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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1966

2a Plan sponsor's name (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.	10/12/2018	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

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: 614-421-6000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	2336
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)**	966
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1042
b Retired or separated participants receiving benefits	**6b**	641
c Other retired or separated participants entitled to future benefits	**6c**	523
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2206
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	208
f Total. Add lines **6d** and **6e**.	**6f**	2414
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who 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**	71

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	**(1)**	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ Trust
(4)	☐ General assets of the sponsor	**(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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-1442087

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

1a	Enter the valuation date: Month 01 Day 01 Year 2017		
b	Assets		
(1)	Current value of assets	**1b(1)**	185227755
(2)	Actuarial value of assets for funding standard account	**1b(2)**	190683154
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	224534455
(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)**	224534455
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)**	410987129
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	11966561
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	13396154
(3)	Expected plan disbursements for the plan year	**1d(3)**	13696154

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

09/19/2018
Date

RANDALL N. SMITH
Type or print name of actuary

17-06649
Most recent enrollment number

CUNI, RUST, & STRENK
Firm name

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

4555 LAKE FOREST DRIVE - SUITE 620, CINCINNATI, OH 45242-3760
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	**2a**		185227755
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		825	166385802
(2) For terminated vested participants		545	60201648
(3) For active participants:			
(a) Non-vested benefits			4254389
(b) Vested benefits			180145290
(c) Total active		966	184399679
(4) Total		2336	410987129
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		45.07%

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
01/01/2017					
12/31/2017	9605267				
			Totals ► **3(b)**	9605267	**3(c)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	84.9%
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**	3.05%			
			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**	6.0%	☐ 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**	7.3%			
h Estimated investment return on current value of assets for year ending on the valuation date		**6h**	8.3%			

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	301533	31777
4	3148095	331757

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**	10254021	

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**	4968215
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)**	62420905	7588745
(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**	941772
e Total charges. Add lines 9a through 9d		**9e**	13498732

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	7906227
g	Employer contributions. Total from column (b) of line 3		**9g**	9605267
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 20663377		5466685
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	1356654
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 56094728		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 189212653		
	(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**	24334833
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	10836101
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 2017 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.		[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-1442087

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

IBEW LOCAL 683 FRINGE BENEFIT FUNDS

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 [X]	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	147947	Yes [ ] No [X]	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	20660	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CUNI, RUST & STRENK

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	34800	Yes [ ] No [X]	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	21675	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	LEGAL COUNCIL	25227	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)

BODINE PERRY, LLC

3711 STARRS CENTRE DR.
CANFIELD, OH 44406

41-2028444

(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	17500	Yes [ ] No [X]	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	38373	Yes [ ] No [X]	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	24380	Yes [ ] No [X]	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: JASON BIRKLE	**b** EIN: 34-1442087	
c Position: ACTUARY		
d Address: 4555 LAKE FOREST DRIVE CINCINNATI, OH 45242-3760	**e** Telephone:	

Explanation: THE ENROLLED ACTUARY WAS CHANGED BECAUSE WORK INTERNALLY AT CUNI, RUST, & STRENK WAS REASSIGNED.

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-1442087

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

a Name of MTIA, CCT, PSA, or 103-12 IE: IBEW-NECA 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	54226573

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	19456055

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-1442087

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	623880	550373
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	804082	989295
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	49306	52427
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	650924	438172
(2) U.S. Government securities	1c(2)	4342681	4672653
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4191558	4259735
(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	5356382
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	68906181	75584394
(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)	100877848	114875304
(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	185478362	206778735
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	250607	243609
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	250607	243609
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	185227755	206535126

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)	9605267	
	(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)		9605267
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1499	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	247169	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	389201	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		637869
	(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)	4631168	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4631168
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	8102735	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6118671	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1984064
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	323859	
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		323859

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8104553
(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)		9360854
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		34647634
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12806756	
(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)		12806756
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)	99202	
(2) Contract administrator fees	2i(2)	101640	
(3) Investment advisory and management fees	2i(3)	235061	
(4) Other	2i(4)	97604	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		533507
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13340263
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		21307371
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			

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

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 4144766. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under 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).

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
IBEW LOCAL 683 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-1442087

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

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

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

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

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

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

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 3648564

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 2018

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) 5.27
(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 1511511

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 2018

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) 5.27
(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 791117

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 2018

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) 5.27
(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

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: 58.0 % Investment-Grade Debt: 5.0 % High-Yield Debt: _____% Real Estate: _____% Other: 37.0 %

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):

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

Financial Statements

For the Years Ended
December 31, 2017 and 2016

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

Table of Contents

	Page
Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statements of Accumulated Plan Benefits	5
Statements of Changes in Accumulated Plan Benefits	6
Notes to Financial Statements	7
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4j - Schedule of Reportable Transactions	17

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 and of accumulated plan benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years ended December 31, 2017 and 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, 2017 and 2016, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the 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 05, 2018

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

Statements of Net Assets Available for Benefits
As of December 31, 2017 and 2016

Assets

	2017	2016
Cash and Cash Equivalents	$ 550,373	$ 623,880
Investments at Fair Value		
Money market funds	438,172	650,924
U.S government agencies obligations	2,823,920	2,461,038
U.S government obligations	1,848,733	1,881,643
Corporate bonds	4,259,735	4,191,558
Mutual funds	114,875,304	100,877,848
Common collective trusts	75,584,394	68,906,181
Private real estate investment trusts	5,356,382	5,031,902
Total Investments	205,186,640	184,001,094
Receivables		
Employer contributions	948,431	775,605
Reciprocity contributions	40,864	28,477
Accrued interest and dividend income	52,427	49,306
Total Receivables	1,041,722	853,388
Total Assets	**206,778,735**	**185,478,362**

Liabilities

Accounts payable and accrued expenses	243,609	250,607
Total Liabilities	243,609	250,607
Net Assets Available for Benefits	**$ 206,535,126**	**$ 185,227,755**

