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

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [X] 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. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/04/1984

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	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

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

IBEW LOCAL 683 FRINGE BENEFIT FUNDS

PO BOX 8010
939 GOODALE BLVD-SUITE 200
COLUMBUS, OH 43201-8010

3b Administrator's EIN: 31-1449092

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

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2073
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2022
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2036
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	62
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2098
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	2098
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2098
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	68

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

2E 2J

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ ___ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶	
IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
IBEW LOCAL 683 BOARD OF TRUSTEES	34-1442087	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INST.OPER.CO.
82 DEVONSHIRE STREET
BOSTON, MA 02109

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

IBEW LOCAL 683 FRINGE BENEFIT FUNDS

23 WEST SECOND AVENUE
COLUMBUS, OH 43201-8010

31-1449092

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

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

DANISON & ASSOCIATES, INC.

2152 TREMONT CENTER
COLUMBUS, OH 43201-8010

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	107814	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE ASSET MANAGEMENT

880 CARILLON PARKWAY
ST PETERSBURG, FL 33733

59-2385219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	41671	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

R.F. CHAPMAN

PO BOX 895
PORTSMOUTH, OH 45662-0895

31-1492960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	PLAN ACCOUNTANT	22625	Yes [ ] No [X]	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	PLAN COUNCIL	12048	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENT INST.OPER.CO.

82 DEVONSHIRE STREET
BOSTON, MA 02109

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65	INVESTMENTS	94862	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CHEVY CHASE TRUST

7501 WISCONSIN SUITE 1500
BETHESDA, MD 20814

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	INVESTMENT CUSTODIAN	7283	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KISSEL & ASSOCIATES, INC.

1005 LEXINGTON AVENUE
MANSFIELD, OH 44907

34-1204227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	PLAN AUDITOR	23253	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED ACTUARIAL SERVICES

11590 N MERIDIAN ST
CARMEL, IN 46032-4529

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	PERIODIC ACTUARIAL SERV.	7000	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)

ASB CAPITAL

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?
19	INVESTMENT CUSTODIAN	5512	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: KISSEL & ASSOCIATES, INC.

b EIN: 34-1204227

c Position: ACCOUNTANT

d Address: 1005 LEXINGTON AVENUE
MANDFIELD, OH 44907

e Telephone:

Explanation: PLAN AUDITOR RETIRED.

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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 PROFIT SHARING ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
34-1442087

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6223188-001	C	29790757

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-1772714-003	C	11451644

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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 PROFIT SHARING ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
34-1442087

Part I Asset and Liability Statement

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	798643	1769195
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	446330	503279
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	122087	97893
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1816100	2595953
(2) U.S. Government securities	1c(2)	8600469	9233986
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	8991795	7976344
(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)		1763735
(7) Loans (other than to participants)	1c(7)	2448926	2587375
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	43437788	41242400
(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)	65742110	73763842
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	132404248	141534002
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	45515	79689
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	45515	79689
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	132358733	141454313

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)	5193045	
	(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)		5193045
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	216	
	(B) U.S. Government securities	2b(1)(B)	490024	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	99562	
	(F) Other	2b(1)(F)	580096	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1169898
	(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)	3055916	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3055916
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	24299198	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	23918031	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		381167
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	3971479	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		3971479

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		13771505
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4365627	
(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)		4365627
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)	57926	
(2) Contract administrator fees	2i(2)	71786	
(3) Investment advisory and management fees	2i(3)	107814	
(4) Other	2i(4)	72772	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		310298
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4675925
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9095580
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: 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:

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

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

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_____. (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

International Brotherhood of Electrical Workers
Local 683 - Profit Sharing Annuity Plan

Financial Statements

For the Years Ended
December 31, 2016 and 2015

BODINE PERRY LLC
Certified Public Accountants & Business Analysts
Plan. Execute. Win.

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

www.bodineperry.com

Table of Contents

Independent Auditors' Report 1

Financial Statements

Statements of Net Assets Available for Benefits 3

Statements of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5

Supplementary Information

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) 13

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions 16

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

BODINE PERRY LLC
Certified Public Accountants & Business Analysts
Plan. Execute. Win.

