

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
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>06/01/2017</u> and ending <u>05/31/2018</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☒	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>IBEW LOCAL 688 PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	001	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES IBEW LOCAL 688 PENSION FUND</u> <u>PO BOX 1384</u> <u>MANSFIELD, OH 44901</u>		1c Effective date of plan <u>06/16/1973</u>	
		2b Employer Identification Number (EIN) <u>34-6700779</u>	
		2c Plan Sponsor's telephone number <u>419-529-5889</u>	
		2d Business code (see instructions) <u>238210</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/14/2019	CARL W NEUTZLING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/16/2019	BRIAN D DAMANT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENESYS INC 33 FITCH BLVD AUSTINTOWN, OH 44515	3b Administrator's EIN 38-2383171 3c Administrator's telephone number 800-435-2388
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	5 328
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 113 6a(2) 112 6b 97 6c 94 6d 303 6e 29 6f 332 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 24
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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
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For calendar plan year 2017 or fiscal plan year beginning 06/01/2017 and ending 05/31/2018

▶ **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 688 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 IBEW LOCAL 688 PENSION FUND	D Employer Identification Number (EIN) 34-6700779

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

1a Enter the valuation date: Month 06 Day 01 Year 2017

b Assets

(1) Current value of assets	1b(1)	13961329
(2) Actuarial value of assets for funding standard account.....	1b(2)	14826667
c (1) Accrued liability for plan using immediate gain methods	1c(1)	20332607
(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)	20332607
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)	36082890
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	868298
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1321991
(3) Expected plan disbursements for the plan year	1d(3)	1446991

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		12/16/2018
Signature of actuary		Date
M. R. RUST		17-06146
Type or print name of actuary		Most recent enrollment number
CUNI, RUST & STRENK		513-891-0270
Firm name		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 ☐

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

Schedule MB (Form 5500) 2017
v. 170203

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	13961329
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	124	14664004
(2) For terminated vested participants	91	8512705
(3) For active participants:		
(a) Non-vested benefits		593858
(b) Vested benefits		12312323
(c) Total active	113	12906181
(4) Total	328	36082890
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	38.69%

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
06/01/2016					
05/31/2018	1416722				
Totals ▶			3(b)	1416722	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	72.9%
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	C
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	75994
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	2026

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	26.7% ☐ N/A	% ☒ N/A
f Salary scale	6f	% ☒ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.1%	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.5%	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	407163	42908
3	-75994	-8009

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	631937

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	467872
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)	8798945
(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	108548
e Total charges. Add lines 9a through 9d.....	9e	1555856

Credits to funding standard account:

f Prior year credit balance, if any	9f	1325530
g Employer contributions. Total from column (b) of line 3	9g	1416722
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	1967475
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	182486
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	8777031
(2) "RPA '94" override (90% current liability FFL)	9j(2)	18610513
(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	3336789
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	1780933
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 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.	☒ Yes ☐ No	

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

For calendar plan year 2017 or fiscal plan year beginning 06/01/2017 and ending 05/31/2018		
A Name of plan IBEW LOCAL 688 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IBEW LOCAL 688 PENSION FUND	D Employer Identification Number (EIN) 34-6700779	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CHEVY CHASE TRUST COMPANY	7501 WISCONSIN AVE BETHESDA, MD 20814
52-2037618	

(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)

FIFTH THIRD BANK RETIREMENT SERVICE

1 WOODWARD AVE
DETROIT, MI 48226

31-1051736

(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	CUSTODIAL	2006	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

I.B.E.W. 688 FRINGE BENEFIT FUNDS

67 SOUTH WALNUT STREET
MANSFIELD, OH 44902

26-4616613

(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?
15	FUNDS TRANSFEROR	33543	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MACALA & PIATT LLC

601 S MAIN ST
NORTH CANTON, OH 44720

34-1933033

(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	ATTORNEY	10303	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CUNI, RUST, & STRENK

4555 LAKE FOREST DR 620
CINCINNATI, OH 45242

31-1227755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	32154	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDCO CONSULTING LLC

4901 VINELAND RD STE 600
ORLANDO, FL 32811

59-3676225

(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 CONSULTANT	12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL REAL ESTATE ADVISORS, LLC

900 SEVENTH ST NW STE 900
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?
28	INVESTMENT MANAGER	14288	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BENESYS, INC

700 TOWER DR., STE 300
TROY, MI 48098

34-6700779

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	22800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSIER & ASSOCIATES CPAS INC

180 E SPRING VALLEY PK B
CENTERVILLE, OH 45458

47-1912410

(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	AUDITOR	10598	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	CUNI, RUST & STRENK	b EIN:	31-1227755
c Position:	ACTUARY		
d Address:	4555 LAKE FOREST DR 620 CINCINNATI, OH 45242	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 06/01/2017 and ending 05/31/2018					
A Name of plan IBEW LOCAL 688 PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IBEW LOCAL 688 PENSION FUND				D Employer Identification Number (EIN) 34-6700779	
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 31-1772714-003		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5794033	
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)	
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	

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) 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 06/01/2017 and ending 05/31/2018		
A Name of plan IBEW LOCAL 688 PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IBEW LOCAL 688 PENSION FUND	D Employer Identification Number (EIN) 34-6700779	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	330476	304340
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	118392	185951
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	5893	6258
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	253550	1277628
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	5733119	5794033
	(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)	7564153	7586663
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14005583	15154873

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	44254	30896
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	44254	30896

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13961329	15123977
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1416722	
(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)		1416722
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2353	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2353
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	125	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	217517	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		217642
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2398665	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2287924	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		110741
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	183571	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		183571

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		610445
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income	2c		548
d Total income. Add all income amounts in column (b) and enter total.....	2d		2542022

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1218828	
(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)		1218828
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)	53055	
(2) Contract administrator fees	2i(2)	22800	
(3) Investment advisory and management fees	2i(3)	28794	
(4) Other	2i(4)	55897	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		160546
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1379374

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1162648
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MOSIER & ASSOCIATES CPAS, INC.