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, 2017 and 2016

	2017	2016
Additions to Net Assets		
Investment Income:		
Interest income	$ 637,869	$ 615,245
Dividend income	4,631,168	3,966,139
Net appreciation (depreciation) in fair value of investments	19,773,330	9,994,669
Total Investment Income	25,042,367	14,576,053
Less: Investment Expenses	(87,114)	(45,442)
Net Investment Income	24,955,253	14,530,611
Contributions:		
Employer contributions	10,173,967	8,134,104
Reciprocity received	231,097	252,758
Reciprocity paid	(799,797)	(371,046)
Total Contributions	9,605,267	8,015,816
Total Additions	34,560,520	22,546,427
Deductions from Net Assets		
Participant Benefits Paid	12,806,756	12,066,110
Administrative Expenses:		
Accounting fees	39,175	47,012
Actuary fee	34,800	33,275
Attorney fees	25,227	18,656
Administrative manager fees	101,640	101,640
Consultant fee	147,947	143,333
PBGC premium	65,408	61,965
Insurance expense	22,891	22,764
Office supplies expense	6,734	7,467
Plan administrative expenses	2,200	2,200
Trustee conferences and meetings expense	371	1,531
Total Administrative Expenses	446,393	439,843
Total Deductions	13,253,149	12,505,953
Change in Net Assets Available for Benefits	21,307,371	10,040,474
Net Assets Available for Benefits:		
Beginning of Year	185,227,755	175,187,281
End of Year	**$ 206,535,126**	**$ 185,227,755**

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, 2017 and 2016

	2017	2016
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits:		
Participants currently receiving benefits	$ 123,117,527	$ 116,047,134
Other participants	110,370,161	111,332,990
	233,487,688	227,380,124
Nonvested Benefits	9,105,807	3,650,985
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 242,593,495**	**$ 231,031,109**

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, 2017 and 2016

	2017	2016
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$ 231,031,109	$ 219,677,743
Increase (Decrease) During Year Attributable to:		
Decrease in discount period	16,293,633	15,544,283
Change in actuarial assumptions	386,672	3,148,095
Benefits paid	(12,806,756)	(12,066,110)
Plan experience and benefit accrual	7,688,837	4,727,098
Net Change	11,562,386	11,353,366
Actuarial Present Value of Accumulated Plan Benefits at End of Year	**$ 242,593,495**	**$ 231,031,109**

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, 2017 and 2016

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, 2017.

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.

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.

Note B – Summary of Significant Accounting Policies (continued)

Reciprocity Agreements
The Plan has signed reciprocity agreements with other IBEW Locals and amounts due from or due to other IBEW Locals are recorded as accounts receivable or accounts payable.

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 05, 2018, 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 adats 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, 2017 and 2016 were (a) life expectancy of participants (non-disabled – RP-2014 Mortality Table with Blue Collar Adjustment), (disabled – RP-2014 Disabled Retiree Mortality Table), (b) retirement age assumptions (assumed average retirement age was 60), and (c) investment return. The interest rates used to discount the obligation for each year ended December 31, 2017 and 2016 were 7.25%, which included a reduction of .25% to reflect anticipated administrative expenses associated with providing benefits. Previously, this rate was stated at 7,5%%. This has been re-stated for previous years in these financial statements with a net increase of the actuarial present value of accumulated plan benefits as of January 1, 2016 of $6,496,654.

Note C – Actuarial Present Value of Accumulated Plan Benefits (continued)

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, 2018 and 2017. Had the valuations been performed as of December 31, there would be no material differences.

Note D – Investments and Fair Value Measurements

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, 2017 and 2016.

Note D – Investments and Fair Value Measurements (continued)

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.

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, 2017			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 438,172	$ -0-	$ -0-	$ 438,172
U.S. government agencies obligations	2,823,920	-0-	-0-	2,823,920
U.S. government obligations	-0-	1,848,733	-0-	1,848,733
Corporate bonds	-0-	4,259,735	-0-	4,259,735
Mutual funds	114,875,304	-0-	-0-	114,875,304
Total Assets in Fair Value Hierarchy	$ 118,137,396	$ 6,108,468	$ -0-	124,245,864
Investments Valued at NAV				80,940,776
Total				$ 205,186,640

There were no level 3 investments as of December 31, 2017.

	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
Investments Valued at NAV				73,938,083
Total				$ 184,001,094

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

Note D – Investments and Fair Value Measurements (continued)

The following table summarizes investments measured at fair value based on net asset value (NAV) per unit as of December 31, 2017 and December 31, 2016.

	2017	2016	Redemption Frequency	Redemption Notice Period
Common collective trust (a)	$ 54,226,573	$ 47,995,918	Daily	See (a)
Common collective trust (b)	19,456,055	19,066,853	Daily	See (b)
Common collective trust (c)	1,901,766	1,843,410	Monthly	See (c)
Private REIT (d)	3,172,222	3,023,545	Quarterly	See (d)
Private REIT (e)	2,184,160	2,008,357	Quarterly	See (e)
	$ 80,940,776	$ 73,938,083		

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, 2017, all of the Plan's investments in Private REITs were valued at the respective NAVs of the Private REITs.

Note D – Investments and Fair Value Measurements (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.

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.

Note F – Concentrations

Employer Contributions

During the year ended December 31, 2017, two employers represented 58%, of total employer contributions to the Plan. During the year ended December 31, 2016, three employers represented 60% of total employer contributions to the Plan.

Credit Risk

The Plan maintains its cash in bank deposit accounts at financial institutions. The balances, at times, may exceed current federally insured limits through the Federal Deposit Insurance Corporation of $250,000, per institution.

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 2017 and 2016 were $101,640. 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.

