## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## **Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed 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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information	1						
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12/3	31/2014				
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) ( oyer information in accord	-				
		a one-participant plan	a foreign plan	a foreign plan					
<b>B</b> This re	turn/report is	the first return/report	the final return/report	ıl return/report					
		an amended return/report	a short plan year retu	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	ogram			
		special extension (enter desc	cription)						
Part II	Basic Plan In	formation—enter all requested in	nformation						
1a Name					<b>1b</b> Three-digit				
		PANY PREVAILING WAGE 401(K)	PLAN		plan numbe	er			
					(PN) ▶	001			
					1c Effective da	ate of plan 01/01/2006			
	sponsor's name and a	address; include room or suite numb	per (employer, if for a single	e-employer plan)	, ,	dentification Number			
					2c Sponsor's	telephone number			
5956 E. SHO	OP CIRCLE R, AK 99645				907-688-5551				
——————————————————————————————————————	Α, ΑΙΚ 33043				<b>2d</b> Business code (see instructions) 238210				
3a Plan	3a Plan administrator's name and address Same as Plan Sponsor.				<b>3b</b> Administrator's EIN				
4 If the	name and/or FIN of	he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
name		number from the last return/report.	, and 1881 1818 11, 18 per 11, 18	To the plant, office and	4c PN				
		ts at the beginning of the plan year			5a	44			
<b>b</b> Total	number of participan	ts at the end of the plan year			5b	44			
C Num	ber of participants wit	h account balances as of the end o	f the plan year (defined ber	nefit plans do not	5c	22			
	,	participants at the beginning of the p			5d(1)	44			
<b>d(2)</b> To	otal number of active i	participants at the end of the plan ye	ear		5d(2)	44			
<b>e</b> Numb	er of participants that	terminated employment during the	plan year with accrued bei	•	5e	C			
Under per SB or Sch	nalties of perjury and	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary, molete	uctions, I declare that I hav	e examined this return/rep	ort, including, if a	pplicable, a Schedule			
SIGN		d/valid electronic signature.	10/14/2015	CAROLYN E. BOONE					
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as plar	administrator			
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ual signing as emr	oloyer or plan sponsor			
Preparer's		name, if applicable) and address (				none number (optional)			

	Form 5500-SF 2014		Page <b>2</b>								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accounta ions.)	nt (IC	(PA)				<b>□</b>	es [	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	_ N	lot de	ermir	ned
Par	t III Financial Information	•									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) E	nd of	Year		
<u>a</u>	Total plan assets	7a	36810	)27					402	4089	
	Total plan liabilities	7b	00046	0.7					400	4000	
	Net plan assets (subtract line 7b from line 7a)	7c	36810	)27	-				402	4089	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b	) Tot	al		
	(1) Employers	8a(1)	5754	180							
	(2) Participants	8a(2)	1301	48							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	1514	136							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							85	7064	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5076	614							
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	63	888							
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							51	4002	
	Net income (loss) (subtract line 8h from line 8c)	8i							34	3062	
j	Transfers to (from) the plan (see instructions)	8j									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charad	cterist	tic Cod	des in t	the instru	uction	is:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					42	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X					2	4756
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					19	7367
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Χ					
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es X	No
	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Υ	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ation:	0n -l	anta- "	ho data	οf 41	lo#-	- ساليو	
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter ti Day			letter ear _	ruling	<del></del>

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

**Benefit Plan** 

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Short Form Annual Return/Report of Small Employee

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

	r plan year 2014 or fis	rear plant year weginning	01/01/2014	and ending	12/31/2	2014			
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)									
		a one-participant plan	a foreign plan						
<b>B</b> This retu	rn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	n/report (less than 12 m	onths)				
C Check be	ox if filing under:	X Form 5558	automatic extension		DFVC pr	ogram			
		special extension (enter des	cription)						
Part II	Basic Plan Info	rmation—enter all requested in	nformation						
1a Name			**		1b Three-digit				
Northst	ar Electric (	Company Prevailing W	Nage 401(k)		plan numbe	COLUMN TO THE PROPERTY OF THE			
Plan	car biccerro	sompany fievaling .	vage for (k)		(PN)	001			
- 10					1c Effective da 01/01/20				
		dress; include room or suite num	ber (employer, if for a single-	employer plan)		lentification Number			
Northst	tar Electric (	Company			(EIN) 92-0	167082			
					<ul> <li>I = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1</li></ul>	elephone number			
5956 E	. Shop Circle				(907) 68				
	-		2.17	00645	2d Business code (see instructions)				
US Palm		od oddrosa VSama sa Blan Snai	AK AK	99645	238210 <b>3b</b> Administrator's EIN				
3a Plan administrator's name and address XSame as Plan Sponsor.					Administrator 3 Em				
4 If the n	ame and/or EIN of the	plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4b EIN				
name,	EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	e the last return/report filed f	or this plan, enter the					
name, <b>a</b> Spon	EIN, and the plan nur sor's name	mber from the last return/report.	**		4c PN	A 4			
name, a Spon	EIN, and the plan nur sor's name number of participants	mber from the last return/report.  at the beginning of the plan year			4c PN 5a	44			
name, a Spons 5a Total n b Total n c Number	EIN, and the plan nur sor's name number of participants number of participants er of participants with a	at the beginning of the plan year at the end of the plan year	of the plan year (defined bene	efit plans do not	4c PN	44			
name, a Spon: 5a Total n b Total n c Number complete	EIN, and the plan nur sor's name number of participants number of participants er of participants with a ste this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined bene	efit plans do not	4c PN 5a 5b 5c	****			
name, a Spon: 5a Total n b Total n c Number completed(1) Total	EIN, and the plan nursor's name number of participants are of participants or of participants with a ste this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined bene plan year	efit plans do not	4c PN 5a 5b 5c 5d(1)	44 22 44			
name, a Spon: 5a Total n b Total n c Number complet d(1) Total d(2) Total e Number	EIN, and the plan nursor's name number of participants number of participants er of participants with a ste this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined bene plan yeareareplan year with accrued bene	efit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2)	44 22 44 44			
name, a Spon: 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numbe less the	EIN, and the plan nursor's name number of participants are of participants with a steet his item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined bene plan year eareplan year with accrued bene	efit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	44 22 44 44			
name, a Spon: 5a Total n b Total n C Number completed (1) Total d(2) Total e Number less that Caution: A Under penal SB or Sche	EIN, and the plan nursor's name number of participants number of participants er of participants with a ste this item) al number of active part al number of active part of participants that te an 100% vested  penalty for the late of dule MB completed ar	at the beginning of the plan year at the end of the plan year.  account balances as of the end of the plan year at the end of the plan year.  account balances as of the end of the plan year.  Tricipants at the beginning of the plan year.  Tricipants at the end of the plan year.	plan year (defined bene plan yeareareplan year with accrued bene plan year will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if ap	44 22 44 44 0			
name, a Spon: 5a Total n b Total n C Number completed (1) Total d(2) Total e Number less that Caution: A Under penal SB or Sche	EIN, and the plan nursor's name number of participants number of participants with a set of participants with a set this item) all number of active part all number of active part of participants that te an 100% vested  penalty for the late of	at the beginning of the plan year at the end of the plan year.  account balances as of the end of the plan year at the end of the plan year.  account balances as of the end of the plan year.  Tricipants at the beginning of the plan year.  Tricipants at the end of the plan year.	plan year (defined bene plan yeareareplan year with accrued bene plan year will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if ap	44 22 44 44 0			
name, a Spon: 5a Total n b Total n c Number completed(1) Total d(2) Total e Number less that Caution: A Under penal SB or Schebelief, it is t	EIN, and the plan nursor's name number of participants number of participants er of participants with a ste this item) al number of active part al number of active part of participants that te an 100% vested  penalty for the late of dule MB completed ar	at the beginning of the plan year at the end of the plan year.  account balances as of the end of the plan year at the end of the plan year.  account balances as of the end of the plan year.  Tricipants at the beginning of the plan year.  Tricipants at the end of the plan year.	plan year (defined bene plan yeareareplan year with accrued bene plan year will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if ap	44 22 44 44 0			
name, a Spon: 5a Total n b Total n c Number completed (1) Total d(2) Total e Number less that Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nursor's name number of participants number of participants er of participants with a ste this item) al number of active part al number of active part of participants that te an 100% vested  penalty for the late of dule MB completed ar	at the beginning of the plan year at the end of the plan year	plan year (defined beneated) plan year ear e plan year with accrued beneated beneated by the plan year will be assessed uctions, I declare that I have, as well as the electronic verificate.	efit plans do not efits that were unless reasonable cau	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  see is established port, including, if aport, and to the best of	44 22 44 40 0 i. opplicable, a Schedule f my knowledge and			
name, a Spon: 5a Total n b Total n c Number completed (1) Total d(2) Total e Number less that Caution: A Under penal SB or Schebelief, it is t SIGN HERE SIGN	EIN, and the plan nursor's name number of participants are to factive participants at number of active participants at number of active participants that the factive penalty for the late of dule MB completed are factive, correct, and compared to the factive participants.	at the beginning of the plan year at the end of the plan year	plan year (defined beneather) plan year ear plan year with accrued beneather) plan year with accrued beneather) plan year will be assessed uctions, I declare that I have has well as the electronic ver	efit plans do not efits that were unless reasonable cau examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if aport, and to the best of the second signing as plane.	44 22 44 40 0 i. opplicable, a Schedule f my knowledge and			
name, a Spons 5a Total n b Total n c Number completed (1) Total d (2) Total e Number less that Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan nursor's name number of participants aumber of participants er of participants with a set this item)	at the beginning of the plan year at the end of the plan year	plan year (defined benearment of the plan year (defined benearment) plan year with accrued benearment will be assessed uctions, I declare that I have as well as the electronic verification.	efit plans do not  efits that were  unless reasonable cau examined this return/report sion of this return/report  Enter name of individe	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established bort, including, if aport, and to the best of the bes	44 22 44 44 0  I. oplicable, a Schedule f my knowledge and			

Page	2

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<b>b</b> A	Nere all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility f you answered "No" to either line 6a or line 6b, the plan cann	an independe and condition	nt qualified public accounta	nt (IQ	PA)			_	s    No s    No
C If	the plan is a defined benefit plan, is it covered under the PBGC in	nsurance prog	gram (see ERISA section 40	021)?		Yes	No 📗	Not dete	ermined
Part	III Financial Information		44 - 42						
<b>7</b> F	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
<b>a</b> T	otal plan assets	. 7a	3,681	.,02	7			4,0	24,089
b_T	otal plan liabilities	. 7b							
<u> </u>	let plan assets (subtract line 7b from line 7a)	7c	3,681	,02	7			4,0	24,089
personal division of the last	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
	Contributions received or receivable from:  1) Employers	. 8a(1)	575	5,48	0				
	2) Participants	8a(2)	130	,14	8				
	3) Others (including rollovers)	. 8a(3)							
	Other income (loss)	. 8b	151	L,43	6				
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						8	57,064
d E	Benefits paid (including direct rollovers and insurance premiums or provide benefits)	. 8d	507	7,61	. 4				
e c	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f A	Administrative service providers (salaries, fees, commissions)	. 8f	(	5,38	8				
g	Other expenses	. 8g ·							
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						5	14,002
iN	Net income (loss) (subtract line 8h from line 8c)	. 8i				1000		3	343,062
jτ	ransfers to (from) the plan (see instructions)	. 8j							
Part	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature codes	from the List of Plan Charac	cterist	tic Cod	es in th	ne instruction	ons:	
10	During the plan year:	3 3			Yes	No		Amount	
-	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions within th uciary Correct	ne time period described in tion Program)	10a		Х			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х			4	125,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benefit	s under the plan? (See	10e	Х				24,756
f	Has the plan failed to provide any benefit when due under the plan	in?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	10g	Х			1	97,36
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	` 		10h		Х			
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part \			10,0970). 32 3 3 3 3 3				0-10-0000		Valleye
	Is this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)					de SB	(Form	Yes	s X No
11a	Enter the unpaid minimum required contribution for current year fr	rom Schedule	SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirements	of section 412 of the Code	or se	ection 3	302 of I	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicable	e.)						
	If a waiver of the minimum funding standard for a prior year is bein	ng amortized	in this plan year, see instruc		, and e	nter th		ne letter r Year	ruling

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	rm 5500), and	skip t	o line 13.			
b	Enter the minimum required contribution for this plan year				. 12t		
С	Enter the amount contributed by the employer to the plan for this plan year				. 12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)		ıs sign	to the left of a	. 12d		
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?				Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets	11500 -00000 00					
13a	Has a resolution to terminate the plan been adopted in any plan year?					Yes X N	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year			13a		
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?		plan, o	r brought under t	he contro	1	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another	plan(s)	identify the plan	(s) to		
	13c(1) Name of plan(s):				13c(2)	EIN(s)	13c(3) PN(s)
							2
Part	VIII Trust Information (optional)						1
	Name of trust	- 100 - 100			14b	Trust's EIN	