## 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.

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I	Annual Report	Identification Information								
For calend	lar plan year 2017 or fi	scal plan year beginning 01/01/201	7	and ending	12/31/2017					
A This re	turn/report is for:	X a single-employer plan	a multiple-employer plants of participating em	an (not multiemployer) nployer information in a						
<b>D</b>		a one-participant plan	a foreign plan							
<b>B</b> This ret	urn/report is	the first return/report	the final return/report							
_		an amended return/report	a short plan year return	n/report (less than 12 i	months)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	n				
	T	special extension (enter descript								
Part II		ormation—enter all requested infor	mation		Τ					
1a Name		NY PREVAILING WAGE 401(K) PLA	AN		<b>1b</b> Three-digit plan number (PN) ▶					
					1c Effective da	ate of plan 01/01/2006				
Mailin	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. E			<b>2b</b> Employer Identification Number (EIN) 92-0167082					
-	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  IORTHSTAR ELECTRIC COMPANY				2c Sponsor's telephone number 907-357-5222					
						2d Business code (see instructions)				
5956 E. SHO US PALMER	OP CIRCLE R, AK 99645		238210							
3a Plan a	administrator's name a	nd address X Same as Plan Sponso	or.		<b>3b</b> Administrat	or's EIN				
					3c Administrat	or's telephone number				
		e plan sponsor or the plan name has insor's name, EIN, the plan name and			4b EIN					
	sor's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4d PN					
C Plan N	Name									
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	72				
<b>b</b> Total	number of participants	at the end of the plan year			5b	67				
		account balances as of the end of the			5c	67				
<b>d(1)</b> Tot	tal number of active pa	rticipants at the beginning of the plan	year			36				
<b>d(2)</b> To	tal number of active pa	rticipants at the end of the plan year.			5d(2)	27				
than	100% vested	terminated employment during the p			5e	0				
		or incomplete filing of this return/r								
SB or Sch		her penalties set forth in the instruction nd signed by an enrolled actuary, as plete.								
SIGN		/valid electronic signature.	05/04/2018	CAROLYN E BOON	E					
HERE	Signature of plan a	administrator	Date	Enter name of individual signing as plan administrator						

Date

Signature of employer/plan sponsor

SIGN **HERE** 

Enter name of individual signing as employer or plan sponsor

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b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)    Yes   No   Not		6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No No
If you answered "No" to either line 6 ar of line 8b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance programs (see REIAS section 42917	D								X Yes	No
Part III   Financial Information   Financial Information									_	
Part III Financial Information 7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not det	ermined
7 Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   a Total plan assets   7a   4660862   4949763   4949763   5 Total plan isolities   7b   6 Total plan isolities   7b   6 Total plan isolities   7b   6 Total plan isolities   7b   7c   4580862   4949763   6 Total   7c   4580862   4949763   7c   4580862   4949763   7c   4580862   4949763   7c   7c   4580862   7c   7c   7c   4580862   7c   7c   7c   4580862   7c   7c   7c   7c   7c   7c   7c   7		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instru	uctions.)
a Total plan assets	Pa	rt III Financial Information								
D Total plan isabilities	7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	d of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	458	80862				4949763	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 84(1) 295403 (2) Participants 84(2) 71071 (3) Others (including rollovers) 84(3) (3) Others (including rollovers) 84(3) (4) Dither income (loss) 10 Dither inc	b	Total plan liabilities	7b							
a Contributions received or receivable from: (i) Employers. (ii) Employers. (iii) Employers. (iiii) Employers. (iiii) Employers. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	C	Net plan assets (subtract line 7b from line 7a)	7c	458	80862				4949763	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
(2) Participants	а		82(1)	20	05403					
(3) Others (including rollovers)		· / / /	` '							
b Other income (loss)				'	11071					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		,		70	01/00	$\dashv$				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		,		7	01499	_			1067072	
to provide benefits)			80						1007973	
f Administrative service providers (salaries, fees, commissions)			8d	69	93630					
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		5442					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)   8	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	h			699072			
Part IV   Plan Characteristics	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						368901	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    E	j	Transfers to (from) the plan (see instructions)	8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part V   Compliance Questions	Pai	rt IV Plan Characteristics								
Part V Compliance Questions  10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h X	9a		feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the ins	structions:	
10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3).  10h X	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	des in the inst	ructions:	
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	100		Y			
reported on line 10a.)	b	<del>0</del> ,			iva		^			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  l If 10h was answered "Yes," check the box if you either provided the required notice or one of the		reported on line 10a.)	·····		10b		Х			
by fraud or dishonesty?	C				10c	X			4750	000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e	d				10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			10e	X			25	150
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	f Has the plan failed to provide any benefit when due under the plan? 10f					X			
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X			844	451
	h	·	•		10h		X			
	i				10i					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (enter a minus sign to the left of a negative amount)	12d			
е	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?		Ye	s X N	0
	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, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to			
1	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)