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

FEIN 34-1442087, PN 001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2017

(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	153,693.189 shares variable rate	$ 153,678	$ 153,678
	Blackrock Liquidity Funds Fedfund	120.040 shares variable rate	120	120
	SEI Daily Income Gov't Fund Gov't Portfolio	281,169.30 shares variable rate	281,169	281,169
	Raymond James Bank Deposit Program	3,204.57 units 0.03% estimated yield	3,205	3,205
			438,172	438,172
	U.S. Government Agencies Obligations			
	Private Export Funding	4.375% due 03/15/19 $145,000	163,344	149,164
	Federal National Mortgage Assn	1.000% due 10/24/19 $90,000	89,759	88,532
	Federal Home Loan Mortgage Assn	4.000% due 05/01/20 $28,562	29,169	29,397
	Tennessee Valley Authority	3.875% due 02/15/21 $105,000	110,902	110,741
	Federal Home Loan Bank	1.125% due 07/14/21 $115,000	114,207	111,180
	Private Export Funding	4.300% due 12/15/21 $119,000	130,305	128,114
	Govt National Mortgage Assn Pool	4.500% due 02/15/22 $46,546	47,244	47,622
	Federal Home Loan Mortgage Assn	2.838% due 09/25/22 $174,000	178,556	176,507
	Federal Home Loan Mortgage Assn	2.637% due 01/28/23 $90,000	92,155	90,733
	Federal National Mortgage Assn Pool	2.500% due 05/01/23 $107,984	116,241	108,586
	Federal National Mortgage Assn Pool	3.000% due 11/01/23 $144,190	154,857	146,973
	Federal Home Loan Mortgage Corp	4.500% due 05/01/24 $61,941	67,529	64,894
	Tennessee Valley Authority	2.875% due 09/15/24 $90,000	92,443	92,393
	Federal National Mortgage Assn Pool	3.500% due 12/01/24 $136,331	144,703	140,757
	Federal National Mortgage Assn Pool	3.000% due 04/01/25 $105,598	111,142	107,647
	Federal National Mortgage Assn Pool	3.500% due 08/01/26 $98,665	104,061	101,868
	Federal Home Loan Mortgage Corp	4.000% due 10/01/26 $71,687	75,955	75,062
	Federal National Mortgage Assn Pool	4.500% due 01/01/27 $118,920	128,582	125,494
	Federal National Mortgage Assn Pool	3.500% due 03/01/27 $151,251	158,750	156,409
	Federal Home Loan Mortgage Corp	2.500% due 05/01/28 $129,408	136,013	130,037
	Federal National Mortgage Assn Pool	3.000% due 05/01/28 $96,970	101,515	98,833
	Federal National Mortgage Assn Pool	3.000% due 06/01/28 $153,255	160,127	156,525
	Federal National Mortgage Assn Pool	4.000% due 02/01/29 $60,502	64,869	63,019
	Federal National Mortgage Assn Pool	4.000% due 02/01/29 $143,400	151,511	150,084
	Federal Home Loan Mortgage Corp	4.000% due 08/15/29 $69,122	74,137	70,340
	Federal Home Loan Mortgage Corp	3.000% due 01/01/31 $101,110	105,826	103,009
			2,903,902	2,823,920
	U.S. Government Obligations			
	U.S. Treasury notes	3.625% due 02/15/21 $163,000	170,032	170,933
	U.S. Treasury notes	3.125% due 05/15/21 $58,000	60,889	60,012
	U.S. Treasury notes	1.750% due 05/15/22 $150,000	145,231	147,587
	U.S. Treasury notes	2.750% due 11/15/23 $205,000	213,698	210,549
	U.S. Treasury notes	2.750% due 02/15/24 $441,000	453,746	452,576
	U.S. Treasury notes	2.125% due 05/15/25 $372,000	371,887	366,320
	U.S. Treasury notes	2.250% due 11/15/25 $121,000	126,260	119,936
	U.S. Treasury notes	1.625% due 02/15/26 $186,000	183,893	175,655
	U.S. Treasury notes	2.000% due 11/15/26 $150,000	144,469	145,165
			$ 1,870,105	$ 1,848,733

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

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2017

(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			
	Ontario (Province of)	2.000% due 06/24/18 $150,000	$ 150,513	$ 150,062
	Int'l Bank Recon & Development	1.875% due 10/07/19 $145,000	145,874	144,685
	Kia-Tencor Corp	3.375% due 11/01/19 $82,000	82,565	83,352
	First Tennesee Bank	2.950% due 12/01/19 $94,000	94,635	94,626
	Valero Energy Corp	6.125% due 02/01/20 $42,000	44,674	45,234
	PNC Funding Corp	5.125% due 02/08/20 $115,000	130,629	121,373
	Inter-American Devel Bank	1.875% due 06/16/20 $190,000	189,909	189,227
	Ford Credit Auto Owner Trust	1.580% due 08/15/20 $82,000	91,943	91,631
	Carnival Corp	3.950% due 10/15/20 $85,000	88,610	88,741
	Ace Ina Holdings	2.300% due 11/03/20 $102,000	101,943	101,838
	International Exchange	2.750% due 12/01/20 $147,000	147,922	147,956
	US Bancorp	2.350% due 01/29/21 $180,000	181,333	180,031
	Anheuser-Busch Inbev Fin	2.650% due 02/01/21 $183,000	184,665	183,919
	JPMorgan Chase & Co	2.550% due 03/01/21 $92,000	92,754	92,049
	Autozone Inc	2.500% due 04/15/21 $45,000	44,983	44,686
	Intl Bank Recon & Development	1.375% due 05/24/21 $90,000	89,766	87,605
	Sysco Corporation	2.500% due 07/15/21 $90,000	90,529	89,757
	Wells Fargo & Company	2.100% due 07/26/21 $95,000	94,477	93,410
	Citizens Financial Group	2.375% due 07/28/21 $23,000	23,092	22,699
	Fidelity National Information Services	2.250% due 08/15/21 $46,000	46,151	45,224
	United Technologies Corp	1.950% due 11/01/21 $90,000	89,998	87,929
	Goldman Sachs Group Inc	5.750% due 01/24/22 $77,000	83,979	85,380
	American Express Credit	2.700% due 03/03/22 $73,000	72,837	73,237
	Johnson & Johnson	2.250% due 03/03/22 $97,000	96,736	96,879
	JM Smucker Co	3.000% due 03/15/22 $45,000	46,182	45,297
	CNH Equipment Trust	2.070% due 05/16/22 $135,000	135,335	134,537
	Cisco Systems Inc	3.000% due 06/15/22 $85,000	88,988	86,644
	Northern States Power-Minn	2.150% due 08/15/22 $145,000	141,563	142,767
	Intel Corp	2.700% due 12/15/22 $120,000	120,463	121,334
	Bank of America Corp	3.300% due 01/11/23 $90,000	92,098	92,070
	AT&T Inc	2.850% due 02/14/23 $95,000	94,813	95,377
	Toyota Auto Receivables Owner	2.120% due 02/15/23 $97,000	96,989	96,554
	Marsh & McLennan Cos Inc	3.300% due 03/14/23 $99,000	98,922	101,461
	Dollar General Corp	3.250% due 04/15/23 $90,000	89,623	91,214
	Celgene Corp	4.000% due 08/15/23 $90,000	93,237	94,687
	John Deere Owner Trust	2.110% due 12/15/23 $90,000	89,973	89,717
	Novartis Capital Corp	3.400% due 05/06/24 $100,000	99,287	103,997
	Costco Wholesale Corp	2.750% due 05/18/24 $92,000	91,727	91,916
	CSX Corp	3.400% due 08/01/24 $58,000	58,195	59,610
	BB&T Corporation	2.850% due 10/26/24 $94,000	93,923	93,316
	Qualcomm Inc	3.250% due 05/20/27 $93,000	92,725	90,804
	American Water Capital	2.950% due 09/01/27 $94,000	93,868	93,028
	Apple Inc	2.900% due 09/12/27 $95,000	94,347	93,875
			$ 4,272,775	$ 4,259,735

