

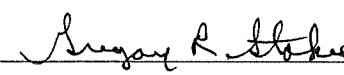
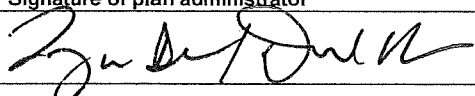
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|---|--|---|
| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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. | OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection |
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| | |
|--|--|
| Part I Annual Report Identification Information | |
| For calendar plan year 2019 or fiscal plan year beginning <u>1/1/2019</u> and ending <u>12/31/2019</u> | |
| A This return/report is for: | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is: | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) |
| C If the plan is a collectively-bargained plan, check here: | <input checked="" type="checkbox"/> |
| D Check box if filing under: | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) |

| | | | | | | | | | | | |
|---|---|--|-----|--|--|--|--|---|--|--|--|
| Part II Basic Plan Information —enter all requested information | | | | | | | | | | | |
| 1a Name of plan Alaska Electrical Pension Plan 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Joint Board of Trustees Alaska Electrical Pension Plan 701 E Tudor Rd, Suite 200 Anchorage AK 99503 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 1/1/1968</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 92-6005171</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 907-276-1246</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 238210</td> </tr> </table> | 1b Three-digit plan number (PN) ▶ | 001 | 1c Effective date of plan 1/1/1968 | | 2b Employer Identification Number (EIN) 92-6005171 | | 2c Plan Sponsor's telephone number 907-276-1246 | | 2d Business code (see instructions) 238210 | |
| 1b Three-digit plan number (PN) ▶ | 001 | | | | | | | | | | |
| 1c Effective date of plan 1/1/1968 | | | | | | | | | | | |
| 2b Employer Identification Number (EIN) 92-6005171 | | | | | | | | | | | |
| 2c Plan Sponsor's telephone number 907-276-1246 | | | | | | | | | | | |
| 2d Business code (see instructions) 238210 | | | | | | | | | | | |

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|--------------|---|-----------|--|
| SIGN HERE |  | 10/7/2020 | Gregory R. Stokes |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE |  | 10/7/2020 | Larry Bell / Dave Reaver |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|--|--------------|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | | 3b Administrator's EIN |
| | | 3c Administrator's telephone number |
| <hr/> | | |
| 4 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: a Sponsor's name c Plan Name | | 4b EIN |
| | | 4d PN |
| <hr/> | | |
| 5 Total number of participants at the beginning of the plan year | 5 | 10550 |
| <hr/> | | |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). | | |
| a(1) Total number of active participants at the beginning of the plan year | 6a(1) | 3841 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) | 3858 |
| b Retired or separated participants receiving benefits..... | 6b | 4239 |
| c Other retired or separated participants entitled to future benefits | 6c | 2075 |
| d Subtotal. Add lines 6a(2), 6b, and 6c..... | 6d | 10172 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e | 526 |
| f Total. Add lines 6d and 6e..... | 6f | 10698 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g | 0 |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | 205 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | 121 |
| <hr/> | | |
| 8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A | | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: | | |

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|---|---|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| | |
|---|--|
| a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |
|---|--|

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2019

**This Form is Open to Public
Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.


| | |
|---|---|
| A Name of plan ALASKA ELECTRICAL PENSION PLAN | B Three-digit plan number (PN) ▶ <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOINT BOARD OF TRUSTEES ALASKA ELECTRICAL PENSION PLAN | D Employer Identification Number (EIN) 92-6005171 |

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 1 Day 1 Year 2019

| | | |
|---|-----------------|----------------------------|
| b Assets | | |
| (1) Current value of assets | 1b(1) | 1,868,285,891 |
| (2) Actuarial value of assets for funding standard account | 1b(2) | 1,941,946,160 |
| c (1) Accrued liability for plan using immediate gain methods | | 1c(1) 2,214,578,790 |
| (2) Information for plans using spread gain methods: | | |
| (a) Unfunded liability for methods with bases | 1c(2)(a) | 0 |
| (b) Accrued liability under entry age normal method | 1c(2)(b) | 0 |
| (c) Normal cost under entry age normal method | 1c(2)(c) | 0 |
| (3) Accrued liability under unit credit cost method | 1c(3) | 2,117,739,679 |
| d Information on current liabilities of the plan: | | |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) | 1d(1) | |
| (2) "RPA '94" information: | | |
| (a) Current liability | 1d(2)(a) | 3,574,874,802 |
| (b) Expected increase in current liability due to benefits accruing during the plan year | 1d(2)(b) | 66,652,362 |
| (c) Expected release from "RPA '94" current liability for the plan year | 1d(2)(c) | 150,134,591 |
| (3) Expected plan disbursements for the plan year | 1d(3) | 150,134,591 |

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|----------------------|---|--|
| SIGN HERE |  Signature of actuary | <u>9/21/2020</u> Date |
| | Bruce Cable Type or print name of actuary | 20-04449 Most recent enrollment number |
| | Rael & Letson Firm name | (206) 445-1850 Telephone number (including area code) |
| | 999 THIRD AVENUE, SUITE 1530 SEATTLE WA 98104 Address of the firm | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

| | | |
|---|-----------------------------------|------------------------------|
| a Current value of assets (see instructions) | 2a | 1,868,285,891 |
| b "RPA '94" current liability/participant count breakdown: | (1) Number of participants | (2) Current liability |
| (1) For retired participants and beneficiaries receiving payment | 4,910 | 2,089,613,501 |
| (2) For terminated vested participants | 2,052 | 447,166,218 |
| (3) For active participants: | | |
| (a) Non-vested benefits | | 16,575,453 |
| (b) Vested benefits | | 1,021,519,630 |
| (c) Total active | 3,841 | 1,038,095,083 |
| (4) Total | 10,803 | 3,574,874,802 |
| c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage | 2c | 52.26% |

