclose individual investments that represent 5 percent or more of the net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. ASU 2015-12 also simplifies the level of disaggregation of investments that are measured using fair value. The Plan will continue to disaggregate investments that are measured using fair value by general type, however, the Plan no longer is required to also disaggregate by nature characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of Plan asset.

International Brotherhood of Electrical Workers
Local 683 - Pension Fund Pension Plan
FEIN 34-1442087, PN 001

Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2016

(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
	<u>Money Market Funds</u>			
	Meeder Institutional Prime MM-FLPXX	152,195.555 shares variable rate	\$ 152,211	\$ 152,211
	SEI Daily Income Gov't Fund Gov't Portfolio	495,389.67 shares variable rate	495,509	495,509
	Raymond James Bank Deposit Program	3,203.75 units 0.02% estimated yield	3,204	3,204
			650,924	650,924
	<u>U.S. Government Agencies Obligations</u>			
	Private Export Funding	4.375% due 03/15/19 \$145,000	163,344	154,205
	Federal National Mortgage Assn	1.000% due 10/24/19 \$90,000	89,759	88,756
	Tennessee Valley Authority	3.875% due 02/15/21 \$105,000	112,717	112,982
	Federal Home Loan Bank	1.125% due 07/14/21 \$115,000	114,207	111,005
	Private Export Funding	4.300% due 12/15/21 \$119,000	133,038	130,964
	Federal National Mortgage Assn Pool	2.500% due 05/01/23 \$149,282	160,697	152,513
	Federal National Mortgage Assn Pool	3.000% due 11/01/23 \$192,265	206,489	198,206
	Federal Home Loan Mortgage Corp	4.500% due 05/01/24 \$84,466	92,087	89,622
	Federal National Mortgage Assn Pool	3.500% due 12/01/24 \$181,426	192,566	189,214
	Federal National Mortgage Assn Pool	3.000% due 04/01/25 \$140,801	148,193	145,185
	Federal National Mortgage Assn Pool	3.500% due 08/01/26 \$126,885	133,824	132,361
	Federal National Mortgage Assn Pool	4.500% due 01/01/27 \$153,333	165,792	161,684
	Federal Home Loan Mortgage Corp	2.500% due 05/01/28 \$154,830	161,864	154,502
	Federal National Mortgage Assn Pool	3.000% due 05/01/28 \$120,857	126,522	124,233
	Federal National Mortgage Assn Pool	3.000% due 06/01/28 \$191,018	199,584	196,441
	Federal Home Loan Mortgage Corp	4.000% due 02/01/29 \$79,633	85,381	84,071
	Federal Home Loan Mortgage Corp	4.000% due 08/15/29 \$109,094	117,009	112,739
	Federal Home Loan Mortgage Corp	3.000% due 01/01/31 \$119,145	124,702	122,355
			2,527,775	2,461,038
	<u>U.S. Government Obligations</u>			
	U.S. Treasury notes	3.625% due 02/15/21 \$248,000	264,966	266,213
	U.S. Treasury notes	3.125% due 05/15/21 \$58,000	61,717	61,120
	U.S. Treasury notes	1.750% due 05/15/22 \$150,000	145,230	147,796
	U.S. Treasury notes	2.750% due 11/15/23 \$205,000	215,083	211,759
	U.S. Treasury notes	2.750% due 02/15/24 \$441,000	455,670	455,469
	U.S. Treasury notes	2.125% due 05/15/25 \$455,000	457,786	446,041
	U.S. Treasury notes	2.250% due 11/15/25 \$121,000	126,882	119,450
	U.S. Treasury notes	1.625% due 02/15/26 \$186,000	183,893	173,795
			1,911,227	1,881,643
	<u>Corporate Bonds</u>			
	John Deere Owner Trust	0.920% due 04/16/18 \$51,673	51,666	51,652
	CarMax Auto Owner Trust	0.890% due 08/17/18 \$102,307	102,339	102,238
	Ontario (Province of)	2.000% due 09/27/18 \$150,000	150,513	151,176
	Kinder Morgan Energy Partners	2.650% due 02/01/19 \$110,000	108,598	110,579
	Ford Credit Auto Owner Trust	1.290% due 04/15/19 \$165,000	164,960	165,104
	Int'l Bank Recon & Development	1.875% due 10/07/19 \$145,000	146,358	145,732
	KLA-Tencor Corp	3.875% due 11/01/19 \$82,000	82,874	83,948
	CNH Equipment Trust	0.870% due 11/15/19 \$104,343	103,879	104,286
	Sub-total		\$ 911,187	\$ 914,715

See Independent Auditors' Report.