## 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

2017

This Form is Open to Public Inspection

	t Identification Informatio							
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/2				
A This return/report is for:	🛚 a single-employer plan	a multiple-employer pl list of participating en	an (not multiemployer) nployer information in a					
	a one-participant plan	a foreign plan						
<b>B</b> This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year retur	n/report (less than 12 r	months)				
C Check box if filing under:	Form 5558	automatic extension		DFVC program	1			
	special extension (enter des	The state of the s						
Part II Basic Plan Int	formation—enter all requested	information		T.A.				
1a Name of plan				1b Three-digit				
Northstar Electric	Company Prevailing N	Wage 401(k)		plan numbe	001			
Plan				1c Effective da				
				01/01/2				
2a Plan snonsor's name (emr	oloyer, if for a single-employer plan	)			dentification Number			
Mailing address (include ro	oom, apt., suite no. and street, or P	.O. Box)		(EIN)92-(				
	nce, country, and ZIP or foreign po	stal code (if foreign, see inst	ructions)		telephone number			
Northstar Electric	Company				57 <b>-</b> 5222			
				2d Business c	ode (see instructions)			
5956 E. Shop Circl	е							
US Palmer AK 99645					238210			
3a Plan administrator's name	and address X Same as Plan Sp	onsor.		3b Administrat	or's EIN			
4 If the name and/or EIN of	the plan sponsor or the plan name	has changed since the last	return/report filed for	4b EIN	or's telephone number			
this plan, enter the plan s	ponsor's name, EIN, the plan name	e and the plan number from	the last return/report.	11 -				
<ul><li>a Sponsor's name</li><li>c Plan Name</li></ul>				4d PN				
5a Total number of participar	nts at the beginning of the plan yea	r		5a	72			
	nts at the end of the plan year			5b	67			
c Number of participants wi	th account balances as of the end	of the plan year (only define		5c	67			
	participants at the beginning of the			5d(1)	36			
	participants at the end of the plan			5d(2)	27			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	C			
Caution: A penalty for the la	te or incomplete filing of this ret	urn/report will be assessed	d unless reasonable o	ause is establishe	d.			
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	other penalties set forth in the inst I and signed by an enrolled actuary Implete.	ructions, I declare that I have y, as well as the electronic ve	e examined this return/ ersion of this return/rep	ort, and to the best	of my knowledge and			
SIGN / awter	C /)	5/4/2013	Carolyn E. Bo	oone				
HERE Signature of plan	n administrator	Date	Enter name of indiv	idual signing as pla	n administrator			
SIGN								
	oloyer/plan sponsor	Date	Enter name of indiv	idual signing as em	ployer or plan sponsor Form 5500-SF (2017)			

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b	Were all of the plan's assets during the plan year invested in eligible 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 cannot the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an independ and conditio ot use Forn surance pro	ent qualified public accountanns.)	l (IQP use F 1)?	Form 5500.
Pa	rt III Financial Information	T-10-27-84		-	(I.) F. J. (IV.)
7	Plan Assets and Liabilities		(a) Beginning of Year	- 0	(b) End of Year 4,949,763
a	Total plan assets	7a	4,580,86	02	4,949,765
	Total plan liabilities	7b		-	4 040 76
c	Net plan assets (subtract line 7b from line 7a)	7c	4,580,86	2	4,949,763
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	295,40	)3	NEW YORK
	(2) Participants	8a(2)	71,0	71	
_	(3) Others (including rollovers)	8a(3)		f	
	Other income (loss)	8b	701,49	99	
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1,067,97
-d		8d	693,6	30	
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f	5,4	42	
g	Other expenses	8g		100	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			699,07
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)	. 8i		31	368,90
j	Transfers to (from) the plan (see instructions)	- 8j		1	
P	art IV Plan Characteristics				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D				
Pa	art V Compliance Questions				
10				Yes	No Amount
	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	iductary Correction		x

10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	X		475,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	Х		25,150
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		84,451
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	salah salah di Kabupatèn
i	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	10i			

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Part '	VI Pension Funding Compliance		et altra a series				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)	plete Sche	edule St	3 	<u> </u>	Yes >	( No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code FRISA?	e or section	302 of		[]	Yes [	₹ No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ctions, and	enter t Day	he date	of the lette Year	er rulin	g
If '	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
	Enter the minimum required contribution for this plan year		12b				
	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 left negative amount)	t of a	12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	Ŭ N	/A
Part							
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	x 1	No.	
	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, transferred to another plan, or brought under the control of the PBGC?					Yes	X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)		) to				
13c(1) Name of plan(s):					13c(	3) PN	(s)
	1.00(1)						