



# International Brotherhood of Electrical Workers

## LOCAL UNION NO. 5

150 RIVER AVENUE, PITTSBURGH, PENNSYLVANIA 15212  
PHONE: (412) 321-3086 FAX: (412) 321-9215

August 30, 1996

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
U.S. Department of Labor  
Room N-5638  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

2520032540073

RE: Exemption from ERISA Title I Reporting and Disclosure  
Requirements

Gentlemen:

Pursuant to Department of Labor Regulation §2520.104-23 the following unfunded deferred compensation plan is filing the requisite information with the Department of Labor in order to claim exemption from the reporting and disclosure requirements imposed by Part 1 of the Employee Retirement Income Security Act of 1974, as amended:

1. Name of Employer:

International Brotherhood of Electrical Workers  
Local Union No. 5 (the "Union")

2. Name of Plan:

Managerial Deferred Compensation Plan (the "Plan")

3. Address of Employer:

IBEW Local Union No. 5  
150 River Avenue  
4th Floor  
Pittsburgh, PA 15212

4. Employer Identification Number of the Union:

25-0568225

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August 30, 1996  
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5. Declaration:

The Union maintains the Plan primarily for the purpose of providing deferred compensation to a select group of its management.

5. Number of Such Plans: 1

2. Number of Participants in the Plan: 18

Upon request made by the Secretary of the Department of Labor, the Union will provide copies of the Plan's documents.

  
John F. McIntyre  
Plan Committee Member

BE:51083.1

OMB Nos. 1510-0016  
1510-0069

1995

This Form is Open to  
Public Inspection.

Form **5500**  
Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits  
Administration  
Pension Benefit Guaranty Corporation

### Annual Return/Report of Employee Benefit Plan (With 100 or more participants)

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.  
▶ See separate instructions.

For the calendar plan year 1995 or fiscal plan year beginning , 1995, and ending , 19

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

For IRS Use Only  
EP-ID

- A This return/report is: (1)  the first return/report filed for the plan; (2)  an amended return/report;
- (3)  the final return/report filed for the plan; or (4)  a short plan year return/report (less than 12 months).

IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT. IF ANY INFORMATION IS MISSING, ADD IT. PLEASE USE RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED PAGE 1 WITH YOUR COMPLETED RETURN/REPORT.

- B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan . . . . . ▶
- C If your plan year changed since the last return/report, check here . . . . . ▶
- D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension . . . . . ▶

<b>1a</b> Name and address of plan sponsor (employer, if for a single-employer plan) (Address should include room or suite no.) International Brotherhood of Electrical Workers Local Union No. 5 IBEW Local Union No. 5 150 River Avenue, 4th Floor Pittsburgh, PA 15212	<b>1b</b> Employer identification number (EIN) 25 : 0568225
	<b>1c</b> Sponsor's telephone number (412) 321-3086
	<b>1d</b> Business code (see instructions, page 23)
	<b>1e</b> CUSIP issuer number

<b>2a</b> Name and address of plan administrator (if same as plan sponsor, enter "Same") International Brotherhood of Electrical Workers Local Union No. 5 IBEW Local Union No. 5 150 River Avenue, 4th Floor Pittsburgh, PA 15212	<b>2b</b> Administrator's EIN 25 : 0568225
	<b>2c</b> Administrator's telephone number (412) 321-3086

- 3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.
- a Sponsor . . . . . EIN . . . . . Plan number . . . . .
- b Administrator . . . . . EIN . . . . .
- c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 9 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ▶

**4 ENTITY CODE.** (If not shown, enter the applicable code from page 9 of the instructions.) ▶

<b>5a</b> Name of plan ▶ International Brotherhood of Electrical Workers Local Union No. 5 Managerial Deferred Compensation Plan	<b>5b</b> Effective date of plan (mo., day, yr.) December 16, 1953
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<b>5c</b> Three-digit plan number ▶ 888	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				

All filers must complete 6a through 6d, as applicable.

6a  Welfare benefit plan 6b  Pension benefit plan N/A  
 (If the correct codes are not preprinted below, enter the applicable codes from page 9 of the instructions in the boxes.)

Non-qualified unfunded deferred compensation plan maintained for select group of management.

6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)

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6d  Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

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 and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor ▶ *Ronald P. Dunkel* Date ▶ 9-2-96

Type or print name of individual signing for the employer/plan sponsor, Ronald P. Dunkel, President

Signature of plan administrator ▶ N/A Date ▶

Type or print name of individual signing for the plan administrator N/A

TUCKER  
ARENSBERG, P.C.  
ATTORNEYS

Call Fagan (412) 594-5608

K

September 16, 1996

*WSP, STP*

VIA CERTIFIED MAIL (075401510)  
RETURN RECEIPT REQUESTED

**Plan Exemption**  
**Welfare Benefits Administration**  
**Department of Labor**  
2000 Avenue, N.W.  
Washington, D.C. 20210

RE: International Brotherhood of Electrical Workers Local  
Union No. 5 Managerial Deferred Compensation Plan  
EIN: 25-0568225

Gentlemen:

Pursuant to Department of Labor Regulation \$2520.104-23 the above referenced unfunded deferred compensation plan is filing the requisite information with the Department of Labor in order to claim exemption from the reporting and disclosure requirements imposed by Part 1 of the Employee Retirement Income Security Act of 1974, as amended. Also enclosed is a check in the amount of \$2,500.00 made payable to the U.S. Department of Labor to cover the applicable penalty amount.

[Redacted area]

Please contact the undersigned if you have any questions on the above or if you require any additional information.

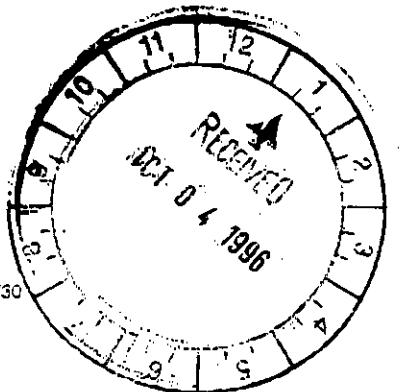
Very truly yours,

TUCKER ARENSBERG, P.C.

*[Signature]*  
Paul F. Fagan

PPF: CCM : BF 55286.1  
Enclosures

c: John F. McIntyre  
Deborah A. Holliday



1500 ONE PPG PLACE PITTSBURGH, PENNSYLVANIA 15222 412-566-1212 FACSIMILE 412-594-5619

Airport Professional Office Center 1150 Thorn Run Road Extension Moon Township, Pennsylvania 15108 412-770-3730  
Harrisburg Office 116 Pine Street Harrisburg, Pennsylvania 17101 717-238-2007

[Redacted area]

U.S. Department of Labor

Pension and Welfare Benefits Administration  
Washington, DC 20210



\*\*\*\*\*PLEASE RETURN THE ENCLOSED TOP HAT FILING  
ALONG WITH THE CORRECTION LETTER\*\*\*\*\*

10/15/96

THANK YOU

Dear Mr. Paul R. Lopez

We are in receipt of your statement filed with the Secretary of Labor registering your deferred compensation plan (under 29 CFR 2520.104-23) for the above company.

The following information was omitted in the initial filing. Please furnish the necessary information indicated so we may complete your file.

- Employer Identification Number (EIN) (9 digits) \_\_\_\_\_
- Number of plans \_\_\_\_\_
- Number of employees participating in the plan(s) \_\_\_\_\_
- Address of participating Sponsor \_\_\_\_\_
- Declaration (e.g., plan is for highly compensated employee(s)) \_\_\_\_\_
- \_\_\_\_\_
- Other \_\_\_\_\_
- \_\_\_\_\_ If the plan has terminated, please give the date of termination \_\_\_\_\_

Please return this letter with the appropriate items completed within 30 days to:

U.S. Department of Labor  
Pension and Welfare Benefits Administration  
Frances Perkins Bldg., Room #N5638  
200 Constitution Avenue NW  
Washington, DC, 20010  
Attn: Ramona Evans, Supervisor  
Records and Examination Unit

Also, please be advised that we will reconize your initial filing date for the above Top Hat.

If you have any questions concerning this letter, please call (202) 219-7222 ext. 3074.

Sincerely,

Ramona Evans, Supervisor Records and Examination Unit Department

**TUCKER ARENSBERG, P.C.**

1500 One PPG Place  
 Pittsburgh, Pennsylvania 15222  
 Telecopier: (412) 594-5619

TELECOPIER COVER PAGE

October 28, 1996

TO: RAMONA EVANS, SUPERVISOR (202) 501-4098  
 Records and Examination Unit Dept.  
 DEPARTMENT OF LABOR

FROM: PAUL F. FAGAN, ESQUIRE  
 Telephone: (412) 594-5608

RE: TOP HAT STATEMENT  
 IBEW LOCAL UNION NO. 5  
 EIN: 25-0568225

TOTAL NUMBER OF PAGES (INCLUDING COVER SHEET): 6       CONFIDENTIAL       URGENT       PLEASE REPLY       FYI

MESSAGE: I am faxing to you a copy of Top Hat Plan Statement for above referenced entity which apparently was misplaced somewhere along the line. Please confirm receipt and whether any additional information is required.

[ ] Please confirm receipt of this fax by [ ] telephone [ ] fax to \_\_\_\_\_

[ ] Due to prior transmission problems, we are resending [ ] pages \_\_\_\_\_ [ ] entire fax.

\*\*CONFIDENTIALITY NOTICE\*\*

THE DOCUMENTS ACCOMPANYING THIS FACSIMILE MESSAGE CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS LEGALLY PRIVILEGED. THE INFORMATION IS INTENDED ONLY FOR THE USE OF THE RECIPIENT. YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING OR DISTRIBUTION OF, OR THE TAKING OF ANY ACTION IN RELIANCE ON, THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY COLLECT TELEPHONE CALL AND RETURN THE FACSIMILE MESSAGE TO US AT THE ADDRESS ABOVE VIA U.S. POSTAL SERVICE. THANK YOU.

**IF TRANSMISSION PROBLEMS OCCUR, PLEASE CALL (412) 594-5569.**

FILE NO. 12430-9984

35888.1: