## 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 Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

PE	ension Benefit Guaranty Corporation	► Complete all entries in a	ccordance with the instructions to the Form 55	00-SF.		<u> </u>			
		rt Identification Information							
For	calendar plan year 2015 or	fiscal plan year beginning 01/01/20	ond ending 12	2/31/2015					
<b>A</b> 1	his return/report is for:	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan							
Вт	nis return/report is	onths)							
C	Check box if filing under:	X Form 5558	automatic extension	ion DFVC program					
		special extension (enter descri							
Pa	rt II   Basic Plan In	formation—enter all requested info	ormation						
	Name of plan IHSTAR ELECTRIC COM	PANY PREVAILING WAGE 401(K) P	LAN		ree-digit n number N) •	001			
				1c Eff	ective date of 01/0	f plan 1/2006			
	Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.			Employer Identification Number (EIN) 92-0167082				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  NORTHSTAR ELECTRIC COMPANY					<b>2c</b> Sponsor's telephone number 907-688-5551				
				<b>2d</b> Bus	siness code (	see instructions)			
	E. SHOP CIRCLE ILMER, AK 99645				2382	210			
3a	Plan administrator's name	and address XSame as Plan Sponso	or.	<b>3b</b> Adı	ministrator's I	EIN			
				3c Adı	ministrator's t	elephone number			
4		he plan sponsor has changed since the plan sponsor has changed since the last return/report.	he last return/report filed for this plan, enter the	4b EIN	N				
а	Sponsor's name			4c PN					
5a	Total number of participar	ts at the beginning of the plan year		5a		44			
b	Total number of participar	ts at the end of the plan year		5b		75			
С			ne plan year (defined benefit plans do not	5c		75			
d(	1) Total number of active	participants at the beginning of the pla	n year	5d(1)		44			
•	•		r	5d(2)		31			
e	Number of participants th than 100% vested	at terminated employment during the	plan year with accrued benefits that were less	5e		0			
	tion: A penalty for the lat	e or incomplete filing of this return	report will be assessed unless reasonable cau						
			tions, I declare that I have examined this return/reps well as the electronic version of this return/report						

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature. 10/07/2016 CAROLYN E. BOONE **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eligible</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an independ	dent qualified public a	ccount	ant (IQ	PA)			□ □ .	/es No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
Part III Financial Information	-				-				
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	. 7a		4024	089				415	53698
<b>b</b> Total plan liabilities	. 7b		4004	1000				441	70000
Net plan assets (subtract line 7b from line 7a)      Income. Expenses, and Transfers for this Plan Year	. 7с	(a) A	4024	1089			(1.)		53698
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(a)	Total	
(1) Employers	. 8a(1)		382	2750					
(2) Participants	. 8a(2)		71	527					
(3) Others (including rollovers)	1 1		91	344					
<b>b</b> Other income (loss)			-52	2094					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							49	93527
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		360	)483					
e Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	. 8f		3	3435					
<b>g</b> Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							36	63918
i Net income (loss) (subtract line 8h from line 8c)	. 8i							12	29609
j Transfers to (from) the plan (see instructions)	· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	n feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:	
Part V   Compliance Questions				T					
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	Voluntary Fig	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interes					V				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					425000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son	her persons ne or all of the	by an insurance he benefits under		X					22050
the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the pla			10e	^					23950
			10f	.,	X				
g Did the plan have any participant loans? (If "Yes," enter amount a	•	·	10g	X					188975
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)								Y	′es X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	Y	′es X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
	rianio	of tubics of suctorial		telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted//. Enter the applicable code (See instructions for tax law changes and codes).							
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount	······	19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?							

## 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 Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	rt Identification Informatio								
For calendar plan year 2015 o		01/01/2015	and ending	12/31/2					
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box m list of participating employer information in accordance with the form inst							
This retaining port is for.	a one-participant plan	a foreign plan	ionii instructions)						
	_								
B This return/report is	the first return/report	the final return/report							
	an amended return/report	a short plan year retur							
C Check box if filing under:	X Form 5558	automatic extension		☐ DFVC;	arogram				
•		Jogram							
Part II Basic Plan In	special extension (enter des			(10-3)					
1a Name of plan	iomation—enter all requested i	mormation		1b Three-digit					
	Company Prevailing W	age 401(k)		plan numbe	r				
Plan	(PN) ▶	001							
				1c Effective da					
2a Plan sponsor's name (em	ployer, if for a single-employer plan)			01/01/2					
Mailing address (include r	oom, apt., suite no. and street, or P.	O. Box)			lentification Number 0167082				
ESTABLE REPORT OF THE RESIDENCE PROPERTY OF THE PROPERTY OF TH	ince, country, and ZIP or foreign pos	stal code (if foreign, see inst	ructions)		elephone number				
Northstar Electric	Company				88-5551				
				2d Business code (see instructions)					
5956 E. Shop Circle	e			238210					
US Palmer		ΔK	99645						
	and address XSame as Plan Spor		33013	3b Administrator's EIN					
				3c Administrator's telephone number					
					20				
	the plan sponsor has changed since number from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN					
a Sponsor's name	named from the last retainingport.			4c PN					
5a Total number of participar	nts at the beginning of the plan year				44				
<u>12</u>	nts at the end of the plan year			5b	75				
BOOK NAVARIERAN PROMINSKAN SERIAM STORE STORE STOREN STOREN	th account balances as of the end o			5c					
complete this item)					75				
d(1) Total number of active	participants at the beginning of the p	olan year		5d(1)	4 4				
d(2) Total number of active	participants at the end of the plan ye	ear		5d(2)	31				
	at terminated employment during th		nefits that were less	5e	0				
	te or incomplete filing of this retu		unless reasonable ca	use is established	0 I.				
Under penalties of perjury and	other penalties set forth in the instru	uctions, I declare that I have	examined this return/re	port, including, if a	pplicable, a Schedule				
SB or Schedule MB completed belief, it is true, correct, and or	and signed by an enrolled actuary,	as well as the electronic ver	rsion of this return/repor	t, and to the best o	f my knowledge and				
SIGN aug h	<b>5</b> //	10/3/11	Carolyn E. Bo	one					
UEDE / C		12(2)							
Signature of plan	5/	Date Enter name of individual signing as plan administrator							
HERE / WWW / JUNE / 1976 CATCHYN II. BOOK									
Signature of em	oloyer/plan sponsor	Date			loyer or plan sponsor				
Freparers hame (including film	n name, if applicable) and address (	include room or suite numbe	əi <i>)</i>	Preparer's teleph	one number				
				8					

Form 5500-SF 2015		Page 2							
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann</li> <li>If the plan is a defined benefit plan, is it covered under the PBGC in</li> </ul>	an independ and condition ot use Forn	ent qualified public ans.) n 5500-SF and must	ccount instea	ant (IC	PA) Form	5500.	]	X Yes X Yes	☐ No
Part III   Financial Information		9 (		,			Ц		
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar	T	(h	) End of	/ear	
a Total plan assets	7a		4,02		9		/ Lilu oi	4,15	53,698
b Total plan liabilities	7b				1	333			
C Net plan assets (subtract line 7b from line 7a)	7c	1.8	4,02	4,08	9	***		4,15	53,698
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Tota		
a Contributions received or receivable from:		· · · · · · · · · · · · · · · · · · ·	200 - XX 0						
(1) Employers	8a(1)			2,75					
(2) Participants	8a(2)			1,52	_				
(3) Others (including rollovers)	8a(3)			1,34	_				
b Other income (loss)	8b		-5.	2,09	4			1.0	12 527
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	8c						AND STATE	4 3	93,527
to provide benefits)	8d		36	0,48	3				
e Certain deemed and/or corrective distributions (see instructions)	8e			10000105 300					
f Administrative service providers (salaries, fees, commissions)	8f			3,43	5				
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3 (	53,918
i Net income (loss) (subtract line 8h from line 8c)	8i				3			12	29,609
j Transfers to (from) the plan (see instructions)	8j								
B If the plan provides welfare benefits, enter the applicable welfare f	eature codes	s from the List of Plai	n Chara	acteris	tic Cod	les in the i	nstruction	S:	
10 During the plan year:	2			Yes	No	N/A	A	nount	
Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fid	uciary Correction	10a		Х				
reported on line 10a.)	000	Ť				econtrols Establish		1000	
C Was the plan covered by a fidelity bond?			10c	Х		A STAR		4:	25,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	, that was caused	10d		Х				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons l	by an insurance e benefits under	10e	Х					23,950
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			5-	
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g	Х				1:	38 <b>,</b> 975
h 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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance	816 3		-		-	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	- 6			2.5		2		Yes	X No
11a Enter the unpaid minimum required contribution for all years from	Schedule SI	3 (Form 5500) line 40	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requiremen	ls of section 412 of th	ne Cod	e or se	ction 3	302 of ERI	SA?	Yes	X No

Form 5500-SF 2015 Page <b>3</b> -								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.							
b Enter the minimum required contribution for this plan year		12b						
C 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 (enter a minus sign to the negative amount)		12d						
e Will the minimum funding amount reported on line 12d be met by the funding 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?			Yes	⊠ No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			3/			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?				Yes 🛛 I	No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to							
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	PN(s)			
Part VIII Trust Information	944007.70				15			
14a Name of trust		<b>14b</b> Tr	ust's EIN					
14c Name of trustee or custodian			rustee's o		an's			
Part IX IRS Compliance Questions					10			
15a Is the plan a 401(k) plan?		Yes	li .	No				
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals a matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					PACP			
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the 'testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1 2(a)(2)(ii))?	.401(m)-	Yes	Ĭ	No				
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sec	ction 410(b):	Raf per tes	centage	erage efit test				
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by co this plan with any other plans under the permissive aggregation rules?	173	Yes	10 10 10	No				
17a Has the plan been timely amended for all required tax law changes?		Yes	;	No	□ N/A			
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	plicable	code	See inst	tructions			
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter padvisory letter, enter the date of that favorable letter and the letter's serial r		t to a fav	orable IR	S opinion	or			
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, determination letter	enter the date of	the plan	s last favo	rable				
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)( made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virg		Yes		No				
19 Were in-service distributions made during the plan year?		Yes	i	No				
If "Yes," enter amount		19						
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of retired), as required under section 401(a)(9)?		Yes	í	No	□ N/A			