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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For calend	ar plan year 2018 or fi	scal plan year beginning 01/01/2	019	and ending 07	7/31/2019				
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) (I employer information in ac	_				
		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	X the final return/repor						
_		an amended return/report	X a short plan year ret	urn/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension	n [DFVC program	m			
		special extension (enter descr	• /						
Part II	Basic Plan Info	ormation—enter all requested inf	formation						
1a Name NORTHSTA	•	CON PENSION PLAN AND TRUST			1b Three-digir plan numb (PN) ▶				
					1c Effective d	ate of plan 06/01/2000			
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C) Pov)			dentification Number			
City or	town, state or provinc	ce, country, and ZIP or foreign post	,	structions)	(EIN) 2c Sponsor's	20-4890773 telephone number			
NORTHSTA	R CG LP				42	5-881-0623			
8160 304TH	ΔV/E SE				2d Business of	code (see instructions)			
PRESTON,						238900			
3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN				
						tor's telephone number			
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
•	or's name				4d PN				
C Plan N	vame								
5a Total	number of participants	at the beginning of the plan year			5a	0			
		at the end of the plan year			5b	0			
		account balances as of the end of		•	5c	0			
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	0			
d(2) Total number of active participants at the end of the plan year					5d(2)				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0				
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable cau					
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete							
SIGN		l/valid electronic signature.	12/13/2019	KAMAL SOOKRAM					
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as pla	n administrator			
SIGN	Filed with authorized	I/valid electronic signature.	12/13/2019	KAMAL SOOKRAM					
HERE	C:		l 5 .	1 =					

Date

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
С	If 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	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	d of Year
a	Total plan assets	7a	3:	28681				0
<u>b</u>	Total plan liabilities	7b		0				0
	Net plan assets (subtract line 7b from line 7a)	7c	3.	28681				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b		42352				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						42352
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	68621				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		2412				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						371033
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-328681
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pai	t 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 Cha	racteri	stic Co	odes in the ir	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ins	structions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х		
c	Was the plan covered by a fidelity bond?			10c	X			600000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		
е	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 person ne or all of	s by an insurance the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g				10g		X		
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 the exceptions to providing the notice applied under 29 CFR 2520.10	•		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 Sche (Form 5500) and line 11a below)		В	Yes	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?			X Yes	☐ No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	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			of the letter ruli _ Year	ng
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			0
С	Enter the amount contributed by the employer to the plan for this 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
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X N	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes 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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN	l(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 section 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

2018

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 07/31/2019 01/01/2019 and ending a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach A This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan X B This return/report is: the first return/report the final return/report a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension C Check box if filing under: Form 5558 special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan **1b** Three-digit plan number Northstar Cg, Lp Davis-Bacon Pension Plan And Trust 002 (PN) ▶ 1c Effective date of plan 06/01/2000 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 20-4890773 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number Northstar Cg Lp (425) 881-0623 2d Business code (see instructions) 8160 304Th Ave Se 238900 US Preston WA 98027 3b Administrator's EIN Plan administrator's name and address X Same as Plan Sponsor 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN Sponsor's name Plan Name 0 5a Total number of participants at the beginning of the plan year 5b 0 Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 0 complete this item) 0 5d(1) d(1) Total number of active participants at the beginning of the plan year 0 5d(2) d(2) Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were 5e 0 less than 100% vested 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, if applicable, a Schedule

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

Date

Date

correct, and complete

Signature of plan administrator

Signature of employer/plan sponsor

belief, it is true

SIGN HERE

HERE

DOKRAM

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

AMBL

_		0
Pа	ae	2

_			See instructions \		te microsco				XYes	□No
	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 an									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	d conditio	ns.)		•••••	********			x Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot	use Forr	m 5500-SF and must inste	ead u	se Fo	orm 5	500.			المحمد المحمد المحمد
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA section	4021)?	•••••	_ Yes	∐ No	☐ Not a	eterminea
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year _					(See instru	ctions.)
Pa	rt III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of	Year			(1	b) End o	of Year	
	Total plan assets	7a	328	3,68	1					0
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c		3,68	1				4-1	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otai	
а	Contributions received or receivable from:	8a(1)			0					
	(1) Employers	8a(2)				1111	49			
	(2) Participants	8a(3)					10/45			
b	Other income (loss)	8b	4:	2,35	2					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							42	, 352
d	Benefits paid (including direct rollovers and insurance premiums		36	0 60	1	4	11/19			
	to provide benefits)	8d	36	8,62						
е	Certain deemed and/or corrective distributions (see instructions)	8e		2,41	2					
f	Administrative service providers (salaries, fees, commissions)	8f		2,41			SUBJECT OF			
g	Other expenses	8g							371	,033
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-			(328,	
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i				E-mo				
<u>j</u>	Transfers to (from) the plan (see instructions)	8 <u>j</u>								
P	art IV Plan Characteristics		to a factor that list of Dian Ch	aaraa	torieti	c Cod	es in the	e instruc	tions:	
9a	If the plan provides pension benefits, enter the applicable pension for 2C 2F 2G 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es from the List of Plan Cha	aracte	eristic	Code	s in the	instructi	ons:	1
P	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
- ;	Was there a failure to transmit to the plan any participant contribu	itions with	in the time period				32			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			10a		x	80			
	Program)	2 (Do not	include transactions	10a						
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	(DO 1101		10b		х				
_	C Was the plan covered by a fidelity bond?			10c	Х		37			600,000
-	d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused	10d		x				
	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other states and the states are the states and the states are the stat	her perso	ns by an insurance				- 777			
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	ne or all o	f the benefits under	10e		x				
	f Has the plan failed to provide any benefit when due under the pla	n?	***************************************	10f		x				
	g Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		X				
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See inst	ructions and 29 CFR	10h		x				
	i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	ed notice or one of the	10i				(PH)		

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Part	t VI Pension Funding Compliance							
11	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)						х	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	********	11a					
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.)								No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins						rulin	g
If v	granting the waiver Mor rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		_ Da	У	Ye	ar		
b	Enter the minimum required contribution for this plan year		12b					0
С								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)								0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***********		Yes _	No	X	N/A	
Pari	t VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		3	Yes		No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				X.	Yes		No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan((s) to					
1	3c(1) Name of plan(s):	13c(2) E	IN(s)		13	c(3) P	N(s)	