OHIO SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

Board of Trustees and Plan Management
International Brotherhood of Electrical Workers
Local 683 - Profit Sharing Annuity Plan
Columbus, Ohio

We have audited the accompanying financial statements of the International Brotherhood of Electrical Workers Local 683 - Profit Sharing Annuity Plan which comprise the statements of net assets available for benefits as of December 31, 2016, and the related statements of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with 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 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 the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of International Brotherhood of Electrical Workers Local 683 - Profit Sharing Annuity Plan as of December 31, 2016, and the changes in its net assets available for benefits for the year ended December 31, 2016, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions, together referred to as "supplemental information", are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplemental 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.

Prior Year Financial Statements

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

Bodine Perry, LLC

Canfield, Ohio
October 9, 2017

International Brotherhood of Electrical Workers
Local 683 - Profit Sharing Annuity Plan

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

Assets

	2016	2015
Cash and Cash Equivalents	$ 1,769,195	$ 798,643
Investments at Fair Value		
Money market funds	2,595,953	1,816,100
U.S. government agencies obligations	5,247,882	4,746,784
U.S. government obligations	3,986,104	3,853,685
Corporate bonds	7,976,344	8,991,795
Mutual Funds	73,763,842	65,742,110
Common collective trusts	41,242,400	43,437,788
Private real estate investment trust	1,763,735	-
Total Investments	136,576,260	128,588,262
Receivables		
Employer contributions	503,279	446,330
Accrued interest income	97,893	122,087
Notes receivable from participants	2,587,375	2,448,926
Total Receivables	3,188,547	3,017,343
Total Assets	**141,534,002**	**132,404,248**

Liabilities

Accounts payable and accrued expenses	79,689	45,515
Total Liabilities	79,689	45,515
Net Assets Available for Benefits	**$ 141,454,313**	**$ 132,358,733**

See Independent Auditors' Report and Notes to Financial Statements.

International Brotherhood of Electrical Workers
Local 683 - Profit Sharing Annuity Plan

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

	2016	2015
Additions to Net Assets		
Investment Income:		
Interest income	$ 1,070,336	$ 982,707
Dividend income	3,055,916	3,277,384
Net appreciation (depreciation) in fair value of investments	4,352,646	(3,239,740)
Total Investment Income	8,478,898	1,020,351
Less: Investment Expenses	(54,466)	(49,075)
Net Investment Income	8,424,432	971,276
Interest income from participants notes receivables	99,562	101,487
Contributions:		
Employer contributions	5,064,759	4,450,085
Reciprocity received	315,339	485,292
Reciprocity paid	(187,053)	(91,426)
Total Contributions	5,193,045	4,843,951
Total Additions	13,717,039	5,916,714
Deductions from Net Assets		
Participant Benefits Paid	4,365,627	7,597,308
Administrative Expenses		
Legal fees	12,048	26,382
Accounting fees	45,878	45,849
Administrative manager fees and related expenses	71,786	80,286
Consulting fees	107,814	106,129
Insurance	17,177	18,733
Conventions and meetings	1,129	2,589
Total Administrative Expenses	255,832	279,968
Total Deductions	4,621,459	7,877,276
Change in Net Assets Available for Benefits	9,095,580	(1,960,562)
Net Assets Available for Benefits:		
Beginning of Year	132,358,733	134,319,295
End of Year	**$ 141,454,313**	**$ 132,358,733**

See Independent Auditors' Report and Notes to Financial Statements.

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

Participant Accounts

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

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

Contributions

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

Payments of Benefits

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

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

Note A – Description of Plan (continued)

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

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

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

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

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

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

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

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 in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Note B – Summary of Significant Accounting Policies (continued)

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.

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

Investment Valuation and Income Recognition
The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of Fair Value Measurements.

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

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2016 and 2015.

Payment of Benefits
Benefits are recorded when paid.

Administrative Expenses
All expenses of maintaining the Plan are paid by the Plan.

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 – 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, 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

Note C - Investments (continued)

priority to unobservable inputs (Level 3 measurements). The three levels of value hierarchy under the Financial Accounting Standards Board Accounting Standards Codification (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 that the Plan has the ability to access.

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 are 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 reported as level 1.

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

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.

Note C - Investments (continued)

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	$ 2,595,953	$ -0-	$ -0-	$ 2,595,953
U.S government agencies obligations	5,247,882	-0-	-0-	5,247,882
U.S. government obligations	-0-	3,986,104	-0-	3,986,104
Corporate bonds	-0-	7,976,344	-0-	7,976,344
Mutual Funds	73,763,842	-0-	-0-	73,763,842
Total Assets in Fair Value Hierarchy	81,607,677	11,962,448	-0-	93,570,125
Investments Valued at NAV	-0-	-0-	-0-	43,006,135
Total	$ 81,607,677	$ 11,962,448	$ -0-	$ 136,576,260

	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 1,816,100	$ -0-	$ -0-	$ 1,816,100
U.S government agencies obligations	4,746,784	-0-	-0-	4,746,784
U.S. government obligations	-0-	3,853,685	-0-	3,853,685
Corporate bonds	-0-	8,991,795	-0-	8,991,795
Mutual Funds	65,742,110	-0-	-0-	65,742,110
Total Assets in Fair Value Hierarchy	72,304,994	12,845,480	-0-	85,150,474
Investments Valued at NAV	-0-	-0-	-0-	43,437,788
Total	$ 72,304,994	$ 12,845,480	$ -0-	$ 128,588,262

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)	$ 11,451,643	Daily	See (a)
Common collective trust (b)	29,790,757	Daily	See (b)
Private REIT (c)	1,763,735	Quarterly	See (c)
	$ 43,006,135		

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.

Note C - Investments (continued)

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) 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.

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)	$ 13,606,551	Daily	See (a)
Common collective trust (b)	29,831,237	Daily	See (b)
	$ 43,437,788		

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 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.

Note D – Nonparticipant-Directed Investments

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

	December 31, 2016	December 31, 2015
Net Assets:		
Money market funds	$ 1,023,744	$ 322,077
U.S. government agencies obligations	5,247,882	4,746,784
U.S. government obligations	3,986,104	3,853,685
Corporate bonds	7,976,344	8,991,795
Mutual funds	24,912,612	21,128,829
Common collective trusts	34,318,441	36,033,848
Private real estate investment trust	1,763,735	-0-
	$ 79,228,862	$ 75,077,018

	2016	2015
Changes in Net Assets:		
Contributions	$ 3,829,222	$ 3,517,591
Dividends	971,683	434,303
Interest	1,000,320	1,057,874
Net appreciation (depreciation)	2,233,474	(602,857)
Benefits paid to participants	(2,252,652)	(4,146,226)
Transfers to participant directed investments	(609,400)	(324,790)
Transfers from participant directed investments	217,733	-0-
Change in participant loans	45,540	96,808
Changes in other assets and liabilities	(969,133)	603,088
Expenses	(314,943)	(210,624)
	$ 4,151,844	$ 425,167

Note E - Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated December 4, 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.

Note F - Concentrations

During the year ended December 31, 2016, three employers comprise approximately 60% of the total employer contributions.

During the year ended December 31, 2015, two employers comprise approximately 45% of the total employer contributions.

Note F – Concentrations (continued)

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 $1,536,657 and $725,470 at December 31, 2016 and 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.

One of the Plan's investments has a small portion of derivatives included in its total assets. The management of the investment fund is confident that any losses on derivatives would be an insignificant amount of its total assets.

Note H – Related Party and Parties in Interest Transactions

The Plan is administered by I.B.E.W. Local 683 Fringe Benefit Fund, Inc. (a non-profit corporation) organized by the board of Trustees of the I.B.E.W. Local 683 Profit Sharing Annuity Plan, Pension Plan, Educational Plan and Health and Welfare Plan. Administration fees paid to I.B.E.W. Local 683 Fringe Benefit Fund, Inc. for 2016 and 2015 were $74,910 for each year. The Plan also 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 – Accounting Changes - Plan Investment Disclosures

In May 2015, the Financial Accounting Standards Board FASB 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 - Profit Sharing Annuity Plan
FEIN 34-1442087. PN 002

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
	Money Market Funds			
	Meeder Institutional Prime MM-FLPXX	38,894.156 shares variable rate	$ 38,898	$ 38,898
	SEI Daily Income Gov't Fund Gov't Portfolio	981,645.68 shares variable rate	981,646	981,646
	Raymond James Bank Deposit Program	3,200.16 units 0.02% estimated yield	3,200	3,200
	Fidelity FMMT Retire Gov II	1,572,208.91 shares variable rate	1,572,209	1,572,209
			2,595,953	2,595,953
	U.S. Government Agency Obligations			
	Private Export Funding	4.375% due 03/15/19 $165,000	185,874	175,474
	Federal National Mortgage Assn	1.000% due 10/24/19 $185,000	184,504	182,443
	Private Export Funding	4.300% due 12/15/21 $240,000	268,314	264,130
	Tennessee Valley Authority	3.875% due 02/15/21 $186,000	199,670	200,140
	Federal Home Loan Bank	1.125% due 07/14/21 $280,000	278,070	270,273
	Tennessee Valley Authority	1.875% due 08/15/22 $350,000	355,359	344,932
	Federal National Mortgage Assn Pool	2.500% due 12/01/22 $167,631	172,345	171,097
	Federal National Mortgage Assn Pool	2.500% due 05/01/23 $170,608	183,654	174,301
	Federal National Mortgage Assn Pool	3.000% due 11/01/23 $216,914	232,961	223,616
	Federal Home Loan Mortgage Corp	4.500% due 05/01/24 $95,544	104,164	101,376
	Federal National Mortgage Assn Pool	3.500% due 12/01/24 $227,896	241,890	237,680
	Federal National Mortgage Assn Pool	3.000% due 01/01/25 $238,143	250,832	245,528
	Federal National Mortgage Assn Pool	3.000% due 02/01/25 $249,815	262,434	257,565
	Federal National Mortgage Assn Pool	3.000% due 04/01/25 $194,305	204,506	200,355
	Federal National Mortgage Assn Pool	3.500% due 08/01/26 $236,551	249,487	246,761
	Federal National Mortgage Assn Pool	4.500% due 01/01/27 $173,509	187,606	182,958
	Federal Home Loan Mortgage Corp	2.500% due 05/01/28 $172,863	181,685	173,421
	Federal National Mortgage Assn Pool	3.000% due 05/01/28 $248,075	259,704	255,004
	Federal Home Loan Mortgage Corp	3.000% due 08/01/28 $248,092	258,171	254,835
	Federal Home Loan Mortgage Corp	4.000% due 01/01/29 $236,474	249,776	243,795
	Federal National Mortgage Assn Pool	3.000% due 01/01/29 $289,268	302,873	297,217
	Federal National Mortgage Assn Pool	4.000% due 02/01/29 $117,856	126,364	124,425
	Federal Home Loan Mortgage Corp	4.000% due 08/15/29 $175,423	186,498	181,284
	Federal Home Loan Mortgage Corp	3.000% due 03/01/31 $232,995	243,862	239,272
			5,370,603	5,247,882
	U.S. Government Obligations			
	U.S. Treasury notes	3.625% due 02/15/21 $502,000	538,614	538,867
	U.S. Treasury notes	3.125% due 05/15/21 $240,000	255,381	252,910
	U.S. Treasury notes	1.750% due 05/15/22 $339,000	328,597	334,020
	U.S. Treasury notes	2.750% due 11/15/23 $543,000	573,440	560,903
	U.S. Treasury notes	2.750% due 02/15/24 $836,000	867,154	863,429
	U.S. Treasury notes	2.125% due 05/15/25 $1,037,000	1,048,985	1,016,581
	U.S. Treasury notes	2.250% due 11/15/25 $245,000	256,934	241,862
	U.S. Treasury notes	1.625% due 02/15/26 $190,000	188,167	177,532
			4,057,272	3,986,104

International Brotherhood of Electrical Workers
Local 683 - Profit Sharing Annuity Plan
FEIN 34-1442087. PN 002