See Independent Auditors' Report.

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

FEIN 34-1442087, PN 001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2017

(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			
	First Eagle Global Fund	1,283,615.176 shares	$ 49,913,821	$ 76,131,216
	First Eagle Overseas Fund	659,921.160 shares	15,397,641	16,643,212
	IVA Worldwide Fund	1,168,122.414 shares	17,815,396	22,100,876
			83,126,858	114,875,304
	Common Collective Trusts			
	AFL-CIO Housing Investment Trust	1,702.077 units	1,801,360	1,901,766
	IBEW-NECA Stable Value Pooled Inv	44,582.055 shares	19,456,055	19,456,055
	IBEW-NECA Equity Index Fund	1,030,825.459 shares	20,668,423	54,226,573
			41,925,838	75,584,394
	Private Real Estate Investment Trusts			
	ASB Allegiance Real Estate Fund	2,200.217 shares	3,000,000	3,172,222
	INDURE Build-to-Core Fund LLC	1,163.6511 units	2,000,000	2,184,160
			5,000,000	5,356,382
	Total Assets Held For Investment		**$ 139,537,650**	**$ 205,186,640**

See Independent Auditors' Report.

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

FEIN 34-1442087, PN 001

Schedule H, Line 4j
Schedule of Reportable Transactions

December 31, 2017

(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)
		$	$	$	$	$	$	$ -
There were no reportable transactions noted for 2017.								-
								-
		$ -	$ -			$ -	$ -	$ -

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%/3.05% (Funding/Current Liability).

2. Mortality Rates:

   a. Basic Valuation

      i. Non-Disabled: RP-2014 Table with Blue Collar adjustment.

      ii. Disabled: RP-2014 Disabled Retiree Mortality Table.

      iii. Base Year Adjustment: 2006 using Scale MP-2014.

      iv. Future Mortality Improvements: Projected generationally using Scale MP-2016.

   b. Current Liability: 2017 Static Mortality Table.

3. Retirement Rates:

   a. Actives

Age	<30 Years of Service	>30 Years of Service
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.

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

6. Expense Load: $300,000 per year.

7. Termination Rates: Years 1 and 2 – 0.20, year 3 – 0.12; years 4+:

Age	Rate
25	0.117159
35	0.114807
45	0.110495
55	0.087449
65	0.000000

8. Disability Rates:

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

11. Changes Since Last Year: The mortality rates and projection scale were updated, the expense load was increased, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

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

Rationale for Selection of Significant Actuarial Assumptions:

1. Interest Rate:	Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publically available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
2. Mortality Rates:	RP-2014 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. RP-2014 Disabled Retiree table used to reflect expected disabled mortality experience. Both RP-2014 tables are adjusted to base year 2006 to reflect the mortality experience used to develop the RP-2014 table and for expected generational mortality improvement. Other adjustments are based on the Plan's most recent experience study, Society of Actuaries mortality studies, and expected generational mortality improvement from 2006 base year using Scale MP-2016.
3. Retirement Rates:	Based on the Plan's most recent experience study.
4. Hours Worked:	Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
5. Termination/Disability Rates:	Based on the Plan's most recent experience study.

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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

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

B Three-digit plan number (PN) ► 001

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

D Employer Identification Number (EIN)
34-1442087

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

1a Enter the valuation date: Month 01 Day 01 Year 2017

b Assets:

(1) Current value of assets	1b(1)	185,227,755
(2) Actuarial value of assets for funding standard account	1b(2)	190,683,154
c (1) Accrued liability for plan using immediate gain methods	1c(1)	224,534,455
(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)	224,534,455
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)	410,987,129
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	11,966,561
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	13,396,154
(3) Expected plan disbursements for the plan year	1d(3)	13,696,154

Statement by Enrolled Actuary

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

SIGN HERE

Randall N. Smith
Signature of actuary

09/19/2018
Date

Randall N. Smith
Type or print name of actuary

17-06649
Most recent enrollment number

Cuni, Rust & Strenk
Firm name

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

4555 Lake Forest Drive - Suite 620
US Cincinnati OH 45242-3760
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions) 2a 185,227,755

b "RPA '94" current liability/participant count breakdown:

	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	825	166,385,802
(2) For terminated vested participants	545	60,201,648
(3) For active participants:		
(a) Non-vested benefits		4,254,389
(b) Vested benefits		180,145,290
(c) Total active	966	184,399,679
(4) Total	2,336	410,987,129

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage . . . . . 2c 45.07 %

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
01/01/2017	0				
12/31/2017	9,605,267				
			Totals ▶ 3(b)	9,605,267	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) . . . . . 4a 84.9 %

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:

			Pre-retirement	Post-retirement
a	Interest rate for "RPA '94" current liability	6a	3.05 %	
b	Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c	Mortality table code for valuation purposes			
	(1) Males	6c(1)	A	A
	(2) Females	6c(2)	A	A
d	Valuation liability interest rate	6d	7.50 %	7.50 %
e	Expense loading	6e	6.0 % ☐ 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		7.3 %
h	Estimated investment return on current value of assets for year ending on the valuation date	6h		8.3 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	301,533	31,777
4	3,148,095	331,757

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	10,254,021

9 Funding standard account statement for this plan year:

			Outstanding balance	
	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		4,968,215
c	Amortization charges as of valuation date:			
	(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	62,420,905	7,588,745
	(2) Funding waivers	9c(2)	0	0
	(3) Certain bases for which the amortization period has been extended	9c(3)	0	0
d	Interest as applicable on lines 9a, 9b, and 9c	9d		941,772
e	Total charges. Add lines 9a through 9d	9e		13,498,732

Credits to funding standard account:

f	Prior year credit balance, if any		9f	7,906,227
g	Employer contributions. Total from column (b) of line 3		9g	9,605,267
		Outstanding balance		
h	Amortization credits as of valuation date	9h 20,663,377		5,466,685
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	1,356,654
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	9j(1) 56,094,728		
	(2) "RPA '94" override (90% current liability FFL)	9j(2) 189,212,653		
	(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	24,334,833
m	Credit balance: If line 9l is greater than line 9e, enter the difference		9m	10,836,101
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 2017 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 and 1105 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. 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.

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

8. Actuarial Equivalency:

UP 1984 Mortality Table set-back 5 years for spouses at 6.50%.

9. Normal Retirement:

a. Eligibility

Age 62 and 5 Years of Vesting Service.

b. Monthly Benefit

Effective Date	Benefit Credit
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 $^1/_2$ 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.

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

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.

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).

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

14. Employer Contributions:

Scheduled increases as outlined in the 2016 Memorandum of Understanding.

Local 683	
Effective Date	Hourly Rate
May 30, 2016	$4.77
May 29, 2017	$5.27
May 28, 2018	$5.77
June 3, 2019	$6.27

Local 1105	
Effective Date	Hourly Rate
May 30, 2016	$4.52
January 2, 2017	$4.77
May 29, 2017	$5.02
January 1, 2018	$5.27
May 28, 2018	$5.52
December 31, 2018	$5.77
June 3, 2019	$6.02
December 30, 2018	$6.27

15. Changes Since Last Year:

None.

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%/3.05% (Funding/Current Liability).

2. Mortality Rates:

   a. Basic Valuation

      i. Non-Disabled: RP-2014 Table with Blue Collar adjustment.

      ii. Disabled: RP-2014 Disabled Retiree Mortality Table.

      iii. Base Year Adjustment: 2006 using Scale MP-2014.

      iv. Future Mortality Improvements: Projected generationally using Scale MP-2016.

   b. Current Liability: 2017 Static Mortality Table.

3. Retirement Rates:

   a. Actives

Age	<30 Years of Service	>30 Years of Service
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.

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

6. Expense Load: $300,000 per year.

7. Termination Rates: Years 1 and 2 – 0.20, year 3 – 0.12; years 4+:

Age	Rate
25	0.117159
35	0.114807
45	0.110495
55	0.087449
65	0.000000

8. Disability Rates:

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

11. Changes Since Last Year: The mortality rates and projection scale were updated, the expense load was increased, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

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

Rationale for Selection of Significant Actuarial Assumptions:

1. Interest Rate:	Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publically available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
2. Mortality Rates:	RP-2014 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. RP-2014 Disabled Retiree table used to reflect expected disabled mortality experience. Both RP-2014 tables are adjusted to base year 2006 to reflect the mortality experience used to develop the RP-2014 table and for expected generational mortality improvement. Other adjustments are based on the Plan's most recent experience study, Society of Actuaries mortality studies, and expected generational mortality improvement from 2006 base year using Scale MP-2016.
3. Retirement Rates:	Based on the Plan's most recent experience study.
4. Hours Worked:	Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
5. Termination/Disability Rates:	Based on the Plan's most recent experience study.

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

1/1 Plan Year	Expected Annual Benefit Payments
2017	$13,370,906
2018	$14,073,419
2019	$14,832,626
2020	$15,544,637
2021	$16,407,882
2022	$17,044,815
2023	$17,451,473
2024	$17,885,415
2025	$18,145,988
2026	$18,500,597

Schedule MB, line 8b(2) – Schedule of Active Participant Data.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

Attained Age	Years of Credited Service: Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		46		13		0		0		0		0		0		0		0	
25 to 29	0		34		39		12		0		0		0		0		0		0	
30 to 34	0		24		35		42		5		0		0		0		0		0	
35 to 39	0		20		28		41		37		5		0		0		0		0	
40 to 44	0		15		17		12		52		21		5		0		0		0	
45 to 49	0		7		16		18		29		25		30		0		0		0	
50 to 54	0		5		9		12		28		29		49		24		1		0	
55 to 59	0		3		4		15		22		15		26		24		36		3	
60 to 64	0		0		0		3		5		10		3		1		7		2	
65 to 69	0		0		0		1		1		0		0		0		0		0	
70 & up	0		0		0		0		0		0		0		0		0		0	

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

Charge Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
01/01/1976	Initial	$ 7,980,165	4	$ 199,816	$ 719,445
01/01/1987	Amendment	2,686,775	5	93,956	408,647
01/01/1989	Amendment	1,616,717	7	75,057	427,361
01/01/1990	Amendment	4,809,231	8	243,048	1,530,375
01/01/1991	Amendment	3,239,160	9	174,696	1,197,943
01/01/1996	Amendment	5,075,459	14	327,782	2,991,290
01/01/2000	Amendment	3,760,258	18	259,996	2,712,786
01/01/2000	Assumption	4,435,805	18	306,706	3,200,155
01/01/2002	Experience	3,263,446	5	152,691	664,104
01/01/2003	Experience	9,787,953	6	541,598	2,732,841
01/01/2005	Experience	1,736,483	8	117,417	739,331
01/01/2006	Experience	7,406,564	9	534,454	3,664,916
01/01/2007	Assumption	1,085,660	25	79,846	956,792
01/01/2008	Assumption	347,469	11	27,515	216,382
01/01/2008	Plan Change	2,438,012	11	193,059	1,518,227
01/01/2009	Assumption	366,376	12	30,024	249,657
01/01/2009	Experience	9,665,581	12	792,070	6,586,400
01/01/2010	Assumption	974,610	13	82,191	717,961
01/01/2010	Experience	2,245,739	13	189,388	1,654,363
01/01/2011	Assumption	352,130	14	30,427	277,669
01/01/2011	Experience	5,580,233	14	482,177	4,400,276
01/01/2012	Assumption	2,888,489	15	254,842	2,418,234
01/01/2012	Experience	8,384,921	15	739,774	7,019,831
01/01/2013	Assumption	1,215,887	16	109,222	1,073,340
01/01/2013	Experience	5,581,314	16	501,365	4,926,978
01/01/2014	Assumption	2,649,541	12	279,218	2,321,814
01/01/2015	Assumption	1,674,563	13	176,471	1,541,526
01/01/2016	Experience	2,186,343	14	230,405	2,102,633
01/01/2017	Experience	301,533	15	31,777	301,533
01/01/2017	Assumption	3,148,095	15	331,757	3,148,095
	Total Charges			$ 7,588,745	$ 62,420,905

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

Credit Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
01/01/1990	Assumption	$ 4,402,091	3	$ 346,728	$ 969,300
01/01/1996	Assumption	3,570,489	9	281,226	1,928,448
01/01/2002	Assumption	1,029,374	15	81,078	769,354
01/01/2004	Experience	5,300,435	2	558,580	1,078,190
01/01/2004	Assumption	3,401,910	17	267,948	2,717,391
01/01/2004	Amendment	810,125	17	63,809	647,111
01/01/2007	Experience	2,387,039	5	251,554	1,094,095
01/01/2008	Experience	1,745,561	6	183,953	928,210
01/01/2009	Cost Method	20,932,374	2	2,836,793	5,475,668
01/01/2014	Experience	3,755,049	12	395,720	3,290,581
01/01/2015	Experience	1,305,128	13	137,539	1,201,440
01/01/2016	Assumption	586,026	14	61,757	563,589
	Total Credits			$ 5,466,685	$ 20,663,377

1.	Net Amortization	$ 41,757,528
2.	Credit Balance	$ 7,906,227
3.	Balance Test: [(1) - (2)]	$ 33,851,301
4.	Unfunded Accrued Liability:	
	a. Accrued Liability	$ 224,534,455
	b. Actuarial Value of Assets	190,683,154
	c. Unfunded Accrued Liability: [(a) - (b)]	$ 33,851,301

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, 2017 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The mortality rates and projection scale were updated.
- The expense load was increased from $290,000 to $300,000 per year.

Randall N. Smith (signed)
Randall N. Smith
Enrollment # 17-06649

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

FEIN 34-1442087, PN 001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2017

(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	153,693.189 shares variable rate	$ 153,678	$ 153,678
	Blackrock Liquidity Funds Fedfund	120.040 shares variable rate	120	120
	SEI Daily Income Gov't Fund Gov't Portfolio	281,169.30 shares variable rate	281,169	281,169
	Raymond James Bank Deposit Program	3,204.57 units 0.03% estimated yield	3,205	3,205
			438,172	438,172
	U.S. Government Agencies Obligations			
	Private Export Funding	4.375% due 03/15/19 $145,000	163,344	149,164
	Federal National Mortgage Assn	1.000% due 10/24/19 $90,000	89,759	88,532
	Federal Home Loan Mortgage Assn	4.000% due 05/01/20 $28,562	29,169	29,397
	Tennessee Valley Authority	3.875% due 02/15/21 $105,000	110,902	110,741
	Federal Home Loan Bank	1.125% due 07/14/21 $115,000	114,207	111,180
	Private Export Funding	4.300% due 12/15/21 $119,000	130,305	128,114
	Govt National Mortgage Assn Pool	4.500% due 02/15/22 $46,546	47,244	47,622
	Federal Home Loan Mortgage Assn	2.838% due 09/25/22 $174,000	178,556	176,507
	Federal Home Loan Mortgage Assn	2.637% due 01/28/23 $90,000	92,155	90,733
	Federal National Mortgage Assn Pool	2.500% due 05/01/23 $107,984	116,241	108,586
	Federal National Mortgage Assn Pool	3.000% due 11/01/23 $144,190	154,857	146,973
	Federal Home Loan Mortgage Corp	4.500% due 05/01/24 $61,941	67,529	64,894
	Tennessee Valley Authority	2.875% due 09/15/24 $90,000	92,443	92,393
	Federal National Mortgage Assn Pool	3.500% due 12/01/24 $136,331	144,703	140,757
	Federal National Mortgage Assn Pool	3.000% due 04/01/25 $105,598	111,142	107,647
	Federal National Mortgage Assn Pool	3.500% due 08/01/26 $98,665	104,061	101,868
	Federal Home Loan Mortgage Corp	4.000% due 10/01/26 $71,687	75,955	75,062
	Federal National Mortgage Assn Pool	4.500% due 01/01/27 $118,920	128,582	125,494
	Federal National Mortgage Assn Pool	3.500% due 03/01/27 $151,251	158,750	156,409
	Federal Home Loan Mortgage Corp	2.500% due 05/01/28 $129,408	136,013	130,037
	Federal National Mortgage Assn Pool	3.000% due 05/01/28 $96,970	101,515	98,833
	Federal National Mortgage Assn Pool	3.000% due 06/01/28 $153,255	160,127	156,525
	Federal National Mortgage Assn Pool	4.000% due 02/01/29 $60,502	64,869	63,019
	Federal National Mortgage Assn Pool	4.000% due 02/01/29 $143,400	151,511	150,084
	Federal Home Loan Mortgage Corp	4.000% due 08/15/29 $69,122	74,137	70,340
	Federal Home Loan Mortgage Corp	3.000% due 01/01/31 $101,110	105,826	103,009
			2,903,902	2,823,920
	U.S. Government Obligations			
	U.S. Treasury notes	3.625% due 02/15/21 $163,000	170,032	170,933
	U.S. Treasury notes	3.125% due 05/15/21 $58,000	60,889	60,012
	U.S. Treasury notes	1.750% due 05/15/22 $150,000	145,231	147,587
	U.S. Treasury notes	2.750% due 11/15/23 $205,000	213,698	210,549
	U.S. Treasury notes	2.750% due 02/15/24 $441,000	453,746	452,576
	U.S. Treasury notes	2.125% due 05/15/25 $372,000	371,887	366,320
	U.S. Treasury notes	2.250% due 11/15/25 $121,000	126,260	119,936
	U.S. Treasury notes	1.625% due 02/15/26 $186,000	183,893	175,655
	U.S. Treasury notes	2.000% due 11/15/26 $150,000	144,469	145,165
			$ 1,870,105	$ 1,848,733

