	m 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089							
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee						2017					
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection					
Pension Be	enefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I		dentification Information			0/04/0047						
For calenda	ar plan year 2017 or fisc				2/31/2017	ving this hav must attach a					
A This ret	turn/report is for:	X a single-employer plan	list of participating en			king this box must attach a vith the form instructions.)					
B This retu	urn/report is	a one-participant plan	a foreign plan								
		the first return/report an amended return/report	the final return/report								
•		rn/report (less than 12 m	onths)								
C Check I	box if filing under:	× Form 5558	automatic extension		DFVC p	rogram					
		special extension (enter descr	. ,								
Part II		mation—enter all requested inf	formation		46 -	19 - 14					
1a Name NORTHSTA		ON PENSION PLAN AND TRUST	-		1b Three plan	e-digit number					
					(PN)	• 002					
			1c Effec	tive date of plan 06/01/2000							
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C			2b Employer Identification Number (EIN) 20-4890773						
NORTHSTA	· ·	, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)	2c Sponsor's telephone number 815-547-1725						
					2d Business code (see instructions)						
8160 304TH PRESTON, \					238900						
3a Plan a	dministrator's name and	d address X Same as Plan Spor	osor		3b Admi	nistrator's EIN					
					3C Admi	nistrator's telephone number					
		plan sponsor or the plan name has sor's name, EIN, the plan name a			4b EIN						
•	or's name	sor s hame, Env, the plan hame a			4d PN						
C Plan N	lame										
5a Totalı	number of participants a	at the beginning of the plan year			5a	64					
		at the end of the plan year			5b	61					
		ccount balances as of the end of		•	5c	55					
d(1) Tota	al number of active part	icipants at the beginning of the pl	an year		5d(1)	64					
• •	al number of active part	5d(2)	15								
		erminated employment during the			5e	0					
Caution: A	penalty for the late o	r incomplete filing of this return	n/report will be assessed	unless reasonable ca							
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a lete.									
SIGN		alid electronic signature.	09/26/2018	KAMAL SOOKRAM							
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan administrator					
SIGN	Filed with authorized/v	alid electronic signature.	09/26/2018	KAMAL SOOKRAM							
HERE For Paperw	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2017)										

v.170203

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes	No	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								110	
с	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								ned	
	If "Yes" is checked, enter the My PAA confirmation number from th							. (See instructio	ns.)	
								•		
Pa	rt III Financial Information	1			-					
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year			
a	Total plan assets	7a	3	77408				360725		
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	3	77408				360725		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) T	otal		
а	Contributions received or receivable from:	8a(1)		0						
	(1) Employers			0						
	(2) Participants	8a(2)		U						
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		56198						
				00100	-			56198		
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8C						50150		
	to provide benefits)	8d	-	70975						
e	Certain deemed and/or corrective distributions (see instructions) 8e									
f	Administrative service providers (salaries, fees, commissions)	8f		1906						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						72881		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-16683		
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2C$ 2F 2G 2T 3D	feature co	odes from the List of Pl	an Char	acteris	stic Coo	des in the insti	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	cterist	ic Code	es in the instru	ictions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	ļ	Amount		
a	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V		,			×				
h	Program)			10a		Х				
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х				
C	Was the plan covered by a fidelity bond?			10c	Х			600000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
e	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.)			10e	Х			1906		
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	10a		Х						

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.)

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.....

10g

10h

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con rm 5500) and line 11a below)	nplete Sche	edule S	зB		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	e or sectior	ס 302 ס	f	X	Yes	No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrunting the waiver.		l enter t _ Day		of the le _ Yea		g
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Ente	r the minimum required contribution for this plan year		12b				0
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				0
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	of a	12d				0
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	X 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	X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought trol of the PBGC?	under the] [Yes	X No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ch assets or liabilities were transferred. (See instructions.)	the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN(:	s)

	T						
Form 5500-SF	Short Form Annua	Return/Report of Small Employ Benefit Plan	/ee		OMB Nos. 1210-011 1210-008		
Internal Revenue Service Department of Labor Employee Benefits Security Administration	Department of Labor This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 60 the Internal Revenue Code (the Code).						
Pension Benefit Guaranty Corporation	Complete all entries in ac	cordance with the instructions to the Form 550	0-SF.	In	spection		
Part I Annual Report Id	dentification Information						
or calendar plan year 2017 or fisc	al plan year beginning	01/01/2017 and ending	12/	/31/2017			
A This return/report is for: B This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	 a multiple-employer plan (not multiemployer) a list of participating employer information in a a foreign plan the final return/report a short plan year return/report (less than 12 m 	accordan	necking this bo ice with the for	x must attach m instructions.)		
C Check box if filing under:	x Form 5558	automatic extension		DFVC progra	m		
	special extension (enter descr	1 /	14 Sec. 10		de la companya de la		
Part II Basic Plan Infor	mation enter all requested	information		hree-digit			
Late presentation to a functional	Name of plan NorthStar CG, LP Davis-Bacon Pension Plan And Trust						
				ffective date o	f plan		
a Plan sponsor's name (employed Mailing Address (include room	2b E	06/01/2000 2b Employer Identification Number (EIN) 20-4890773					
City or town, state or province NorthStar CG, LP	2c Sponsor's telephone number (815) 547-1725						
8160 304th Ave SE Preston, WA 98027	2d Business code (see instructions) 238900						
a Plan administrator's name and	d address 🗴 Same as Plan Spo	onsor	3b A	dministrator's	EIN		
			3 C A	dministrator's t	elephone number		
If the name and/or EIN of the p this plan, enter the plan spons	plan sponsor or the plan name ha	as changed since the last return/report filed for nd the plan number from the last return/report.	4b E	IN			
a Sponsor's namec Plan Name			4d PI	N			
			5a		64		
			5b		61		
C Number of participants with ac complete this item)	count balances as of the end of	the plan year (only defined contribution plans	5c		55		
d(1) Total number of active partic	cipants at the beginning of the pla	an year	5d(1)		64		
d(2) Total number of active partic			5d(2)		15		
		plan year with accrued benefits that were	5e		0		
Under penalties of perjury and othe	er penalties set forth in the instru d signed by an enrolled actuary, a	n/report will be assessed unless reasonable can ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor	port incl	luding if applie	cable, a Schedule / knowledge and		

belief, it is true, correct, and complete.		\bigcirc / 0
SIGN Your (She	9.26.18	RAMAL SOOKRAM
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN Kand The	9.26.18	KAMAL SOOKRAM
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act'Notice, see the instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No

XYes No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year

(See instructions.)

Pa	Int III Financial Information							1				
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End of Y	ear			
а	Total plan assets	7a	31	7,4	08				360,725			
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c	37	7,4	08		360,7					
8	Income, Expenses, and Transfers for this Plan Year							(b) Total				
а	Contributions received or receivable from:											
	(1) Employers	8a(1)			0							
-	(2) Participants	8a(2)			0	-						
b	(3) Others (including rollovers)	8a(3)				_						
	Other income (loss)	8b		56,1	98							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				_			56,198			
u	to provide benefits)	8d		10,9	75	144						
е	Certain deemed and/or corrective distributions (see instructions)	8e										
-	Administrative service providers (salaries, fees, commissions)	8f		1,9	06							
g	Other expenses	8g			0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							72,881			
i	Net income (loss) (subtract line 8h from line 8c)	8i					11.		(16,683)			
j	Transfers to (from) the plan (see instructions)	8j										
Pa	rt IV Plan Characteristics					1						
	If the plan provides pension benefits, enter the applicable pension fe 2C 2F 2G 2T 3D If the plan provides welfare benefits, enter the applicable welfare fea				62.1							
Pa	rt V Compliance Questions											
10	During the plan year:				Yes	No	N/A	Amo	ount			
а	participant contribution							9-80-				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo											
h	Program)			10a		x						
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not i	include transactions	10b		x						
c	Was the plan covered by a fidelity bond?			10b	x		-					
d				100	•				600,000			
	by fraud or dishonesty?			10d		x						
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of	the benefits under	10e	x				1,906			
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		x						
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		x		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
h		See instru	uctions and 29 CFR	10h		x						
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	d notice or one of the	10i								

Form 5500-SF 2017

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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 Schedule SB (Form 5500 and line 11a below)										
_11a		11a			2000-24					
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(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 granting the waiver Month	d enter the da			g					
lf y	ou 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 1	12b			0					
C	Enter the amount contributed by the employer to the plan for the plan year	12c			0					
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			0					
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	XN	10						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 1	13a								
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the 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:	c(1) Name of plan(s): 13c(2) EIN	(S)	13c(3	13c(3) PN(s)						