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
	Corporate Bonds			
	John Deere Owner Trust	0.920% due 04/16/18 $59,236	$ 59,227	$ 59,211
	Carmax Auto Owner Trust	0.890% due 08/17/18 $115,095	115,131	115,018
	Ontario (Province of)	2.000% due 09/27/18 $365,000	366,248	367,862
	Kinder Morgan Energy Partners	2.650% due 02/01/19 $247,000	243,692	248,299
	Ford Credit Floorplan Master Owner	1.200% due 02/15/19 $280,000	279,976	280,014
	Ford Credit Auto Owner Trust	1.290% due 04/15/19 $185,000	184,955	185,117
	Int'l Bank Recon & Development	1.875% due 10/07/19 $250,000	252,341	251,263
	KLA-Tencor Corp	3.875% due 11/01/19 $166,000	167,771	169,944
	CNH Equipment Trust	0.870% due 11/15/19 $119,250	118,719	119,185
	First Tennessee Bank	2.950% due 12/01/19 $188,000	189,946	188,466
	American Express Credit Account	1.260% due 01/15/20 $280,000	279,994	280,176
	Valero Energy Corp	6.125% due 02/01/20 $98,000	107,103	108,166
	PNC Funding Corp	5.125% due 02/08/20 $245,000	263,119	265,080
	AT&T Inc.	5.200% due 03/15/20 $125,000	134,284	134,382
	Zimmer Holdings Inc.	2.700% due 04/01/20 $124,000	123,936	124,006
	Inter-American Devel Bank	1.875% due 06/16/20 $290,000	289,861	290,029
	Medco Health Solutions	4.125% due 09/15/20 $175,000	184,549	183,627
	Exelon Generation Co LLC	4.000% due 10/01/20 $178,000	183,893	184,990
	Ace INA Holdings	2.300% due 11/03/20 $185,000	184,896	184,957
	Intercontinental Exchange	2.750% due 12/01/20 $275,000	277,398	276,788
	Cardinal Health Inc.	4.625% due 12/15/20 $175,00	186,590	187,679
	US Bancorp	2.350% due 01/29/21 $360,000	363,576	360,824
	Anheuser-Busch Inbev Fin	2.650% due 02/01/21 $358,000	362,427	360,059
	JPMorgan Chase & Co	2.550% due 03/01/21 $180,000	181,933	179,435
	Branch Banking & Trust	2.850% due 04/01/21 $180,000	183,746	182,756
	AutoZone Inc.	2.500% due 04/15/21 $65,000	64,975	64,269
	Bank of America Corp	5.000% due 05/13/21 $115,000	126,815	125,240
	Int'l Bank Recon & Development	1.375% due 05/24/21 $185,000	184,519	179,785
	Sysco Corporation	2.500% due 07/15/21 $175,000	176,309	173,133
	Wells Fargo & Company	2.100% due 07/26/21 $190,000	188,953	184,881
	Citizens Financial Group	2.375% due 07/28/21 $46,000	46,235	45,109
	Fidelity National Information Services	2.250% due 08/15/21 $92,000	92,380	89,703
	Honeywell International	1.850% due 11/01/21 $190,000	189,162	185,674
	United Technologies Corp	1.950% due 11/01/21 $180,000	179,996	176,447
	Goldman Sachs Group Inc.	5.750% due 01/24/22 $120,000	133,336	134,906
	JM Smucker Co	3.000% due 03/15/21 $90,000	92,893	90,869
	Cisco Systems Inc.	3.000% due 06/15/22 $175,000	184,961	178,381
	Northern States Power-Minn	2.150% due 08/15/22 $195,000	188,760	190,626
	Intel Corp	2.700% due 12/15/22 $135,000	135,521	135,609
	Marsh & McLennan Cos Inc.	3.300% due 03/14/23 $190,000	189,854	193,091
	Celgene Corp	4.000% due 08/15/23 $135,000	140,628	140,759
	Novartis Capital Corp	3.400% due 05/06/24 $275,000	273,039	283,388
	CSX Corp	3.400% due 08/01/24 $115,000	115,437	117,141
			$ 7,989,084	$ 7,976,344

International Brotherhood of Electrical Workers
Local 683 - Profit Sharing Annuity Plan
FEIN 34-1442087. PN 002

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
	Mutual Funds			
	Fidelity Balanced K	271,079.499 shares	$ 5,445,967	$ 5,969,171
	Fidelity Diversified Intl K	46,617.400 shares	1,423,366	1,549,096
	Fidelity Dividend Growth K	90,806.629 shares	2,637,182	2,921,249
	Fidelity Equity Income K	64,012.520 shares	3,013,112	3,666,637
	Fidelity Growth Co K	48,017.250 shares	5,107,761	6,560,597
	Fidelity Mid Cap Stock K	97,694.205 shares	3,058,428	3,383,150
	First Eagle Global Fund	303,130.290 shares	13,446,359	16,517,570
	First Eagle Overseas Fund	165,169.804 shares	3,854,491	3,774,130
	Franklin Mutual Global Disc R6	22,871.193 shares	759,769	711,980
	Franklin Mutual Shares R6	58,501.436 shares	1,754,596	1,650,326
	IVA Worldwide Fund	268,813.929 shares	4,066,776	4,620,911
	NB Genesis R6	70,085.568 shares	4,006,586	3,975,253
	Oakmark Select I	131,923.290 shares	4,265,533	5,677,978
	Pimco Total Return Inst	776,204.110 shares	8,628,135	7,785,327
	Fidelity Extnd Mkt Index PR	15,514.491 shares	805,923	861,675
	Fidelity 500 Index PR	38,105.319 shares	2,373,144	2,985,171
	Templeton Foreign R6	167,921.570 shares	1,238,665	1,153,621
			65,885,793	73,763,842
	Common Collective Trusts			
	IBEW-NECA Stable Value Invt Fund	69,656.652 shares	28,709,398	29,790,757
	IBEW-NECA Equity Index Fund	265,194.840 shares	4,838,388	11,451,643
			33,547,786	41,242,400
	Private Real Estate Investment Trust			
	ASB Allegiance Real Estate Fund	1,283.460 shares	1,750,000	1,763,735
	Participant Loans	5.25-5.50%	-	2,587,375
	Total Assets Held For Investment		**$ 121,196,491**	**$ 139,163,635**

See Independent Auditors' Report

International Brotherhood of Electrical Workers
Local 683 - Profit Sharing Annuity Plan

FEIN 34-1442087, PN 002

Schedule H, Part IV, Line 4j

Schedule of Reportable Transactions
For the Year Ended 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) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SEI Daily Income TR Govt Portfolio CL B	5,246,676 shares money market	$ 5,246,676	$ -	$ -	$ -	$ 5,246,676	$ 5,246,676	$ -
SEI Daily Income TR Govt Portfolio CL B	4,548,425 shares	-	4,548,426	-	-	4,548,426	4,548,426	-
		$ 5,246,676	$ 4,548,426			$ 9,795,102	$ 9,795,102	$ -

See Independent Auditors' Report

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 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

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning and ending

A This return/report is for: [X] 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.)

B This return/report is: [ ] a single-employer plan [ ] a DFE (specify)____
[ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/04/1984

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	Margaret R. Stimmel Signature of plan administrator	10/13/2017 Date	MARGARET R. STIMMEL Enter name of individual signing as plan administrator
SIGN HERE	Brian D Damant 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

International Brotherhood of Electrical Workers
Local 683 - Profit Sharing Annuity Plan

FEIN 34-1442087, PN 002

Schedule H, Part IV, Line 4j

Schedule of Reportable Transactions
For the Year Ended 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) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SEI Daily Income TR Govt Portfolio CL B	5,246,676 shares money market	$ 5,246,676	$ -	$ -	$ -	$ 5,246,676	$ 5,246,676	$ -
SEI Daily Income TR Govt Portfolio CL B	4,548,425 shares	-	4,548,426	-	-	4,548,426	4,548,426	-
		$ 5,246,676	$ 4,548,426			$ 9,795,102	$ 9,795,102	$ -

See Independent Auditors' Report