(2) EIN: 47-1912410

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
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?		X	
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?		X	
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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 4117090. (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 06/01/2017 and ending 05/31/2018		
A Name of plan IBEW LOCAL 688 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IBEW LOCAL 688 PENSION FUND		D Employer Identification Number (EIN) 34-6700779
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☒ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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 **BCU ELECTRIC**

b EIN **34-1690916**

c Dollar amount contributed by employer **304629**

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 **26** Year **2019**

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) **6.24**

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

a Name of contributing employer **OWENS ELECTRIC**

b EIN **31-0851212**

c Dollar amount contributed by employer **275830**

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 **26** Year **2019**

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) **6.24**

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

a Name of contributing employer **ALPINE ELECTRIC**

b EIN **34-1526574**

c Dollar amount contributed by employer **209091**

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 **26** Year **2019**

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) **6.24**

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

a Name of contributing employer **LAKE ERIE ELECTRIC**

b EIN **34-1536829**

c Dollar amount contributed by employer **154634**

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 **26** Year **2019**

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) **6.24**

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

a Name of contributing employer **VEC, INC.**

b EIN **34-0964844**

c Dollar amount contributed by employer **105507**

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 **26** Year **2019**

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) **6.24**

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

a Name of contributing employer **SPRING ELECTRICAL**

b EIN **31-1489912**

c Dollar amount contributed by employer **88257**

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 **26** Year **2019**

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) **6.24**

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

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 CACHE VALLEY ELECTRIC

b EIN 87-0119840

c Dollar amount contributed by employer 71325

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 26 Year 2019

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) 6.24

(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):

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**International Brotherhood of Electrical Workers
Local 688 - Pension Plan**

FINANCIAL STATEMENTS
Years Ended May 31, 2018 and 2017

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees International Brotherhood of Electrical Workers
Local 688 – Pension Plan
67 South Walnut Street
Mansfield, OH 44902

Report on the Financial Statements

We have audited the accompanying financial statements of the International Brotherhood of Electrical Workers Local 688 - Pension Plan, which comprise the statements of net assets available for benefits as of May 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the statements of the accumulated plan benefits for the years ended May 31, 2017 and 2016, and the related statements of changes in accumulated plan benefits for the years then ended and the related notes to 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits 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 auditors consider 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 net assets available for benefits of the International Brotherhood of Electrical Workers Local 688 - Pension Plan as of May 31, 2018 and 2017, and the changes in its net assets available for benefits for the years then ended, and the statements of the accumulated plan benefits for the years ended May 31, 2017 and 2016, and the related statements of changes in accumulated plan benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules of (1) Assets (Held at End of Year) as of May 31, 2018, (2) Assets (Acquired and Disposed of Within Year) during the year ended May 31, 2018 and (3) Reportable Transactions during the year ended May 31, 2018, together referred to as "supplemental information" 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 Employee Pension Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to 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 taken as a whole.

Mosier + Associates CPAs, Inc.

Centerville, Ohio
December 19, 2018

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

May 31, 2018 and 2017

ASSETS

	<u>2018</u>	<u>2017</u>
INVESTMENTS AT FAIR VALUE:		
Money Market Funds	\$ 1,225,423	\$ 201,450
Bond Funds	2,956,014	3,746,749
Mutual Funds	3,336,997	2,607,912
Certificates of Deposit	52,205	52,100
Common Collective Trusts	5,794,033	5,733,119
Real Estate Fund	<u>1,293,652</u>	<u>1,209,492</u>
Total Investments	<u>14,658,324</u>	<u>13,550,822</u>
RECEIVABLES:		
Employers' Contributions	167,211	82,319
Reciprocity Contributions	18,740	36,073
Accrued Interest	<u>927</u>	<u>112</u>
Total Receivables	<u>186,878</u>	<u>118,504</u>
CASH	304,340	330,476
PREPAID EXPENSES	<u>5,331</u>	<u>5,781</u>
 TOTAL ASSETS	 15,154,873	 14,005,583
LIABILITIES		
Accounts Payable and Accrued Expenses	<u>30,896</u>	<u>44,254</u>
TOTAL LIABILITIES	30,896	44,254
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 15,123,977</u>	 <u>\$ 13,961,329</u>

See accompanying notes.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended May 31, 2018 and 2017

ADDITIONS		2018	2017
		<u> </u>	<u> </u>
Additions to net assets attributed to:			
Investment income:			
Net appreciation (depreciation) in Fair Value		\$ 904,757	\$ 1,202,978
Interest and Dividends		219,995	157,362
Total Investment Income		<u>1,124,751</u>	<u>1,360,340</u>
Less investment expenses		<u>16,294</u>	<u>16,688</u>
Net Investment Income (Loss)		1,108,457	1,343,652
Contributions:			
Employers'		1,383,451	1,072,596
Reciprocity Received		186,669	131,109
Reciprocity Paid		(153,398)	(58,121)
Total Contributions		<u>1,416,722</u>	<u>1,145,584</u>
Other Income		<u>549</u>	<u>-</u>
TOTAL ADDITIONS		<u>2,525,728</u>	<u>2,489,236</u>
DEDUCTIONS			
Deductions from net assets attributed to:			
Benefits paid to participants		1,218,828	1,173,069
Legal Fees		10,303	15,468
Auditing Fees		10,598	10,057
Actuarial Fees		32,154	23,611
Administrator Fees		22,800	21,425
Consulting Fees		12,500	12,500
Proxy voting services		1,355	1,458
Printing and Postage		2,550	1,803
Insurance		15,140	15,203
Other Expense		3,309	2,215
Administrative Expense		<u>33,543</u>	<u>32,270</u>
TOTAL DEDUCTIONS		<u>1,363,080</u>	<u>1,309,079</u>
NET INCREASE (DECREASE)		1,162,648	1,180,157
NET ASSETS AVAILABLE FOR BENEFITS			
BEGINNING OF YEAR		<u>13,961,329</u>	<u>12,781,172</u>
END OF YEAR		<u>\$ 15,123,977</u>	<u>\$ 13,961,329</u>

See accompanying notes.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

Years Ended May 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested Benefits:		
Participants currently receiving benefits	\$ 10,219,256	\$ 10,117,085
Other participants	<u>9,883,469</u>	<u>9,370,306</u>
	20,102,725	19,487,391
Nonvested Benefits	305,876	254,970
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 20,408,601</u></u>	<u><u>\$ 19,742,361</u></u>

See accompanying notes.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN**

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

Years Ended May 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 19,742,361	\$ 18,686,230
Increase (Decrease) in value due to:		
Decrease in discount period	1,437,482	1,358,505
Plan amendments	-	-
Assumption changes	-	224,317
Benefits paid	(1,173,069)	(1,166,744)
Plan experience and benefit accrued	<u>401,827</u>	<u>640,053</u>
NET INCREASE	<u>666,240</u>	<u>1,056,131</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u><u>\$ 20,408,601</u></u>	<u><u>\$ 19,742,361</u></u>

See accompanying notes.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended May 31, 2018 and 2017

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the International Brotherhood of Electrical Workers Local 688 - Pension Plan ("Plan") is provided for general information only. Participants should refer to the amended and restated Plan document effective June 1, 2014 for more complete information. The amended and restated Plan document was submitted to the Internal Revenue Service (IRS) and a favorable determination dated June 16, 2015 was issued.

A. General

The Plan is a defined benefit pension plan covering substantially all members of the International Brotherhood of Electrical Workers Local 688 ("Local"). The plan is governed by a Board of Trustees, one-half appointed by the Local Union and one-half appointed by the Mansfield Division of the Central Ohio Chapter, National Electrical Contractors Association ("Association"). It is subject to the provisions of the Employee Retirement Security Act of 1974 ("ERISA").

B. Eligibility

Members become eligible January 1 after completion of 435 hours of service.

C. Normal Retirement Age

Normal retirement age means the later of age 62 or ten years of service prior to June 1, 1998 or five years of service and one hour of service completed on or after June 1, 1998.

D. Pension Benefits

Effective June 1, 2002 members will earn \$75.00 for each plan year in which they complete 1,500 hours of service at the base journeyman contribution rate. The credit will be prorated up or down for hours worked at a different contribution rate or for hours worked greater or less than 1,500.

E. Early Retirement

Early Retirement means age 55 and 10 years of service and is calculated as for normal retirement with the monthly benefit reduced by .5% for each month that Early Retirement precedes Normal Retirement.

F. Vested Retirement

A member is eligible after 5 years of service and the monthly benefit is calculated as for Normal Retirement. Participants may elect to receive monthly benefit calculated as for Early Retirement.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended May 31, 2018 and 2017

NOTE 1 – DESCRIPTION OF PLAN (continued)

G. Pre-Retirement Death Benefits

Eligibility – Members are eligible after 5 years of service and the monthly benefit is calculated as for age 55 Early Retirement reflecting an Actuarially Equivalent 50% Joint & Survivor Annuity with death immediately after Early Retirement. Unmarried beneficiaries and surviving spouses of deceased participants who have elected out of the Qualified Joint & Survivor Annuity will receive an immediate 5-Year Certain Annuity equal to the Accrued Normal Retirement Benefit unreduced for form of payment or early commencement.

A surviving spouse of a deceased participant who has not elected out of the joint and survivor benefit and would have been eligible to receive an early or normal retirement benefit shall have the right to elect to receive a qualified pre-retirement survivor annuity benefit as though the deceased participant had applied for such benefit immediately the day prior to his death, unless the spouse waives such survivor benefit.

If the surviving spouse waives the joint and survivor benefit, then he or she will have the option of selecting 5-year certain benefit. If the surviving spouse elects this option, he or she shall be eligible to receive a monthly income in an amount equal to the deceased participant's accrued vested benefit as of his or her date of death, for a total of 60 monthly payments.

For an active member with 5 years of service who dies prior to age 55 or after age 55 and has elected out of the joint and survivor benefit or does not have a legal spouse, a death benefit equal to the value of the member's accumulated pension benefits is paid to the member's beneficiary.

H. Disability Benefits

Members must have 5 years of credited service, 1 year of Credit Service in the two Plan Years immediately preceding the disability, must be entitled to receive Social Security benefits or International Brotherhood of Electrical Workers Pension Benefit Plan disability benefits, and must have been determined to be permanently and totally disabled by the Social Security administration or the trustees of the International Brotherhood of Electrical Workers Pension Benefit Plan.

Members who meet these eligibility requirements may receive monthly disability benefits of \$100.00 or their normal accrued benefit, if greater. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits with a minimum of \$100.00.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended May 31, 2018 and 2017

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

A. Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

B. Estimates

The preparation of financial statements in conformity with the accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of financial statements. Actual results could differ from those estimates.

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 to 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 based on employer contributions made on behalf of a member and anticipated years of credited service. The accumulated plan benefits for active members are based on data for the year ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances, including retirement, death, and disability, are included to the extent they are deemed attributable to member service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from Cuni, Rust & Strenk and 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 probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of June 1, 2017 and June 1, 2016 were (a) life expectancy of participants (the RP-2014 with Blue Collar Adjustment generational projection from 2006 using Scale MP-2016), (b) retirement age assumptions (the assumed average retirement age was 62), and (c) investment return. The 2017 and 2016

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended May 31, 2018 and 2017

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

valuations included an assumed average rate of return of 7.50%. 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 benefits.

D. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

E. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 12 for a discussion of fair value measurements.

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

NOTE 3 – FUNDING POLICY

The Plan is financed by payments from Employers of the Association that employ members of the Local. The rates paid are the result of Collective Bargaining Agreements between the Association and the Local. The payments into the Plan have exceeded the minimum funding requirements of ERISA through May 31, 2018. Although they have not expressed any intention of doing so, the Association and the Local 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.

NOTE 4 – PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended May 31, 2018 and 2017

NOTE 4 – PLAN TERMINATION (continued)

- A. Annuity benefits that former members or their beneficiaries have been receiving for at least three years, or that members eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations (discussed below).
- C. All other vested benefits (that is, vested benefits not insured by the PBGC).
- D. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2018 that ceiling is 100% of the first \$11 per month plus 75% of the next \$33 per month times a participant's years of service. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the level of benefits guaranteed by the PBGC.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended May 31, 2018 and 2017

NOTE 5 – INVESTMENTS

Except for certificates of deposit, the Plan's investments are managed by independent management companies and are held in bank custodial accounts. The following table presents the fair values of investments.

	<u>May 31, 2018</u>	<u>May 31, 2017</u>
Money Market Funds	\$ 1,225,423	\$ 201,450
Bond Funds		
Baird Short Term Bd Fd	1,127,683	1,123,119
Baird Fds Inc Inter Bd Instl	1,229,663	2,250,275
Templeton Global Bond Fd-Adv	598,668	373,355
Mutual Funds		
Transamerica Intl Equity Fund I	1,076,486	1,011,988
Vanguard Dividend Growth Fund	1,096,819	987,850
Vanguard Extended Market Idx	720,219	608,074
Wells Fargo Emerg Mkts Eq	443,473	-
Real Estate Fund	1,293,652	1,209,492
Common Collective Trust	5,794,033	5,733,119
	<u>14,606,119</u>	<u>13,498,722</u>
Investments at Estimated Value:		
Certificates of Deposit	52,205	52,100
	<u>\$ 14,658,324</u>	<u>\$ 13,550,822</u>

NOTE 6 – CERTIFICATE OF DEPOSIT

A certificate of deposit at May 31, 2018 and 2017 consists of an amount of deposit at a bank with an interest rate ranging from .25% to .40% respectively and a maturity of twelve months.

NOTE 7 – DISCLOSURE OF CREDIT RISK

Concentration of credit risk is limited due to the large number of employers comprising the Plan's contribution base but is highly dependent on the economy in the North Central Ohio area.

NOTE 8 – ACCOUNTS RECEIVABLE – EMPLOYERS

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended May 31, 2018 and 2017

NOTE 9 – TAX STATUS

The Internal Revenue Service determined and informed the Plan by a letter dated June 16, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Effective June 1, 2014 the Plan document has been amended and restated and contains all the amendments that were issued after the previous Plan document. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2014.

NOTE 10 – RELATED PARTY TRANSACTIONS

Effective January 1, 2010, the Pension Plan is paying for administrative services directly to the I.B.E.W. Local 688 Fringe Benefit Funds Inc. at \$2,067 per month plus .7% of each employer's contributions required by the Collective Bargaining Agreement on behalf of their employees. Included as plan administrative expenses on the statement of changes in net assets available for benefits for the years ended May 31, 2018 and May 31, 2017 were \$33,543 and \$32,270, respectively.

Included on the statement of net assets available for benefits as of May 31, 2017 is a payable to I.B.E.W. Local 688 Retirement Plan of \$1,355 for insurance expense, which the Retirement Plan paid in full.

NOTE 11 – RISKS AND UNCERTAINTIES

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

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended May 31, 2018 and 2017

NOTE 12 – FAIR MARKET MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework 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 the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – Inputs to the valuation methodology

- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value.

Common Stocks, Corporate Bonds, U.S. Government Securities, Mutual Funds, and Common Collective Trusts are valued at the closing price reported in the active markets in which the individual securities are traded.

Certificates of Deposit are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The Indure Build to Core Fund has unobservable inputs used in fair value measurement and is considered to be level 3.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended May 31, 2018 and 2017

NOTE 12 – FAIR MARKET MEASUREMENTS (continued)

The values of the Indure Build to Core Fund are provided by an independent third party using unobservable inputs and checked for reasonableness by the Indure Build to the Core Fund staff. Starting with the May 31, 2017 plan year and with the adoption of ASU 2015-07, the requirement to categorize within the fair value hierarchy, investments for which fair values are estimated using the net asset value was removed. Therefore, the Indure Build to the Core Fund is no longer shown as a Level 3 asset but instead is shown as an investment measured at net asset value (NAV).

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

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of May 31, 2018 and 2017.

Assets at Fair Value as of May 31, 2018

	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 1,225,423	\$ -	\$ -	\$ 1,225,423
Bond Funds	2,956,014	-	-	2,956,014
Mutual Funds	3,336,997	-	-	3,336,997
Certificates of Deposit	-	52,205	-	52,205
Common Collective Tr	5,794,033	-	-	5,794,033
TOTAL	<u>\$13,312,467</u>	<u>\$ 52,205</u>	<u>\$ -</u>	13,364,672
INVESTMENTS MEASURED AT NAV				1,293,652
TOTAL				<u>\$14,658,324</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended May 31, 2018 and 2017

NOTE 12 – FAIR MARKET MEASUREMENTS (continued)

Assets at Fair Value as of May 31, 2017

	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 201,450	\$ -	\$ -	\$ 201,450
Bond Funds	3,746,749	-	-	3,746,749
Mutual Funds	2,607,912	-	-	2,607,912
Certificates of Deposit	-	52,100	-	52,100
Common Collective Tr	5,733,119	-	-	5,733,119
TOTAL	\$12,289,230	\$ 52,100	\$ -	12,341,330
 INVESTMENTS MEASURED AT NAV				 1,209,492
 TOTAL				 \$13,550,822

NOTE 13 – FUNDING STATUS

Due to the substantial decline in the fair value of the Plan's investments during the year ended May 31, 2009, the Plan has made the election under Section 204 of The Worker, Retiree, and Employer Recovery Act of 2008 (WRERA), which allows the Plan to temporarily freeze the Plan's funded status to be the same as that of the plan year immediately prior to the election year. As of June 1, 2013, the Plan per the Pension Protection Act of 2006, has a PPA funding status of "Endangered".

On February 8, 2013, the Board of Trustees adopted a funding improvement plan that has been ratified by the bargaining parties. This plan includes scheduled increases in the Plan's hourly contribution rate. The Journeyman contribution rates increased on June 1, 2013 to \$5.59 and then by \$0.05 per year through June 2022. The increase in rates was changed to \$.10 per year for years 2015 and 2016, \$.40 for year 2017, and \$.51 for year 2018. The rates are expected to increase by \$.50 for the years 2019 and 2020.

NOTE 14 – PLAN AMENDMENTS

The Trustees of the International Brotherhood of Electrical Workers Local 688 Pension Plan approved Amendment No. 1 to the amended and restated plan document effective June 1, 2014, at the August 14, 2015 meeting.

Effective June 1, 2014, Section 1.9 was amended to change the wording of Collective Bargaining Agreement. Section 3.9 was amended to change the wording of Suspension of Benefits.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended May 31, 2018 and 2017

NOTE 14 – PLAN AMENDMENTS (continued)

Participants should review Amendment No. 1 to the International Brotherhood of Electrical Workers Local 688 Pension Plan (As Amended & Restated Effective June 1, 2014) for more detailed information. The financial effect of this amendment, if any, is not determinable.

The Trustees of the International Brotherhood of Electrical Workers Local 688 Pension Plan approved Amendment No. 2 to the amended and restated plan document effective June 1, 2014, at the February 3, 2017 meeting.

Effective February 3, 2017, Section 2.1 was amended to change the wording of Time of Participation. Section 2.5 was added for Bargaining Unit Alumni Coverage.

Participants should review Amendment No. 2 to the International Brotherhood of Electrical Workers Local 688 Pension Plan (As Amended & Restated Effective June 1, 2014) for more detailed information. The financial effect of this amendment, if any, is not determinable.

The Trustees of the International Brotherhood of Electrical Workers Local 688 Pension Plan approved Amendment No. 3 to the amended and restated plan document effective June 1, 2014, at the February 3, 2017 meeting.

Effective February 3, 2017, Sec 3.10 shall be added for Late Retirement Adjustment.

Participants should review Amendment No. 3 to the International Brotherhood of Electrical Workers Local 688 Pension Plan (As Amended & Restated Effective June 1, 2014) for more detailed information. The financial effect of this amendment, if any, is not determinable.

The Trustees of the International Brotherhood of Electrical Workers Local 688 Pension Plan approved Amendment No. 4 to the amended and restated plan document effective June 1, 2014, at the February 2, 2018 meeting.

Effective March 31, 2018, Sections 4.1(A)(3), 4.7(A), and 11.14 were amended to change the wording of eligibility for Disability Retirement and Claims and Appeals Procedure.

Participants should review Amendment No. 4 to the International Brotherhood of Electrical Workers Local 688 Pension Plan (As Amended & Restated Effective June 1, 2014) for more detailed information. The financial effect of this amendment, if any, is not determinable.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended May 31, 2018 and 2017

NOTE 14 – PLAN AMENDMENTS (continued)

The Trustees of the International Brotherhood of Electrical Workers Local 688 Pension Plan approved Amendment No. 5 to the amended and restated plan document effective June 1, 2014, at the November 2, 2018 meeting.

Effective September 28, 2017, Section 6.2(A) shall be amended to change the wording for Post Retirement Death Benefits.

Participants should review Amendment No. 5 to the International Brotherhood of Electrical Workers Local 688 Pension Plan (As Amended & Restated Effective June 1, 2014) for more detailed information. The financial effect of this amendment, if any, is not determinable.

NOTE 15 – SUBSEQUENT EVENTS

Subsequent events have been evaluated through December 19, 2018, which is the date that the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN**

Fed Id #34-6700779

May 31, 2018

FORM 5500, SCHEDULE H, line 4i-Schedule of Assets (Held At End of Year)

(a)	(b) Identity	(c) Description of investment	(d) Cost	(e) Current Value
	Sutton Bank	Certificate of Deposit	\$ 52,205	\$ 52,205
	Fifth Third Banksafe Trust	1,225,424 Shares, Interest Bearing Cash	1,225,423	1,225,423
	Baird Short Term Bd Fd	Bond Fund, 117,835.165 Shares	1,145,607	1,127,683
	Baird Fds Inc Inter Bd Instl	Bond Fund, 113,857.716 Shares	1,267,776	1,229,663
	Templeton Global Bond Fd-Adv	Bond Fund, 51,431.961 Shares	650,000	598,668
	Vanguard Dividend Growth Fd-IV	Mutual Fund, 41,171.876 Shares	693,129	1,096,819
	Vanguard Extended Market Idx Adm	Mutual Fund, 8,099.633 Shares	521,007	720,219
	Transamerica Intl Equity Fund I	Mutual Fund, 55,863.277 Shares	1,055,415	1,076,486
	Wells Fargo Emerg Mkts Eq	Mutual Fund, 17,148.996 Shares	450,000	443,473
	INDURE Fund	Real Estate Fund, 679.8085 Shares	774,004	1,293,652
	IBEW-NECA Equity Index Fund	Common Collective Trust, 127,046.444 Shares	3,567,035	5,794,033
			<u>\$ 11,401,601</u>	<u>\$ 14,658,324</u>

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN**

Fed Id #34-6700779

May 31, 2018

FORM 5500, SCHEDULE H, line 4i-Schedule of Assets (Acquired and Disposed of Within Year)

<u>(a) Identity</u>	<u>(b) Description of investment</u>	<u>(c) Cost of acquisitions</u>	<u>(d) Proceeds of dispositions</u>
Fifth Third Banksafe Trust	Interest Bearing Cash, 698,665.000 Shares	\$ 698,665	\$ 698,665

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN**

Fed Id #34-6700779

May 31, 2018

FORM 5500, SCHEDULE H, line 4j-Schedule of Reportable Transactions

(a) Identity of Party Involved	(b) Description of Asset include Interest rate and Maturity In Case of Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current value of Asset on Transaction date	(i) Net Gain or (Loss)
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Single Transaction Exceeds 5%:

Fifth Third Banksafe Trust	1,001,884.000 Shares Interest Bearing Cash	1,001,884				1,001,884	1,001,884	-
Baird Fds Inc Inter Bd Instl	93,370.682 Shares Bond Fund		1,000,000			1,039,729	1,000,000	(39,729)

5% Report by Asset-Aggregate:

Issue Aggregate Total

Fifth Third Banksafe Trust	20 Purchases / 3 Sales	1,722,639	698,665			2,421,304		
Baird Fds Inc Inter Bd Instl	14 Purchases / 1 Sales	51,386	1,000,000			1,051,386		
INDURE Fund	0 Purchases / 2 Sales	0	1,000,000			1,000,000		

Schedule MB, line 8b(2) – Schedule of Active Participant Data.

Plan Name: I.B.E.W. Local 688 Pension Plan

EIN: 34-6700779

PN: 001

Years of Credited Service:

[illegible]

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: I.B.E.W. Local 688 Pension Plan

EIN: 34-6700779

PN: 001

1. Interest Rates: 7.50%/3.05% (Funding/Current Liability).

2. Mortality Rates:
 - a. Funding
 - i. Non-Disabled RP-2014 with Blue Collar adjustment.
 - ii. Disabled RP-2014 Disabled Retiree.
 - iii. Base Year Adjustment 2006 using Scale MP-2014.
 - iv. Future Mortality Improvements Projected generationally using Scale MP-2016.
 - b. Current Liability 2017 Combined Static Mortality Table.

3. Retirement Rates:
 - a. Actives

<u>Age</u>	<u>Rate</u>
55-56	0.05
57-60	0.15
61	0.50
62	1.00

The weighted average retirement age is 60.6.
 - b. Terminated Vesteds Age 62.

4. Hours Worked: 1,700 per year.

5. Expense Load: \$125,000 per year.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: I.B.E.W. Local 688 Pension Plan

EIN: 34-6700779

PN: 001

6. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

7. Termination Rates: Less than 3 years of service – 0.15; then:

<u>Age</u>	<u>Rate</u>
25	0.1755
35	0.1451
45	0.1114
55	0.0776
65	0.0000

8. Disability Rates:

<u>Age</u>	<u>Rate</u>
25	0.0006
35	0.0010
45	0.0021
55	0.0055
65	0.0000

9. Actuarial Cost Method: Unit Credit.

10. Actuarial Value of Assets: Market Value of Assets minus a decreasing fraction ($\frac{4}{5}$, $\frac{3}{5}$, $\frac{2}{5}$, and $\frac{1}{5}$) of each of the preceding 4 years gains/(losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.

11. Changes Since Last Year: The expense load was increased 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 688 Pension Plan

EIN: 34-6700779

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 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 base year 2006 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
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For calendar plan year 2017 or fiscal plan year beginning 06/01/2017 and ending 05/31/2018

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

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

A Name of plan <u>I.B.E.W. Local 688 Pension Plan</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Board of Trustees, I.B.E.W. Local 688 Pension Plan</u>	D Employer Identification Number (EIN) <u>34-6700779</u>	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		

1a Enter the valuation date: Month 06 Day 01 Year 2017

b Assets:

(1) Current value of assets	1b(1)	13,961,329
(2) Actuarial value of assets for funding standard account	1b(2)	14,826,667
c (1) Accrued liability for plan using immediate gain methods	1c(1)	20,332,607

(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)	20,332,607

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)	36,082,890
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	868,298
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1,321,991
(3) Expected plan disbursements for the plan year	1d(3)	1,446,991

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary	<u>12/16/2018</u> Date
	<u>M. R. Rust</u> Type or print name of actuary	<u>17-06146</u> Most recent enrollment number
	<u>Cuni, Rust & Strenk</u> Firm name	<u>(513) 891-0270</u> Telephone number (including area code)
	<u>4555 Lake Forest Drive - Suite 620</u> Address of the firm	
	<u>US Cincinnati OH 45242-3760</u> Address of the firm	

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

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	13,961,329
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	124	14,664,004
(2) For terminated vested participants	91	8,512,705
(3) For active participants:		
(a) Non-vested benefits		593,858
(b) Vested benefits		12,312,323
(c) Total active	113	12,906,181
(4) Total	328	36,082,890
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	38.69 %

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
06/01/2017	0				
05/31/2018	1,416,722				
Totals			3(b)	1,416,722	3(c) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	72.9 %
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	C
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	75,994
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	2026

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	%	
b Rates specified in insurance or annuity contracts	Pre-retirement		Post-retirement	
	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.50	%	7.50 %
e Expense loading	6e	26.7	%	N/A
f Salary scale	6f	%	☒ N/A	N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.1 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.5 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	407,163	42,908
3	(75,994)	(8,009)

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	631,937

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0		
b Employer's normal cost for plan year as of valuation date	9b	467,872		
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)	8,798,945	979,436	
(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	108,548		
e Total charges. Add lines 9a through 9d	9e	1,555,856		

Credits to funding standard account:

f	Prior year credit balance, if any	9f	1,325,530
g	Employer contributions. Total from column (b) of line 3	9g	1,416,722
		Outstanding balance	
h	Amortization credits as of valuation date	9h	1,967,475
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	182,486

j Full funding limitation (FFL) and credits:

(1)	ERISA FFL (accrued liability FFL)	9j(1)	8,777,031
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	18,610,513
(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	3,336,789
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	1,780,933
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 688 Pension Plan

EIN: 34-6700779

PN: 001

1. Effective Date: June 1, 1973.
2. Plan Year: June 1st through May 31st.
3. Covered Employee: All employees covered by the Local 688 Collective Bargaining Agreement.
4. Eligibility: January 1st after completion of 435 Hours of Service.
5. Year of Service: 1 Year of Credited Service for each Plan Year during which 435 or more Hours of Service are worked.
6. Actuarial Equivalency: UP 1984 Mortality Table at 6.50% set back 5 years for beneficiaries.
7. Payment Forms:
 - a. Normal Single Life Annuity for unmarried participants and a 50% Joint & Survivor Annuity (QJSA) for married participants.
 - b. Monthly Benefit Actuarially Equivalent 75% Joint & Survivor Annuity (QOSA) and 10-Year Certain and Life Annuity.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: I.B.E.W. Local 688 Pension Plan

EIN: 34-6700779

PN: 001

8. Normal Retirement:

- a. Eligibility Age 62 and 5 Years of Service.
- b. Monthly Benefit Effective June 1, 2002, \$75 for each Plan Year in which 1,500 Hours of Service are worked at the base journeyman contribution rate. The benefit credit will be prorated up or down for hours worked greater or less than 1,500 hours or for contribution rates that differ from the base journeyman rate.

9. Early Retirement:

- a. Eligibility Age 55 and 10 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement with monthly benefit reduced by $\frac{1}{2}$ of 1% for each month that Early Retirement precedes Normal Retirement.

10. Vested Retirement:

- a. Eligibility 5 Years of Service.
- b. Monthly Benefit Calculated as for Normal or Early Retirement.