3 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 02/15/2019 | 3,851,921 | | 08/15/2019 | 4,628,124 | |
| 03/15/2019 | 3,626,314 | | 09/15/2019 | 5,552,288 | |
| 04/15/2019 | 4,302,774 | | 10/15/2019 | 4,848,528 | |
| 05/15/2019 | 4,103,602 | | 11/15/2019 | 4,683,354 | |
| 06/15/2019 | 5,029,665 | | 12/15/2019 | 4,788,398 | |
| 07/15/2019 | 4,529,294 | | 01/01/2020 | 4,183,444 | |
| Totals ▶ | | | 3(b) | 54,127,706 | 3(c) 0 |

4 Information on plan status:

| | | |
|--|-----------|--|
| a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) | 4a | 91.7% |
| b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 | 4b | N |
| c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date | 4e | |
| f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here | 4f | |

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** Attained age normal
 b Entry age normal
 c Accrued benefit (unit credit)
 d Aggregate
e Frozen initial liability
 f Individual level premium
 g Individual aggregate
 h Shortfall
i Other (specify):

| | | |
|--|-----------|---|
| j If box h is checked, enter period of use of shortfall method | 5j | |
| k Has a change been made in funding method for this plan year? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method | 5m | |

6 Checklist of certain actuarial assumptions:

| | | |
|--|--|--|
| a Interest rate for "RPA '94" current liability..... | 6a | 3.06 % |
| b Rates specified in insurance or annuity contracts..... | Pre-retirement | Post-retirement |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) | 13P+1 |
| (2) Females | 6c(2) | 13FP+1 |
| d Valuation liability interest rate | 6d | 7.25 % |
| e Expense loading | 6e | 21.5 % <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A |
| f Salary scale | 6f | % <input checked="" type="checkbox"/> N/A |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date..... | 6g | 5.2 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | -0.8 % |

7 New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1 | 44,512,964 | 4,629,126 |
| | | |
| | | |

8 Miscellaneous information:

| | | |
|---|--------------|---|
| a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval..... | 8a | |
| b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule..... | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule..... | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?..... | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d If line c is "Yes," provide the following additional information: | | |
| (1) Was an extension granted automatic approval under section 431(d)(1) of the Code? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended | 8d(2) | |
| (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?..... | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... | 8d(4) | |
| (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension | 8d(5) | |
| (6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) | 8e | |

9 Funding standard account statement for this plan year:

Charges to funding standard account:

| | | |
|---|---------------------|---------------|
| a Prior year funding deficiency, if any | 9a | 0 |
| b Employer's normal cost for plan year as of valuation date..... | 9b | 17,470,793 |
| c Amortization charges as of valuation date: | Outstanding balance | |
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended | 9c(1) | 1,101,861,781 |
| (2) Funding waivers | 9c(2) | 0 |
| (3) Certain bases for which the amortization period has been extended | 9c(3) | 0 |
| d Interest as applicable on lines 9a, 9b, and 9c..... | 9d | 10,413,906 |
| e Total charges. Add lines 9a through 9d..... | 9e | 154,053,983 |

| Credits to funding standard account: | | | |
|--------------------------------------|--|---------------------|---|
| f | Prior year credit balance, if any..... | 9f | 351,235,436 |
| g | Employer contributions. Total from column (b) of line 3..... | 9g | 54,127,706 |
| | | Outstanding balance | |
| h | Amortization credits as of valuation date..... | 9h | 477,993,715 |
| i | Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... | 9i | 31,823,028 |
| j | Full funding limitation (FFL) and credits: | | |
| (1) | ERISA FFL (accrued liability FFL)..... | 9j(1) | 766,836,564 |
| (2) | "RPA '94" override (90% current liability FFL)..... | 9j(2) | 1,316,629,334 |
| (3) | FFL credit..... | 9j(3) | 0 |
| k | (1) Waived funding deficiency..... | 9k(1) | 0 |
| | (2) Other credits..... | 9k(2) | 0 |
| l | Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)..... | 9l | 503,084,908 |
| m | Credit balance: If line 9l is greater than line 9e, enter the difference..... | 9m | 349,030,925 |
| n | Funding deficiency: If line 9e is greater than line 9l, enter the difference..... | 9n | |
| 9o | Current year's accumulated reconciliation account: | | |
| (1) | Due to waived funding deficiency accumulated prior to the 2019 plan year..... | 9o(1) | 0 |
| (2) | Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: | | |
| (a) | Reconciliation outstanding balance as of valuation date..... | 9o(2)(a) | 0 |
| (b) | Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))..... | 9o(2)(b) | 0 |
| (3) | Total as of valuation date..... | 9o(3) | 0 |
| 10 | Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)..... | 10 | 0 |
| 11 | Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |