

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/04/1984</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>06/04/1984</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>06/04/1984</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>IBEW LOCAL 683 BOARD OF TRUSTEES</u> <u>6525 CENTURION DRIVE</u> <u>LANSING, MI 48917-9275</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1442087</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>844-683-0683</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1442087</u>	2c Plan Sponsor's telephone number <u>844-683-0683</u>	2d Business code (see instructions) <u>238210</u>	
2b Employer Identification Number (EIN) <u>34-1442087</u>					
2c Plan Sponsor's telephone number <u>844-683-0683</u>					
2d Business code (see instructions) <u>238210</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2020	JIM SCHREIBER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor 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 1909
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) 1247 6a(2) 1471 6b 0 6c 814 6d 2285 6e 230 6f 2515 6g 2308 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 72

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

2E 2J

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL 683 BOARD OF TRUSTEES	D Employer Identification Number (EIN) 34-1442087	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

TIC INTERNATIONAL

6525 CENTURION DRIVE
LANSING, MI 48917-9275

34-1442087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATION FEES	100322	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANISON & ASSOCIATES, INC.

2152 TREMONT CENTER
COLUMBUS, OH 43201-8010

31-1553547

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	121208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE ASSET MANAGEMENT

880 CARILLON PARKWAY
ST PETERSBURG, FL 33733

59-2385219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	29633	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)

SEGAL MARCO ADVISORS

1300 E NINTH, SUITE 1900
CLEVELAND, OH 44114-1593

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLOTTA FARLEY CO, LPA

2222 CENTENNIAL ROAD
TOLEDO, OH 43617

34-1316963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	PLAN COUNSEL	33523	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENT INST.OPER.CO.

82 DEVONSHIRE STREET
BOSTON, MA 02109

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
65 37 64	INVESTMENTS	121718	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHEVY CHASE TRUST

7501 WISCONSIN SUITE 1500
BETHESDA, MD 20814

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	INVESTMENT CUSTODIAN	5311	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BODINE PERRY, LLC

3711 STARRS CENTRE DR.
CANFIELD, OH 44406

41-2028444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	PLAN AUDITOR	19163	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED ACTUARIAL SERVICES

11590 N MERIDIAN ST
CARMEL, IN 46032-4529

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	PERIODIC ACTUARIAL SERV	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ASB CAPITAL

7501 WISCONSIN AVE
BETHESDA, MD 20814

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	INVESTMENT CUSTODIAN	28415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>IBEW LOCAL 683 BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>34-1442087</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW-NECA STABLE VALUE TRUST</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO NATIONAL TRUST COMPANY</u>		
c EIN-PN <u>93-6223188-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32935638</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW NECA EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>31-1772714-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16086526</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW-NECA STABLE VALUE B</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY</u>		
c EIN-PN <u>04-2647786-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9360216</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL 683 BOARD OF TRUSTEES	D Employer Identification Number (EIN) 34-1442087	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1612974	718583
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	624666	729523
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	69481	77086
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2304490	5715688
(2) U.S. Government securities	1c(2)	4194487	7026779
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	3486930	3684032
(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)	1991246	2701855
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	2742401	1777268
(9) Value of interest in common/collective trusts	1c(9)	54294257	58382380
(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)	75458446	88847092
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4461312	2368422

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	151240690	172028708

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	147799	178817
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	147799	178817

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	151092891	171849891
---	-----------	-----------	-----------

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)	7040450	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	23093	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7063543
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	378371	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	149542	
(F) Other	2b(1)(F)	1063678	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1591591
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4526763	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4526763
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	-125530	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	229041	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-354571
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	17339644	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		17339644

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		19984
d Total income. Add all income amounts in column (b) and enter total	2d		30186954

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9030193	
(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)		9030193
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)	56784	
(2) Contract administrator fees	2i(2)	110421	
(3) Investment advisory and management fees	2i(3)	199627	
(4) Other	2i(4)	32929	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		399761
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9429954

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20757000
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: BODINE PERRY, LLC

(2) EIN: 41-2028444

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

**IBEW Local 683
Profit Sharing Annuity Plan**

Financial Statements

For the Years Ended
December 31, 2019 and 2018



BodinePerry
Certified Public Accountants & Advisors

Table of Contents

Independent Auditors' Report.....	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits.....	4
Notes to Financial Statements.....	5
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	13
Schedule H, Line 4j - Schedule of Reportable Transactions.....	16

3711 Starrs Centre Drive
Canfield, OH 44406

330.702.8100
BodinePerry.com

Independent Auditors' Report

Board of Trustees and Plan Management
IBEW Local 683 Profit Sharing Annuity Plan
Columbus, Ohio

We have audited the accompanying financial statements of IBEW Local 683 Profit Sharing Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of IBEW Local 683 Profit Sharing Annuity Plan as of December 31, 2019 and 2018, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, 4j - Schedule of Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employees Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. These supplemental schedules have been subjected to the auditing procedures applied in the audit of the financial statements, and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink, reading "Bodline Perry". The signature is written in a cursive, flowing style.

Canfield, Ohio
September 23, 2020

IBEW Local 683

Profit Sharing Annuity Plan

Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

Assets		
	<u>2019</u>	<u>2018</u>
Current Assets		
Noninterest-bearing cash	\$ 718,583	\$ 1,612,974
Prepaid expenses	5,702	3,285
Total Current Assets	<u>724,285</u>	<u>1,616,259</u>
Investments at Fair Value		
Money market funds	5,715,688	2,304,490
U.S. government agencies obligations	1,191,798	1,158,311
U.S. government obligations	5,834,981	3,036,176
Mutual Funds	88,847,092	75,458,446
Corporate bonds	3,684,032	3,486,930
International fixed income securities	184,417	176,953
Asset-backed securities	2,184,005	4,284,359
Common collective trusts	58,382,380	54,294,257
Private real estate investment trust	2,701,855	1,991,246
Total Investments at Fair Value	<u>168,726,248</u>	<u>146,191,168</u>
Receivables		
Employer contributions	729,523	624,666
Accrued interest income	71,384	66,196
Notes receivable from participants	1,777,268	2,742,401
Total Receivables	<u>2,578,175</u>	<u>3,433,263</u>
Total Assets	172,028,708	151,240,690
Liabilities		
Accounts payable and accrued expenses	<u>178,817</u>	<u>147,799</u>
Total Liabilities	<u>178,817</u>	<u>147,799</u>
Net Assets Available for Benefits	<u>\$ 171,849,891</u>	<u>\$ 151,092,891</u>

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local 683

Profit Sharing Annuity Plan

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Additions to Net Assets		
Investment Income:		
Interest income	\$ 1,442,049	\$ 1,314,710
Dividend income	4,526,763	5,725,424
Net appreciation (depreciation) in fair value of investments	16,985,073	(12,681,806)
Total Investment Income	22,953,885	(5,641,672)
Less: Investment Expenses	(63,358)	(56,991)
Net Investment Income	22,890,527	(5,698,663)
Interest income from participants notes receivables	149,542	204,465
Contributions:		
Employer contributions	6,828,352	5,629,138
Reciprocity received	898,446	534,339
Reciprocity paid	(663,255)	(301,250)
Total Contributions	7,063,543	5,862,227
Other Income	19,984	-
Total Additions	30,123,596	368,029
Deductions from Net Assets		
Participant benefits paid	9,030,193	7,136,140
Administrative Expenses		
Legal fees	33,523	22,148
Accounting and auditing fees	23,261	45,145
Actuarial fees	7,500	7,500
Administrative manager fees and related expenses	110,421	71,446
Consulting fees	136,269	118,151
Conventions and meetings	6,241	3,911
Insurance	17,939	14,314
Taxes	1,249	-
Total Administrative Expenses	336,403	282,615
Total Deductions	9,366,596	7,418,755
Change in Net Assets Available for Benefits	20,757,000	(7,050,726)
Net Assets Available for Benefits:		
Beginning of Year	151,092,891	158,143,617
End of Year	<u><u>\$ 171,849,891</u></u>	<u><u>\$ 151,092,891</u></u>

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local 683 Profit Sharing Annuity Plan

Notes to Financial Statements
For the Years Ended December 31, 2019 and 2018

Note A - Description of Plan

The following brief description of the IBEW Local 683 Profit Sharing Annuity Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

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

Participant Accounts

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

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

Contributions

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

Payments of Benefits

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

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

IBEW Local 683 Profit Sharing Annuity Plan

Notes to Financial Statements
For the Years Ended December 31, 2019 and 2018

Note A - Description of Plan (continued)

Notes Receivable from Participants

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

Vesting

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

Plan Termination

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

Note B - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Cash and Cash Equivalents

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

Employer Contributions Receivable

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

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2019 and 2018.

IBEW Local 683 Profit Sharing Annuity Plan

Notes to Financial Statements
For the Years Ended December 31, 2019 and 2018

Note B - Summary of Significant Accounting Policies (continued)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

Reclassifications

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

Note C - Investments and Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of value hierarchy under the Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) Topic 820 are described as follows:

Level 1 Fair Value Measurements

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

Level 2 Fair Value Measurements

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are delivered principally from or corroborated by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Fair Value Measurements

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

IBEW Local 683 Profit Sharing Annuity Plan

Notes to Financial Statements
For the Years Ended December 31, 2019 and 2018

Note C - Investments and Fair Value Measurements (continued)

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

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

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

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

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

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

Asset-backed securities: Valued daily using pricing models related to contractual cash flows or appraised values depending on the type and are reported at level 2.

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

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 5,715,688	\$ -0-	\$ -0-	\$ 5,715,688
U.S government agencies obligations	1,191,798	-0-	-0-	1,191,798
U.S. government obligations	-0-	5,834,981	-0-	5,834,981
Mutual Funds	88,847,092	-0-	-0-	88,847,092
Corporate bonds	-0-	3,684,032	-0-	3,684,032
International fixed income securities	-0-	184,417	-0-	184,417
Asset-backed securities	-0-	2,184,005	-0-	2,184,005
Total Assets in Fair Value Hierarchy	\$ 95,754,578	\$ 11,887,435	\$ -0-	107,642,013
Investments Valued at NAV				61,084,235
Total				\$ 168,726,248

IBEW Local 683 Profit Sharing Annuity Plan

Notes to Financial Statements
For the Years Ended December 31, 2019 and 2018

Note C - Investments and Fair Value Measurements (continued)

Assets at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 2,304,490	\$ -0-	\$ -0-	\$ 2,304,490
U.S government agencies obligations	1,158,311	-0-	-0-	1,158,311
U.S. government obligations	-0-	3,036,176	-0-	3,036,176
Mutual Funds	75,458,446	-0-	-0-	75,458,446
Corporate bonds	-0-	3,486,930	-0-	3,486,930
International fixed income securities	-0-	176,953	-0-	176,953
Asset-backed securities	-0-	4,284,359	-0-	4,284,359
Total Assets in Fair Value Hierarchy	\$ 78,921,247	\$ 10,984,418	\$ -0-	89,905,665
Investments Valued at NAV				56,285,503
Total				\$ 146,191,168

The following table summarizes investments measured at fair value based on net asset value (NAV) per unit as of December 31, 2019 and 2018.

	2019	2018	Redemption Frequency	Redemption Notice Period
Common collective trust (a)	\$ 16,086,526	\$ 12,426,043	Daily	See (a)
Common collective trust (b)	42,295,854	41,868,214	Daily	See (b)
Private REIT (c)	2,701,855	1,991,246	Quarterly	See (c)
	\$ 61,084,235	\$ 56,285,503		

- a) Common collective trust: the fund's objective is to as nearly as practical replicate the performance of the Standard and Poor's 500 Index, by purchase and resale of those equities which compose the S&P 500 Index. The valuation of the Fund is performed as of the close of business on each day on which the New York Stock Exchange is open for business. Units are issued and redeemed daily at net asset value per unit. Notice of intention with respect to admissions and withdrawals must be given before 3:00 PM eastern time of the valuation date. Settlement occurs on the next business day after the valuation date. There is no lockup period or other restrictions on withdrawals.
- b) Common collective trust: the trust's primary investment objectives are to seek the preservation of principal and to provide interest income reasonably obtained under prevailing market conditions and rates consistent with seeking to maintain required liquidity. The trust holds primarily synthetic guaranteed investment contracts. The net unit values of the classes of the Trust are determined as the close of each business day. Participant units are issued and redeemed only at the end of each day and at the net unit value at contract value, provided that the redeeming participant plans comply with the required two-year notice provision. When the market value of units is less than their contract value, participant plans may also elect to withdraw units at their market value upon 10 days' notice.

IBEW Local 683 Profit Sharing Annuity Plan

Notes to Financial Statements
For the Years Ended December 31, 2019 and 2018

Note C - Investments and Fair Value Measurements (continued)

- c) Valuation of private REITS: The Plan may invest a portion of its assets in Private Real Estate Investment Trusts ("Private REITs"). The Private REITs measure their investment assets at fair value and report a NAV per share on a calendar quarter basis. In accordance with Accounting Standards Codification ("ASC") 820, the Fund has elected to apply the practical expedient and to value its investments in Private REITs at their respective NAVs at each quarter. For non-calendar quarter-end days, the Pricing Committee estimates the fair value of each Private REIT by adjusting the most recent NAV for each REIT by the change in a proprietary benchmark that the Pricing Committee has deemed to be representative of the entire Private REIT market. In the event that a price is not provided by the Private REIT, the fair valuation procedures will be followed. As of December 31, 2019, all of the Plan's investments in Private REITs were valued at the respective NAVs of the Private REITs.

Note D - Nonparticipant-Directed Investments

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

	<u>December 31,</u>	
	<u>2019</u>	<u>2018</u>
Net Assets:		
Money market funds	\$ 2,401,348	\$ 550,620
U.S. government agencies obligations	1,191,798	1,158,311
U.S. government obligations	5,834,981	3,036,176
Mutual funds	29,732,709	25,492,132
Corporate bonds	3,684,032	3,486,930
International fixed income securities	184,417	176,953
Asset-back securities	2,184,005	4,284,359
Common collective trusts	49,022,164	44,547,613
Private real estate investment trust	2,701,855	1,991,246
	<u>\$ 96,937,309</u>	<u>\$ 84,724,340</u>
	<u>Year Ended December 31,</u>	
	<u>2019</u>	<u>2018</u>
Changes in Net Assets:		
Contributions	\$ 5,308,575	\$ 4,418,409
Dividends	1,670,662	1,647,394
Interest	1,313,207	1,289,332
Net appreciation (depreciation)	6,755,440	(4,619,665)
Benefits paid to participants	(4,925,593)	(3,507,922)
Transfers to participant directed investments	(596,994)	(1,661,521)
Transfers from participant directed investments	491,020	59,166
Change in participant loans	827,648	219,126
Changes in other assets and liabilities	1,593,121	(867,995)
Expenses	(224,617)	(210,219)
	<u>\$ 12,212,969</u>	<u>\$ (3,233,895)</u>

IBEW Local 683 Profit Sharing Annuity Plan

Notes to Financial Statements
For the Years Ended December 31, 2019 and 2018

Note E - Income Tax Status

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

Note F - Concentrations

During the year ended December 31, 2019, two employers comprise approximately 47% of the total employer contributions. During the year ended December 31, 2018, two employers comprised approximately 54% of the total employer contributions.

Credit Risk

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

Note G - Risks and Uncertainties

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

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

Note H - Related Party and Parties in Interest Transactions

As described in Note B, "Administrative Expenses", the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are considered party in interest transactions under ERISA.

Effective January 1, 2019, the administrative services of the Plan were performed by TIC International. During 2019, the administrative expenses paid by the plan were \$110,421.

During the year ended December 31, 2018, the Plan was administered by IBEW Local 683 Fringe Benefit Fund, Inc. IBEW Local Fringe Benefit Fund, Inc. is a non-profit corporation organized by the Board of Trustees of the IBEW Local 683 Profit Sharing Annuity Plan, Pension Plan, Education Plan, and Health and Welfare Plan. Administrative fees paid by the plan for 2018 were \$74,910.

IBEW Local 683

Profit Sharing Annuity Plan

Notes to Financial Statements
For the Years Ended December 31, 2019 and 2018

Note I - Amendments

Effective January 1, 2019, Section 16.03 regarding hardship withdrawals was amended to state that the trustees may avoid the need to inquire into whether other financial resources readily available if the distribution is not in excess of the amount of the participant's immediate financial need provided:

- 1.) The participant has obtained all distributions, other than hardship distributions, under plans maintained by the employer.
- 2.) After January 1, 2019, all plans maintained by the employer provide that the Employee's Elective Deferrals and Employee contributions will be suspended for 12 months after receipt of the hardship distribution.
- 3.) All plans maintained by the employer provide an employee may not make any elective deferrals for the employee's taxable year following the year of the hardship distribution.

Effective January 1, 2019, employees filing hardship withdrawal applications filed before January 1, 2019 shall be prohibited from making elective deferrals and employee contributions for 6 months after the receipt of the distributions. Employees filing hardship withdrawal applications filed after December 31, 2018 may continue to make elective deferrals and employee contributions.

Note J - Subsequent Events

Subsequent events have been evaluated through September 23, 2020, the date the financial statements are available to be issued. In early 2020, the continued spread of the COVID-19 pandemic is affecting the United States and may affect the Plan's financial performance and those of third parties on which the Plan relies. While the Plan does not expect to see a material COVID-19 impact on the results of financial performance, given the uncertainties surrounding the duration of the outbreak it is not currently possible to ascertain the overall impact of COVID-19 on the business. Plan management is monitoring the situation in order to mitigate any potential impact on the Plan's operations and financial performance.

The Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act, is a \$2.2 trillion economic stimulus bill passed by the 116th U.S. Congress and signed into law by President Donald Trump in March 2020 in response to the economic fallout of the COVID-19 pandemic in the United States

In conjunction with provisions permitted by The CARES Act, the Plan has added the following provision that expire at the end of the calendar year 2020:

Waiving 2020 Required Minimum Distributions - Under the CARES Act, required minimum distribution rules for employer plans are waived for calendar year 2020. The act gives retirees the option to not take required minimum distributions in 2020.

Deferring loan payments up to one year - Under the CARES Act, participants are given the option to defer loan payments for up to one year for all eligible loans with a payment due between the enactment of the CARES Act (March 27, 2020) through December 31, 2020.

IBEW Local 683
Profit Sharing Annuity Plan
FEIN 34-1442087, PN 002

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
As of December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	<u>Money Market Funds</u>			
*	Meeder Institutional Prime MM-FLPXX	2,176,535.068 shares variable rate	\$ 2,176,535	\$ 2,176,535
	SEI Daily Income Gov't Fund Gov't Portfolio	220,201.8700 shares variable rate	220,202	220,202
	Blackrock Liquidity Funds Fedfund	2,535.2500 shares variable rate	2,535	2,535
*	Raymond James Bank Deposit Program	2,075.550 units 1.61% estimated yield	2,076	2,076
*	Fidelity FMMT Retire Gov II	3,314,339.890 shares variable rate	3,314,340	3,314,340
			<u>5,715,688</u>	<u>5,715,688</u>
	<u>U.S. Government Agencies Obligations</u>			
	Private Export Funding	4.300% due 12/15/21 \$240,000	260,259	251,822
	Tenn Valley Authority	3.875% due 02/15/2021 \$186,000	194,426	190,135
	Federal Home Loan Bank	1.125% due 07/14/21 \$180,000	178,759	178,655
	Tenn Valley Authority	2.875% due 02/01/27 \$170,000	177,438	178,456
	Tenn Valley Authority	2.875% due 09/15/2024 \$375,000	374,374	392,730
			<u>1,185,256</u>	<u>1,191,798</u>
	<u>U.S. Government Obligations</u>			
	U.S. Treasury notes	3.625% due 02/15/21 \$238,000	246,439	243,207
	U.S. Treasury notes	2.750% due 02/15/24 \$186,000	189,812	194,015
	Federal Home Loan Mortgage Corp	4.500% due 05/01/24 \$33,972	37,037	35,449
	FHLMC Gold Pool	5.500% due 09/01/24 \$115,742	119,757	119,384
	U.S. Treasury notes	2.750% due 02/28/25 \$521,000	520,353	547,946
	U.S. Treasury notes	2.250% due 11/15/25 \$160,000	165,672	164,357
	Federal Nat'l Mortgage Association	3.500% due 08/01/26 \$106,242	112,052	110,062
	Federal Home Loan Mortgage Corp	4.000% due 10/01/26 \$55,078	58,356	57,475
	Federal Nat'l Mortgage Association	4.500% due 01/01/27 \$69,810	274,175	73,383
	Federal Nat'l Mortgage Association	3.500% due 03/01/27 \$248,462	256,683	257,486
	FNMA Pool	3.000% due 10/01/27 \$116,430	119,304	119,588
	Federal Nat'l Mortgage Association	3.500% due 01/01/28 \$78,688	79,917	81,577
	U.S. Treasury notes	2.750% due 02/15/28 \$608,000	600,883	648,207
	Federal Home Loan Mortgage Corp	2.500% due 05/01/28 \$97,132	102,089	98,674
	Federal Nat'l Mortgage Association	3.000% due 05/01/28 \$123,879	129,686	126,945
	Federal Home Loan Mortgage Corp	3.000% due 08/01/28 \$125,954	131,071	129,758
	U.S. Treasury notes	2.875% due 08/15/28 \$100,000	101,590	107,852
	U.S. Treasury notes	3.125% due 11/15/28 \$420,000	445,528	462,113
	Federal Home Loan Mortgage Corp	4.000% due 01/01/29 \$65,137	68,801	68,117
	Federal Nat'l Mortgage Association	3.000% due 01/01/29 \$173,571	181,735	178,916
	Federal Nat'l Mortgage Association	4.000% due 02/01/29 \$47,715	51,159	49,764
	Federal Nat'l Mortgage Association	4.000% due 02/01/29 \$226,610	236,691	236,932
	U.S. Treasury notes	1.750% due 11/15/29 \$135,000	133,587	133,070
	FNMA Pool	4.500% due 01/01/31 \$333,938	358,449	357,604
	Federal Home Loan Mortgage Corp	3.000% due 03/01/31 \$137,408	143,817	141,560
	FHLMC Pool	3.500% due 04/01/32 \$214,108	222,471	222,687
	Federal Home Loan Mortgage Corp	3.500% due 09/01/32 \$88,820	90,777	92,384
	FNMA Pool	3.000% due 09/01/32 \$226,462	229,823	233,163
	Federal Nat'l Mortgage Association	4.000% due 08/01/33 \$166,705	170,033	174,312
	FNMA Pool	4.000% due 01/01/34 \$219,899	225,844	229,544
	FNMA Pool	3.500% due 12/01/35 \$133,735	137,162	139,450
			<u>\$ 5,940,753</u>	<u>\$ 5,834,981</u>

See Independent Auditors' Report.

IBEW Local 683
Profit Sharing Annuity Plan
FEIN 34-1442087, PN 002

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
As of December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	<u>Mutual Funds</u>			
*	Fidelity 500 Index PR	45,129.729 shares	\$ 4,461,285	\$ 5,055,432
*	Fidelity Balanced K	274,785.071 shares	5,782,783	6,759,713
*	Fidelity Equity Income K	49,619.879 shares	3,886,500	3,947,758
*	Fidelity Growth Co K	503,930.898 shares	6,738,937	10,779,082
*	Fidelity Mid Cap Stock K	112,498.972 shares	3,710,817	4,026,338
*	Fidelity Diversified Intl K6	164,442.467 shares	1,747,733	1,904,244
*	Fidelity Extnd Mkt Index PR	19,800.537 shares	1,262,965	1,288,817
	Fidelity Low-Priced Stock K6	5,263.571 shares	58,712	63,484
	First Eagle Global Fund	327724.019 shares	15,283,660	19,076,815
	First Eagle Overseas Fund	172,220.392 shares	4,026,405	4,219,400
	Franklin Mutual Global Disc R6	23,550.706 shares	761,630	734,076
	Franklin Mutual Shares R6	53,887.592 shares	1,575,219	1,484,603
	IVA Worldwide Fund	323,869.520 shares	5,002,257	5,411,860
	IVA International Fund	64,476.680 shares	1,128,883	1,024,634
	NB Genesis R6	88,658.020 shares	5,015,703	5,179,402
	Oakmark Inst	61,068.650 shares	5,040,421	4,879,996
	Odyssey Stock	96,218.153 shares	3,357,694	3,318,564
	Pimco Total Return Inst	827,983.091 shares	8,955,492	8,561,344
	Templeton Foreign R6	158,699.973 shares	1,166,341	1,131,530
			78,963,437	88,847,092
	<u>Corporate Bonds</u>			
	Inter-American Devel Bank	1.875% due 06/16/20 \$290,000	289,861	290,133
	Int'l Bank Recon & Development	1.375% due 05/24/21 \$135,000	134,649	134,486
	Sysco Corporation	2.500% due 07/15/21 \$165,000	165,962	166,394
	United Technologies Corp	1.950% due 11/01/21 \$130,000	129,997	130,283
	Altria Group Inc	3.490% due 02/14/22 \$150,000	149,991	154,385
	American Express Credit	2.700% due 03/03/22 \$105,000	104,766	106,763
	Northern States Power-Minn	2.150% due 08/15/22 \$195,000	188,760	196,355
	CVS Health Corp	2.700% due 03/09/23 \$125,000	123,880	130,293
	Marsh & McLennan Cos Inc.	3.300% due 03/14/23 \$120,000	120,703	124,160
	Dollar General Corp	3.250% due 04/15/23 \$120,000	120,106	123,948
	Schwab Charles Corp	3.550% due 02/01/24 \$125,000	125,180	131,898
	Novartis Capital Corp	3.400% due 05/06/24 \$245,000	243,253	259,467
	Costco Wholesale Corp	2.750% due 05/18/24 \$123,000	122,635	127,359
	Waste Management Inc	2.950% due 06/15/24 \$122,000	121,993	125,953
	Fiserv Inc	2.750% due 07/01/24 \$130,000	129,793	132,297
	CSX Corp	3.400% due 08/01/24 \$130,000	130,203	137,301
	BB&T Corporation	2.850% due 10/26/24 \$126,000	125,897	130,184
	Ventas Reality Ltd	2.650% due 01/15/25 \$145,000	144,208	146,093
	Automatic Data Processing	3.375% due 09/15/25 \$125,000	124,380	133,283
	Agilent Technologies Inc	2.050% due 09/22/26 \$125,000	121,654	127,856
	TD Ameritrade Holding Corp	3.300% due 04/01/27 \$125,000	132,803	130,943
	American Water Capital	2.950% due 09/01/27 \$125,000	124,825	127,778
	Apple Inc	2.900% due 09/12/27 \$127,000	126,128	132,224
	CME Group Inc	3.750% due 06/15/28 \$122,000	122,489	134,798
	Waste Connections Inc	3.500% due 05/01/29 \$141,000	140,631	149,398
			\$ 3,564,747	\$ 3,684,032

See Independent Auditors' Report.

IBEW Local 683
Profit Sharing Annuity Plan
FEIN 34-1442087, PN 002

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
As of December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	<u>International Fixed Income Securities</u>			
	Shell International Fin	3.500% due 11/13/23 \$175,000	\$ 174,064	\$ 184,417
	<u>Asset-Backed Securities</u>			
	CNH Equipment Trust	2.070% due 05/16/22 \$113,704	114,053	113,724
	Federal Home Loan Mortgage Corp	2.838% due 09/25/22 \$197,388	202,585	200,947
	Federal Home Loan Mortgage Corp	2.637% due 01/25/23 \$121,000	123,897	123,049
	Toyota Auto Receivables Owner	2.120% due 02/15/23 \$150,000	149,982	150,348
	Toyota Auto Receivables Owner	3.480% due 03/15/23 \$93,000	92,980	94,598
	Verizon Owner Trust	3.230% due 04/20/23 \$124,000	123,998	126,100
	FHLMC REMIC	variable rate due 04/25/23 \$102,000	105,853	105,639
	FHMS K031	variable rate due 04/25/23 \$123,000	123,038	127,814
	John Deere Owner Trust	2.110% due 12/15/23 \$120,000	119,963	119,996
	Federal Home Loan Mortgage Corp	3.490% due 01/25/24 \$90,000	91,828	94,652
	FHLMC REMIC	3.389% due 03/25/24 \$123,000	125,340	129,194
	World Omni Auto Receivables Trust	3.330% due 04/15/24 \$185,000	184,962	188,536
	Federal Home Loan Mortgage Corp	2.950% due 07/25/24 \$63,000	62,065	64,920
	FHLMC REMIC	4.094% due 09/25/24 \$132,000	134,640	141,572
	Capital One Multi	2.840% due 12/16/24 \$127,000	126,978	129,575
	FHLMC REMIC	3.444% due 12/25/27 \$152,000	164,878	163,253
	Federal Home Loan Mortgage Corp	4.000% due 09/15/28 \$104,892	108,498	110,088
			2,155,538	2,184,005
	<u>Common Collective Trusts</u>			
*	IBEW-NECA Equity Index Fund	243,397.4305 shares	4,330,109	16,086,526
*	IBEW-NECA Stable Value Invst Fund	92,270.456 shares	42,295,854	42,295,854
			46,625,963	58,382,380
	<u>Private Real Estate Investment Trust</u>			
	ASB Allegiance Real Estate Fund	1,671.5849 shares	2,364,275	2,701,855
*	Notes Receivable from Participants	5.25 -7.50%	-	1,777,268
	Total Assets Held For Investment		\$ 140,030,010	\$ 170,503,516

* Denotes party in interest

See Independent Auditors' Report.

IBEW Local 683
Profit Sharing Annuity Plan
 FEIN 34-1442087, PN 002

Schedule H, Line 4j
 Schedule of Reportable Transactions
 For the Year Ended December 31, 2019

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		-	-	-	-	-	-	-
		<u>\$ -</u>	<u>\$ -</u>			<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

There are no transactions >5% net assets for the year ended December 31, 2019.

2019 Form 5500 e-file Signature Authorization

IBEW LOCAL 683 BOARD OF TRUSTEES
IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN 002
6525 Centurion Drive
Lansing, MI 48917-9275

Employer Identification Number: 34-1442087

Client Identification Number: IBEW683PSAP

You, as plan administrator, are authorizing that Bodine Perry, LLC electronically file the 2019 Form 5500 for IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN as an EFAST2 Service Provider.

Authorization

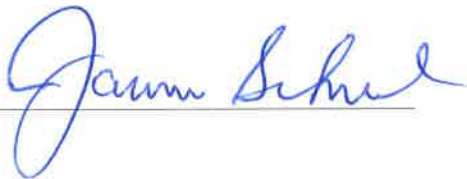
As plan administrator for IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN, I authorize Bodine Perry, LLC to electronically file Form 5500 for the tax year 2019. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization

Date:

9/24/20

A handwritten signature in blue ink, appearing to read "Jann Schuel", is written over a horizontal line.

34-1442087

Federal Statements
IBEW LOCAL 683 PROFIT SHARING ANNUITY PLAN
Plan: 002

Assets Held for Investment

<u>Party in</u> <u>Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
	SEE ATTACHED SCHED		\$	\$