International Brotherhood of Electrical Workers
Local 683 - Pension Fund Pension Plan
FEIN 34-1442087, PN 001

Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2016

(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
	<u>Corporate Bonds (continued)</u>			
	First Tennessee Bank	2.950% due 12/01/19 \$94,000	\$ 94,969	\$ 94,233
	American Express Credit Account	1.260% due 01/15/20 \$245,000	244,995	245,154
	Valero Energy Corp	6.125% due 02/01/20 \$42,000	45,901	46,357
	PNC Funding Corp	5.125% due 02/08/20 \$115,000	130,629	124,425
	AT&T Inc.	5.200% due 03/15/20 \$75,000	80,570	80,630
	Zimmer Holdings Inc.	2.700% due 04/01/20 \$59,000	58,969	59,003
	Inter-American Devel Bank	1.875% due 06/16/20 \$190,000	189,909	190,019
	Medco Health Solutions	4.125% due 09/15/20 \$88,000	92,801	92,338
	Exelon Generation Co LLC	4.000% due 10/01/20 \$107,000	110,542	111,202
	Ace INA Holdings	2.300% due 11/03/20 \$102,000	101,943	101,977
	Intercontinental Exchange	1.750% due 12/01/20 \$147,000	148,233	147,956
	US Bancorp	2.350% due 01/29/21 \$180,000	181,761	180,412
	Anheuser-Busch Inbev Fin	2.650% due 02/01/21 \$183,000	185,205	184,052
	JPMorgan Chase & Co	2.550% due 03/01/21 \$92,000	92,988	91,711
	Branch Banking & Trust	2.850% due 04/01/21 \$105,000	107,185	106,608
	AutoZone Inc.	2.500% due 04/15/21 \$45,000	44,983	44,494
	Bank of America	5.000% due 05/13/21 \$60,000	66,165	65,342
	Int'l Bank Recon & Development	1.375% due 05/24/21 \$90,000	89,766	87,463
	Sysco Corporation	2.500% due 07/15/21 \$90,000	90,673	89,040
	Wells Fargo & Company	2.100% due 07/26/21 \$95,000	94,477	92,441
	Citizens Financial Group	2.375% due 07/28/21 \$23,000	23,117	22,555
	Fidelity National Information Services	2.250% due 08/15/21 \$46,000	46,190	44,851
	Honeywell International	1.850% due 11/01/21 \$95,000	94,581	92,837
	United Technologies Corp	1.950% due 11/01/21 \$90,000	89,998	88,223
	Goldman Sachs Group Inc.	5.750% due 01/24/22 \$77,000	85,557	86,565
	JM Smucker Co	3.000% due 03/15/22 \$45,000	46,447	45,435
	Cisco Systems Inc.	3.000% due 06/15/22 \$85,000	89,838	86,642
	Northern States Power-Minn	2.150% due 08/15/22 \$100,000	96,829	97,757
	Intel Corp	2.700% due 12/15/22 \$120,000	120,463	120,541
	Marsh & McLennan Cos Inc.	3.300% due 03/14/23 \$99,000	98,923	100,611
	Celgene Corp	4.000% due 08/15/23 \$90,000	93,753	93,839
	Novartis Capital Corp	3.400% due 05/06/24 \$100,000	99,287	103,050
	CSX Corp	3.400% due 08/01/24 \$58,000	58,221	59,080
			4,207,055	4,191,558
	<u>Mutual Funds</u>			
	First Eagle Global Fund	1,227,949.256 shares	46,640,109	66,910,955
	First Eagle Overseas Fund	636,875.486 shares	14,821,268	14,552,605
	IVA Worldwide Fund	1,129,394.326 shares	17,086,146	19,414,288
			78,547,523	100,877,848
	<u>Common Collective Funds</u>			
	AFL-CIO Housing Investment Trust	1,655.829 units	1,749,527	1,843,410
	IBEW-NECA Stable Value Pooled Inv	44,582.055 shares	19,066,853	19,066,853
	IBEW-NECA Equity Index Fund	1,111,479.729 shares	20,153,866	47,995,918
			\$ 40,970,246	\$ 68,906,181

See Independent Auditors' Report.

International Brotherhood of Electrical Workers
Local 683 - Pension Fund Pension Plan
FEIN 34-1442087, PN 001

Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2016

(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
	<u>Private Real Estate Investment Trusts</u>			
	ASB Allegiance Real Estate Fund	2,200.217 shares	\$ 3,000,000	\$ 3,023,545
	INDURE Build-to-Core Fund LLC	1,163.6511 units	2,000,000	2,008,357
			5,000,000	5,031,902
	Total Assets Held For Investment		\$ 133,814,750	\$ 184,001,094

See Independent Auditors' Report.

International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan

FEIN 34-1442087, PN 001

Schedule H, Part IV, Line 4j Schedule of Reportable Transactions December 31, 2016

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Value of Asset on Transaction Date	(i) Gain or (Loss)
IBEW-NECA Equity Index Fund	324,157.964 units sold 11 sales	\$ -	\$ 13,000,000	\$ -	-	\$ 7,641,084	\$ 13,000,000	\$ 5,358,916
SEI Daily Income Gov't Fund Gov't Portfolio	5,000,000 shares 2 purchases	5,000,000	-	-	-	5,000,000	5,000,000	-
SEI Daily Income Gov't Fund Gov't Portfolio	5,000,000 shares 2 sales	-	5,000,000	-	-	5,000,000	5,000,000	-
		<u>\$ 5,000,000</u>	<u>\$ 18,000,000</u>			<u>\$ 17,641,084</u>	<u>\$ 23,000,000</u>	<u>\$ 5,358,916</u>

See Independent Auditors' Report.

PN: 001

[illegible]

International Brotherhood of Electrical Workers Local 683 - Pension Fund Pension Plan

FEIN 34-1442087, PN 001

Schedule H, Part IV, Line 4j Schedule of Reportable Transactions December 31, 2016

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Value of Asset on Transaction Date	(i) Gain or (Loss)
IBEW-NECA Equity Index Fund	324,157.964 units sold 11 sales	\$ -	\$ 13,000,000	\$ -	-	\$ 7,641,084	\$ 13,000,000	\$ 5,358,916
SEI Daily Income Gov't Fund Gov't Portfolio	5,000,000 shares 2 purchases	5,000,000	-	-	-	5,000,000	5,000,000	-
SEI Daily Income Gov't Fund Gov't Portfolio	5,000,000 shares 2 sales	-	5,000,000	-	-	5,000,000	5,000,000	-
		<u>\$ 5,000,000</u>	<u>\$ 18,000,000</u>			<u>\$ 17,641,084</u>	<u>\$ 23,000,000</u>	<u>\$ 5,358,916</u>

See Independent Auditors' Report.

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

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

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

OMB No. 1210-0110

2016**This Form is Open to Public
Inspection**For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**▶ **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 **2016****b** Assets:

(1) Current value of assets

1b(1) **175,187,281**

(2) Actuarial value of assets for funding standard account

1b(2) **181,852,831****c** (1) Accrued liability for plan using immediate gain methods**1c(1)** **213,181,089**

(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) **213,181,089****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) **383,794,408**

(b) Expected increase in current liability due to benefits accruing during the plan year

1d(2)(b) **10,688,427**

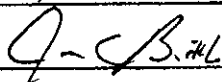
(c) Expected release from "RPA '94" current liability for the plan year

1d(2)(c) **12,691,991**

(3) Expected plan disbursements for the plan year

1d(3) **12,981,991****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

Jason C. Birkle

Type or print name of actuary

Cuni, Rust & Strenk

Firm name

4555 Lake Forest Drive - Suite 620**US Cincinnati****OH 45242-3760**

Address of the firm

09/14/2017

Date

17-07856

Most recent enrollment number

(513) 891-0270

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 ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or Form 5500-SF.

Schedule MB (Form 5500) 2016
v.160205

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	175,187,281
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	803	154,822,327
(2) For terminated vested participants	572	60,948,852
(3) For active participants:		
(a) Non-vested benefits		4,072,876
(b) Vested benefits		163,950,353
(c) Total active	920	168,023,229
(4) Total	2,295	383,794,408
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	45.65 %

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
01/01/2016	0				
12/31/2016	8,015,815				
Totals ▶			3(b)	8,015,815	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	85.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	N
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 or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining 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 ☐ Other (specify): | | | |

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.28 %
b Rates specified in insurance or annuity contracts	<div style="display: flex; justify-content: space-between;"> <div> Pre-retirement ☐ Yes ☒ No ☐ N/A </div> <div> Post-retirement ☐ Yes ☒ No ☐ N/A </div> </div>	
c Mortality table code for valuation purposes		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	6.2 %
f Salary scale	6f	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	0.4 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2,186,343	230,405
4	(586,026)	(61,757)

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a 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	8,786,955

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	4,683,507
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)	62,082,214
(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	893,154
e Total charges. Add lines 9a through 9d	9e	12,801,872

Credits to funding standard account:

f	Prior year credit balance, if any	9f	6,065,528
g	Employer contributions. Total from column (b) of line 3	9g	8,015,815
	Outstanding balance		
h	Amortization credits as of valuation date	9h	24,688,428
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1,160,075

j Full funding limitation (FFL) and credits:

(1)	ERISA FFL (accrued liability FFL)	9j(1)	52,398,556
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	173,008,175
(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	20,708,099
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	7,906,227
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 2016 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

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 with 435 hours 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
June 1, 2016	\$4.77
June 1, 2017	\$5.27
June 1, 2018	\$5.77
June 1, 2019	\$6.27
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 unreduced for Pop-Up (QSJA) for married participants.
- b. Optional Actuarially Equivalent 75% Joint & Survivor Annuity unreduced for Pop-Up (QOSA), and Bridge Payment Annuity.

15. Changes Since Last Year:

The hourly contribution rates are scheduled to increase in accordance with the Memorandum of Understanding that was executed in March 2016.

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%/3.28% (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 Projected generationally using Scale AA.

b. Current Liability 2016 Static Mortality Table.

3. Retirement Rates:

a. Actives

	<30 Years of Service	>30 Years of Service
<u>Age</u>		
55-59	0.20	0.05
60	0.25	0.50
61	0.15	0.50
62	1.00	1.00

The weighted average retirement age is 59.5.

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: 1,825 per year.

6. Expense Load: \$290,000 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, year 3 – 0.12; years 4 and later:

<u>Age</u>	<u>Rate</u>
25	0.117159
35	0.114807
45	0.110495
55	0.087449
65	0.000000

8. Disability Rates:

<u>Age</u>	<u>Rate</u>
25	0.00102
35	0.00170
45	0.00357
55	0.00935
65	0.00000

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 expense load was increased, the retirement, disability and termination rates were updated, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

<u>I/1 Plan Year</u>	<u>Expected Annual Benefit Payments</u>
2016	\$12,659,250
2017	\$13,359,803
2018	\$14,053,183
2019	\$14,668,923
2020	\$15,269,153
2021	\$16,013,577
2022	\$16,565,884
2023	\$16,944,379
2024	\$17,326,401
2025	\$17,579,423

PN: 001

[illegible]

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	5	\$ 199,816	\$ 869,068
01/01/1987	Amendment	2,686,775	6	93,956	474,093
01/01/1989	Amendment	1,616,717	8	75,057	472,602
01/01/1990	Amendment	4,809,231	9	243,048	1,666,654
01/01/1991	Amendment	3,239,160	10	174,696	1,289,062
01/01/1996	Amendment	5,075,459	15	327,782	3,110,377
01/01/2000	Amendment	3,760,258	19	259,996	2,783,518
01/01/2000	Assumption	4,435,805	19	306,706	3,283,592
01/01/2002	Experience	3,263,446	6	152,691	770,462
01/01/2003	Experience	9,787,953	7	541,598	3,083,776
01/01/2005	Experience	1,736,483	9	117,417	805,167
01/01/2006	Experience	7,406,564	10	534,454	3,943,678
01/01/2007	Assumption	1,085,660	26	79,846	969,885
01/01/2008	Assumption	347,469	12	27,515	228,801
01/01/2008	Plan Change	2,438,012	12	193,059	1,605,363
01/01/2009	Assumption	366,376	13	30,024	262,263
01/01/2009	Experience	9,665,581	13	792,070	6,918,954
01/01/2010	Assumption	974,610	14	82,191	750,062
01/01/2010	Experience	2,245,739	14	189,388	1,728,330
01/01/2011	Assumption	352,130	15	30,427	288,724
01/01/2011	Experience	5,580,233	15	482,177	4,575,457
01/01/2012	Assumption	2,888,489	16	254,842	2,504,362
01/01/2012	Experience	8,384,921	16	739,774	7,269,849
01/01/2013	Assumption	1,215,887	17	109,222	1,107,678
01/01/2013	Experience	5,581,314	17	501,365	5,084,600
01/01/2014	Assumption	2,649,541	13	279,218	2,439,045
01/01/2015	Assumption	1,674,563	14	176,471	1,610,449
01/01/2016	Experience	2,186,343	15	230,405	2,186,343
Total Charges				7,225,211	62,082,214

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases

Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

Credit Bases:

Date		Initial	Rem.		Remaining
Established	Type	Balance	Years	Payment	Balance
01/01/1990	Assumption	\$ 4,402,091	4	\$ 346,726	\$ 1,248,400
01/01/1996	Assumption	3,570,489	10	281,226	2,075,131
01/01/2002	Assumption	1,029,374	16	81,078	796,756
01/01/2004	Experience	5,300,435	3	558,578	1,561,545
01/01/2004	Assumption	3,401,910	18	267,948	2,795,754
01/01/2004	Amendment	810,125	18	63,809	665,773
01/01/2007	Experience	2,387,039	6	251,554	1,269,317
01/01/2008	Experience	1,745,561	7	183,953	1,047,404
01/01/2009	Cost Method	20,932,374	3	2,836,793	7,930,438
01/01/2014	Experience	3,755,049	13	395,720	3,456,726
01/01/2015	Experience	1,305,128	14	137,539	1,255,158
01/01/2016	Assumption	586,026	15	61,757	586,026
	Total Credits			\$ 5,466,681	\$ 24,688,428
1.	Net Amortization				\$ 37,393,786
2.	Credit Balance				\$ 6,065,528
3.	Balance Test: [(1) - (2)]				\$ 31,328,258
4.	Unfunded Accrued Liability:				
	a. Accrued Liability				\$ 213,181,089
	b. Actuarial Value of Assets				181,852,831
	c. Unfunded Accrued Liability: [(a) - (b)]				\$ 31,328,258

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

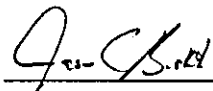
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan

EIN: 34-1442087

PN: 001

Effective with the January 1, 2016 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The retirement, disability, and termination rates were updated.
- The expense load was increased from \$280,000 to \$290,000 per year.

 (signed)

Jason C. Birkle

Enrollment # 17-07856

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 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. 1510-0110 1510-0089 2016 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning _____ and ending _____	
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.)
	☐ a single-employer plan
B This return/report is:	☐ the first return/report
	☐ an amended return/report
	☐ a DFE (specify) _____
	☐ the final return/report
	☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ ☒
D Check box if filing under:	☒ Form 5558
	☐ automatic extension
	☐ the DFVC program
	☐ special extension (enter description) _____

Part II Basic Plan Information —enter all requested information		
1a Name of plan IBEW LOCAL 683 PENSION FUND PENSION PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	06/01/1966
2a Plan sponsor's name (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) IBEW LOCAL 683 BOARD OF TRUSTEES PO BOX 8010 COLUMBUS OH 43201-8010	2b Employer Identification Number (EIN) 34-1442087	2c Plan Sponsor's telephone number 614-421-0600
	2d Business code (see instructions)	238210

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

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

SIGN HERE	 Signature of plan administrator	10/13/2017 Date	MARGARET R. STIMMEL Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10-13-2017 Date	BRIAN DAMANT 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)			Preparer's telephone number

For Paperwork Reduction Act Notice, see the instructions for Form 5500.

Form 5500 (2016)

IBEW683PF IBEW LOCAL 683 BOARD OF TRUSTEES

34-1442087

Federal Statements

FYE: 12/31/2016 **IBEW LOCAL 683 PENSION FUND PENSION PLAN**
Plan: 001

Change in Actuarial Assumptions

Description

EFFECTIVE JANUARY 1, 2017 VALUATION, THE FOLLOWING ASSUMPTIONS WERE CHANGED BASED UPON HISTORICAL PLAN AND INDUSTRY DATA AS AN INDICATOR OF ANTICIPATED FUTURE EXPERIENCE:

THE EXPENSE LOAD WAS INCREASED FOR \$290,000 TO \$300,000 PER YEAR.

THE MORTALITY RATES WERE UPDATED.

THE CURRENT LIABILITY MORTALITY AND INTEREST RATES WERE CHANGED AS MANDATED BY THE IRS.