11. Disability Retirement:

- a. Eligibility Total and Permanent Disability with 5 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement (with a \$100 minimum monthly benefit) payable immediately unreduced for early commencement.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: I.B.E.W. Local 688 Pension Plan

EIN: 34-6700779

PN: 001

12. Pre-Retirement Death:

a. Eligibility

5 Years of Service.

b. Monthly Benefit

Calculated as for an age 55 Early Retirement reflecting an Actuarially Equivalent 50% Joint & Survivor Annuity with death immediately after Early Retirement.

Unmarried beneficiaries and surviving spouses of deceased participants who have elected out of the Qualified Joint & Survivor Annuity will receive an immediate 5-Year Certain Annuity equal to the Accrued Normal Retirement Benefit unreduced for form of payment or early commencement.

13. Employer Contributions:

<u>Effective Date</u>	<u>Hourly Rate</u>
06/01/2013	\$5.59
06/01/2014	\$5.64
06/01/2015	\$5.74
06/01/2016	\$5.84
06/01/2017	\$6.24
12/01/2018	\$6.49
06/01/2018	\$6.75
06/01/2019	\$7.25
06/01/2020	\$7.75

14. Changes Since Last Year:

The hourly contribution rate was increased and the balance of 60 monthly payments made to the designated survivor of a participant not electing the Joint & Survivor option was removed since this benefit is Restricted due to the Plan being in Critical Status.

2017 ACTUARIAL CERTIFICATION OF STATUS

As Required under IRC § 432(b)(3) as Added by the Pension Protection Act of 2006

Plan Identification

I.B.E.W. Local 688 Pension Plan ("Plan")
BeneSys, Inc.
33 Fitch Boulevard
Austintown, OH 44515
(330) 652-9821
EIN/PN: 34-6700779/001
Plan Year: June 1, 2017 – May 31, 2018

Information on Plan Status

As of June 1, 2017, I hereby certify that the Plan is Critical (in this Plan Year) and NOT Critical and Declining as defined by the Pension Protection Act of 2006 (PPA) as amended by the Multiemployer Pension Reform Act of 2014 (MPRA).

This certification has been prepared based on the Plan's June 1, 2016 Actuarial Valuation and the unaudited May 31, 2017 financial statements. The June 1, 2016 Actuarial Valuation was projected to June 1, 2017 for determination of the Plan's Funded Percentage and additional projections of later years were used for Funding Standard Account purposes. Anticipated future Plan contributions and liabilities assume 160,000 hours worked per year and it is assumed that participants exiting the Plan are replaced by new entrants. All other assumptions used along with the Plan Provisions reflected in this determination are summarized in the Plan's June 1, 2016 Actuarial Valuation Report.

Actuarial Certification

I hereby certify that the Plan's most recent Actuarial Valuation presents fairly the actuarial position of the Plan as of June 1, 2016. In my opinion, the assumptions used to determine the Plan's 2017 PPA funding status are individually reasonable based on Plan experience and represent my best estimate of anticipated future experience under the Plan. The projection of the June 1, 2016 Actuarial Valuation has been performed in accordance with generally accepted actuarial principles and practices and the undersigned meets the qualification standards of the American Academy of Actuaries necessary to render an actuarial opinion.

Respectfully submitted,



M. R. Rust, EA, MAAA, ASA
Enrollment Number: 17-06146

Cuni, Rust & Strenk
4555 Lake Forest Drive, Suite 620
Cincinnati, OH 45242
(513) 891-0270

August 29, 2017

Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status.

Plan Name: I.B.E.W. Local 688 Pension Plan

EIN: 34-6700779

PN: 001

2017 PPA Funding Status = Critical [NOT Critical and Declining]; Projected Funding Deficiency in 2020.

6/1 Plan Year	Actuarial Value of Assets (1)	PPA Accrued Liability (2)	PPA Funded % (1) / (2)	5/31 Credit Balance	Scheduled Hourly Contribution Rate	Minimum Required Contribution	Expected Hours Worked	Expected Contributions	Asset Return %	
2016	\$14,251,513	\$19,742,361	72.2%	\$478,111	\$5.84	\$676,818 ⁽¹⁾	191,867	\$1,120,501	10.5%	Unaudited ⁽²⁾
2017	\$14,700,149	\$20,221,344	72.7%	\$460,020	\$6.24	\$641,660	160,000	\$998,400	7.5%	Projected
2018	\$14,877,211	\$20,697,921	71.9%	\$369,876	\$6.24	\$734,142	160,000	\$998,400	7.5%	Projected
2019	\$15,139,377	\$21,059,783	71.9%	\$273,988	\$6.24	\$995,939	160,000	\$998,400	7.5%	Projected
2020	\$15,416,995	\$21,367,915	72.2%	\$2,551	\$6.24	\$1,239,319	160,000	\$998,400	7.5%	Projected

⁽¹⁾ June 1, 2016 Actuarial Valuation results (without IRC § 431(d)(1) charge base amortization extension).⁽²⁾ Estimated based on the Plan's unaudited May 31, 2017 financial statements.

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

Plan Name: I.B.E.W. Local 688 Pension Plan

EIN: 34-6700779

PN: 001

Charge Bases:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
06/01/1977	Initial	\$ 671,330	5	\$ 22,015	\$ 95,746
06/01/1978	Amendment	489,029	6	18,966	95,698
06/01/1984	Amendment	27,350	3	423	1,180
06/01/1986	Amendment	108,121	5	3,747	16,300
06/01/1988	Cost Method	199,484	7	9,179	52,260
06/01/1990	Amendment	412,002	10	22,992	169,654
06/01/1995	Assumption	399,129	13	25,157	219,752
06/01/1998	Amendment	433,893	16	29,017	285,158
06/01/1999	Assumption	231,474	17	15,741	159,642
06/01/1999	Amendment	339,496	17	23,086	234,133
06/01/2001	Experience	751,218	4	26,795	96,479
06/01/2002	Experience	202,528	5	9,476	41,212
06/01/2002	Amendment	937,898	20	66,349	727,120
06/01/2004	Experience	297,800	7	18,498	105,329
06/01/2005	Experience	500,734	8	33,859	213,195
06/01/2006	Experience	735,889	9	53,102	364,133
06/01/2007	Experience	34,039	10	2,586	19,080
06/01/2008	Experience	8,984	11	711	5,593
06/01/2008	Assumption	243,691	11	19,297	151,755
06/01/2009	Assumption	33,474	12	2,743	22,807
06/01/2009	Experience	293,253	12	24,031	199,834
06/01/2009	Asset Loss	1,142,867	21	90,896	1,017,531
06/01/2010	Asset Loss	6,064	21	487	5,459
06/01/2011	Assumption	35,291	14	3,050	27,829
06/01/2011	Asset Loss	678,776	21	55,187	617,796
06/01/2012	Assumption	270,284	15	23,846	226,282
06/01/2012	Experience	406,016	15	35,821	339,917
06/01/2012	Asset Loss	591,095	21	48,662	544,747
06/01/2013	Assumption	114,698	16	10,303	101,252
06/01/2013	Experience	329,558	16	29,604	290,921
06/01/2014	Assumption	85,395	17	7,792	79,024
06/01/2014	Experience	352,108	17	32,129	325,841
06/01/2015	Assumption	169,203	13	17,831	155,761
06/01/2015	Experience	346,369	13	36,502	318,850
06/01/2016	Assumption	224,317	14	23,639	215,729
06/01/2016	Experience	882,575	14	93,009	848,783
06/01/2017	Experience	407,163	15	42,908	407,163
Total Charges				\$ 979,436	\$ 8,798,945

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

Plan Name: I.B.E.W. Local 688 Pension Plan

EIN: 34-6700779

PN: 001

Credit Bases:

Date		Initial	Rem.		Remaining
<u>Established</u>	<u>Type</u>	<u>Balance</u>	<u>Years</u>	<u>Payment</u>	<u>Balance</u>
06/01/1998	Assumption	\$ 92,480	11	\$ 7,256	\$ 57,053
06/01/2002	Assumption	110,534	15	8,706	82,618
06/01/2003	Assumption	905,222	16	71,299	700,659
06/01/2003	Experience	236,848	1	24,957	24,957
06/01/2009	Method	1,396,631	2	189,274	365,344
06/01/2010	Experience	617,805	8	65,106	409,951
06/01/2010	Assumption	99,253	8	10,460	65,856
06/01/2011	Experience	256,059	9	26,984	185,043
06/01/2017	Plan Change	75,994	15	8,009	75,994
	Total Credits			\$ 412,051	\$ 1,967,475
1.	Net Amortization				\$ 6,831,470
2.	Credit Balance				\$ 1,325,530
3.	Balance Test: [(1) - (2)]				\$ 5,505,940
4.	Unfunded Accrued Liability:				
	a. Accrued Liability				\$ 20,332,607
	b. Actuarial Value of Assets				14,826,667
	c. Unfunded Accrued Liability: [(a) - (b)]				\$ 5,505,940

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

Plan Name: I.B.E.W. Local 688 Pension Plan

EIN: 34-6700779

PN: 001

Effective with the June 1, 2017 valuation, the following assumption was changed based upon historical plan and industry data as an indicator of anticipated future experience:

- The expense load was increased from \$115,000 to \$125,000.



_____ (signed)

M. R. Rust

Enrollment #17-06146

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN**

Fed Id #34-6700779

May 31, 2018

FORM 5500, SCHEDULE H, line 4i-Schedule of Assets (Held At End of Year)

(a)	(b) Identity	(c) Description of investment	(d) Cost	(e) Current Value
	Sutton Bank	Certificate of Deposit	\$ 52,205	\$ 52,205
	Fifth Third Banksafe Trust	1,225,424 Shares, Interest Bearing Cash	1,225,423	1,225,423
	Baird Short Term Bd Fd	Bond Fund, 117,835.165 Shares	1,145,607	1,127,683
	Baird Fds Inc Inter Bd Instl	Bond Fund, 113,857.716 Shares	1,267,776	1,229,663
	Templeton Global Bond Fd-Adv	Bond Fund, 51,431.961 Shares	650,000	598,668
	Vanguard Dividend Growth Fd-IV	Mutual Fund, 41,171.876 Shares	693,129	1,096,819
	Vanguard Extended Market Idx Adm	Mutual Fund, 8,099.633 Shares	521,007	720,219
	Transamerica Intl Equity Fund I	Mutual Fund, 55,863.277 Shares	1,055,415	1,076,486
	Wells Fargo Emerg Mkts Eq	Mutual Fund, 17,148.996 Shares	450,000	443,473
	INDURE Fund	Real Estate Fund, 679.8085 Shares	774,004	1,293,652
	IBEW-NECA Equity Index Fund	Common Collective Trust, 127,046.444 Shares	3,567,035	5,794,033
			<u>\$ 11,401,601</u>	<u>\$ 14,658,324</u>

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL 688 - PENSION PLAN**

Fed Id #34-6700779

May 31, 2018

FORM 5500, SCHEDULE H, line 4j-Schedule of Reportable Transactions

(a) Identity of Party Involved	(b) Description of Asset include Interest rate and Maturity In Case of Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current value of Asset on Transaction date	(i) Net Gain or (Loss)
Single Transaction Exceeds 5%:								
Fifth Third Banksafe Trust	1,001,884.000 Shares Interest Bearing Cash	1,001,884				1,001,884	1,001,884	-
Baird Fds Inc Inter Bd Instl	93,370.682 Shares Bond Fund		1,000,000			1,039,729	1,000,000	(39,729)
5% Report by Asset-Aggregate:						Issue Aggregate Total		
Fifth Third Banksafe Trust	20 Purchases / 3 Sales	1,722,639	698,665			2,421,304		
Baird Fds Inc Inter Bd Instl	14 Purchases / 1 Sales	51,386	1,000,000			1,051,386		
INDURE Fund	0 Purchases / 2 Sales	0	1,000,000			1,000,000		

34-6700779

Federal Statements
IBEW LOCAL 688 PENSION PLAN
Plan: 001

Assets Acquired / Disposed During Year

<u>Identity</u>	<u>Description</u>	<u>Costs of Acquisitions</u>	<u>Proceeds of Dispositions</u>
FIFTH THIRD BANKSAFE	698,665 SHARES	\$ 698,665	\$ 698,665