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

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2017

(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			
	Ontario (Province of)	2.000% due 06/24/18 $150,000	$ 150,513	$ 150,062
	Int'l Bank Recon & Development	1.875% due 10/07/19 $145,000	145,874	144,685
	Kia-Tencor Corp	3.375% due 11/01/19 $82,000	82,565	83,352
	First Tennesee Bank	2.950% due 12/01/19 $94,000	94,635	94,626
	Valero Energy Corp	6.125% due 02/01/20 $42,000	44,674	45,234
	PNC Funding Corp	5.125% due 02/08/20 $115,000	130,629	121,373
	Inter-American Devel Bank	1.875% due 06/16/20 $190,000	189,909	189,227
	Ford Credit Auto Owner Trust	1.580% due 08/15/20 $82,000	91,943	91,631
	Carnival Corp	3.950% due 10/15/20 $85,000	88,610	88,741
	Ace Ina Holdings	2.300% due 11/03/20 $102,000	101,943	101,838
	International Exchange	2.750% due 12/01/20 $147,000	147,922	147,956
	US Bancorp	2.350% due 01/29/21 $180,000	181,333	180,031
	Anheuser-Busch Inbev Fin	2.650% due 02/01/21 $183,000	184,665	183,919
	JPMorgan Chase & Co	2.550% due 03/01/21 $92,000	92,754	92,049
	Autozone Inc	2.500% due 04/15/21 $45,000	44,983	44,686
	Intl Bank Recon & Development	1.375% due 05/24/21 $90,000	89,766	87,605
	Sysco Corporation	2.500% due 07/15/21 $90,000	90,529	89,757
	Wells Fargo & Company	2.100% due 07/26/21 $95,000	94,477	93,410
	Citizens Financial Group	2.375% due 07/28/21 $23,000	23,092	22,699
	Fidelity National Information Services	2.250% due 08/15/21 $46,000	46,151	45,224
	United Technologies Corp	1.950% due 11/01/21 $90,000	89,998	87,929
	Goldman Sachs Group Inc	5.750% due 01/24/22 $77,000	83,979	85,380
	American Express Credit	2.700% due 03/03/22 $73,000	72,837	73,237
	Johnson & Johnson	2.250% due 03/03/22 $97,000	96,736	96,879
	JM Smucker Co	3.000% due 03/15/22 $45,000	46,182	45,297
	CNH Equipment Trust	2.070% due 05/16/22 $135,000	135,335	134,537
	Cisco Systems Inc	3.000% due 06/15/22 $85,000	88,988	86,644
	Northern States Power-Minn	2.150% due 08/15/22 $145,000	141,563	142,767
	Intel Corp	2.700% due 12/15/22 $120,000	120,463	121,334
	Bank of America Corp	3.300% due 01/11/23 $90,000	92,098	92,070
	AT&T Inc	2.850% due 02/14/23 $95,000	94,813	95,377
	Toyota Auto Receivables Owner	2.120% due 02/15/23 $97,000	96,989	96,554
	Marsh & McLennan Cos Inc	3.300% due 03/14/23 $99,000	98,922	101,461
	Dollar General Corp	3.250% due 04/15/23 $90,000	89,623	91,214
	Celgene Corp	4.000% due 08/15/23 $90,000	93,237	94,687
	John Deere Owner Trust	2.110% due 12/15/23 $90,000	89,973	89,717
	Novartis Capital Corp	3.400% due 05/06/24 $100,000	99,287	103,997
	Costco Wholesale Corp	2.750% due 05/18/24 $92,000	91,727	91,916
	CSX Corp	3.400% due 08/01/24 $58,000	58,195	59,610
	BB&T Corporation	2.850% due 10/26/24 $94,000	93,923	93,316
	Qualcomm Inc	3.250% due 05/20/27 $93,000	92,725	90,804
	American Water Capital	2.950% due 09/01/27 $94,000	93,868	93,028
	Apple Inc	2.900% due 09/12/27 $95,000	94,347	93,875
			$ 4,272,775	$ 4,259,735

See Independent Auditors' Report.

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

FEIN 34-1442087, PN 001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2017

(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			
	First Eagle Global Fund	1,283,615.176 shares	$ 49,913,821	$ 76,131,216
	First Eagle Overseas Fund	659,921.160 shares	15,397,641	16,643,212
	IVA Worldwide Fund	1,168,122.414 shares	17,815,396	22,100,876
			83,126,858	114,875,304
	Common Collective Trusts			
	AFL-CIO Housing Investment Trust	1,702.077 units	1,801,360	1,901,766
	IBEW-NECA Stable Value Pooled Inv	44,582.055 shares	19,456,055	19,456,055
	IBEW-NECA Equity Index Fund	1,030,825.459 shares	20,668,423	54,226,573
			41,925,838	75,584,394
	Private Real Estate Investment Trusts			
	ASB Allegiance Real Estate Fund	2,200.217 shares	3,000,000	3,172,222
	INDURE Build-to-Core Fund LLC	1,163.6511 units	2,000,000	2,184,160
			5,000,000	5,356,382
	Total Assets Held For Investment		**$ 139,537,650**	**$ 205,186,640**

See Independent Auditors' Report.

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 and 1105 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. 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.

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

8. Actuarial Equivalency:

UP 1984 Mortality Table set-back 5 years for spouses at 6.50%.

9. Normal Retirement:

a. Eligibility

Age 62 and 5 Years of Vesting Service.

b. Monthly Benefit

Effective Date	Benefit Credit
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 $^1/_2$ 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.

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

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.

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).

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

14. Employer Contributions:

Scheduled increases as outlined in the 2016 Memorandum of Understanding.

Local 683	
Effective Date	Hourly Rate
May 30, 2016	$4.77
May 29, 2017	$5.27
May 28, 2018	$5.77
June 3, 2019	$6.27

Local 1105	
Effective Date	Hourly Rate
May 30, 2016	$4.52
January 2, 2017	$4.77
May 29, 2017	$5.02
January 1, 2018	$5.27
May 28, 2018	$5.52
December 31, 2018	$5.77
June 3, 2019	$6.02
December 30, 2018	$6.27

15. Changes Since Last Year:

None.

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

Charge Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
01/01/1976	Initial	$ 7,980,165	4	$ 199,816	$ 719,445
01/01/1987	Amendment	2,686,775	5	93,956	408,647
01/01/1989	Amendment	1,616,717	7	75,057	427,361
01/01/1990	Amendment	4,809,231	8	243,048	1,530,375
01/01/1991	Amendment	3,239,160	9	174,696	1,197,943
01/01/1996	Amendment	5,075,459	14	327,782	2,991,290
01/01/2000	Amendment	3,760,258	18	259,996	2,712,786
01/01/2000	Assumption	4,435,805	18	306,706	3,200,155
01/01/2002	Experience	3,263,446	5	152,691	664,104
01/01/2003	Experience	9,787,953	6	541,598	2,732,841
01/01/2005	Experience	1,736,483	8	117,417	739,331
01/01/2006	Experience	7,406,564	9	534,454	3,664,916
01/01/2007	Assumption	1,085,660	25	79,846	956,792
01/01/2008	Assumption	347,469	11	27,515	216,382
01/01/2008	Plan Change	2,438,012	11	193,059	1,518,227
01/01/2009	Assumption	366,376	12	30,024	249,657
01/01/2009	Experience	9,665,581	12	792,070	6,586,400
01/01/2010	Assumption	974,610	13	82,191	717,961
01/01/2010	Experience	2,245,739	13	189,388	1,654,363
01/01/2011	Assumption	352,130	14	30,427	277,669
01/01/2011	Experience	5,580,233	14	482,177	4,400,276
01/01/2012	Assumption	2,888,489	15	254,842	2,418,234
01/01/2012	Experience	8,384,921	15	739,774	7,019,831
01/01/2013	Assumption	1,215,887	16	109,222	1,073,340
01/01/2013	Experience	5,581,314	16	501,365	4,926,978
01/01/2014	Assumption	2,649,541	12	279,218	2,321,814
01/01/2015	Assumption	1,674,563	13	176,471	1,541,526
01/01/2016	Experience	2,186,343	14	230,405	2,102,633
01/01/2017	Experience	301,533	15	31,777	301,533
01/01/2017	Assumption	3,148,095	15	331,757	3,148,095
	Total Charges			$ 7,588,745	$ 62,420,905

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

Credit Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
01/01/1990	Assumption	$ 4,402,091	3	$ 346,728	$ 969,300
01/01/1996	Assumption	3,570,489	9	281,226	1,928,448
01/01/2002	Assumption	1,029,374	15	81,078	769,354
01/01/2004	Experience	5,300,435	2	558,580	1,078,190
01/01/2004	Assumption	3,401,910	17	267,948	2,717,391
01/01/2004	Amendment	810,125	17	63,809	647,111
01/01/2007	Experience	2,387,039	5	251,554	1,094,095
01/01/2008	Experience	1,745,561	6	183,953	928,210
01/01/2009	Cost Method	20,932,374	2	2,836,793	5,475,668
01/01/2014	Experience	3,755,049	12	395,720	3,290,581
01/01/2015	Experience	1,305,128	13	137,539	1,201,440
01/01/2016	Assumption	586,026	14	61,757	563,589
	Total Credits			$ 5,466,685	$ 20,663,377

1.	Net Amortization	$ 41,757,528
2.	Credit Balance	$ 7,906,227
3.	Balance Test: [(1) - (2)]	$ 33,851,301
4.	Unfunded Accrued Liability:	
	a. Accrued Liability	$ 224,534,455
	b. Actuarial Value of Assets	190,683,154
	c. Unfunded Accrued Liability: [(a) - (b)]	$ 33,851,301

Schedule MB, line 8b(2) – Schedule of Active Participant Data.
Plan Name: I.B.E.W. Local 683 Pension Fund Pension Plan
EIN: 34-1442087
PN: 001

Attained Age	Years of Credited Service: Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		46		13		0		0		0		0		0		0		0	
25 to 29	0		34		39		12		0		0		0		0		0		0	
30 to 34	0		24		35		42		5		0		0		0		0		0	
35 to 39	0		20		28		41		37		5		0		0		0		0	
40 to 44	0		15		17		12		52		21		5		0		0		0	
45 to 49	0		7		16		18		29		25		30		0		0		0	
50 to 54	0		5		9		12		28		29		49		24		1		0	
55 to 59	0		3		4		15		22		15		26		24		36		3	
60 to 64	0		0		0		3		5		10		3		1		7		2	
65 to 69	0		0		0		1		1		0		0		0		0		0	
70 & up	0		0		0		0		0		0		0		0		0		0	

Federal Statements

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 MORALITY RATES AND PROJECTION SCALE WERE UPDATED.

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