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 6047(e), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [X] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORTH STAR ADVISORS, LLC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/09/2006

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
NORTH STAR ADVISORS, LLC

69 WEST 9TH ST. #2G
NEW YORK, NY 10011

69 WEST 9TH ST. #2G
NEW YORK, NY 10011

2b Employer Identification Number (EIN)
20-5314151

2c Sponsor's telephone number
917-539-1741

2d Business code (see instructions)
812990

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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/27/2010	GREG SCHOOLEY
	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 (if same as plan sponsor, enter "Same")
NORTH STAR ADVISORS, LLC

69 WEST 9TH ST. #2G
NEW YORK, NY 10011

3b Administrator's EIN
20-5314151

3c Administrator's telephone number
917-539-1741

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	3
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
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 that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	0

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		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)		**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)		**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)	___	**A** (Insurance Information)
(4)		**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

AXA EQUITABLE
P O BOX 55450
BOSTON MA 02205-5450

PLAN NAME: NORTH STAR ADVISORS, LLC

PLAN ID: 640688

PLAN YEAR END: 2010-12-31

ADDRESS OF PLAN:

NORTH STAR ADVISORS, LLC
PERSONAL AND CONFIDENTIAL
ATTN: GREGORY SCHOOLEY
572 LUCERO AVE
PACIFIC PLSDS CA 90272-3013

ACCOUNT ADMINISTRATOR: JOAQUIM AMADO
PHONE NUMBER: (800) 528-0204

1REPORT NUMBER: R03132 2009 FORM 5500 ANNUAL RETURN REPORT PAGE: 1
SOURCE PROGRAM: B01197 SCHEDULE A SUPER SHEET DATE: 05/26/2010
JOB: DRZTR203 CURRENT DATE: 05/27/2010
TIME: 07:40:47

INVESTMENT COMPANY UNIT ID: 7 NAME: AXA EQUITABLE
PLAN ID: 640688 NAME: NORTH STAR ADVISORS, LLC

FOR THE CALENDAR PLAN YEAR 2009 OR FISCAL PLAN YEAR BEGINNING 01/01/2009 , AND ENDING 12/31/2009

A NAME OF PLAN
NORTH STAR ADVISORS, LLC
B PLAN NUMBER

0 C NAME OF PLAN SPONSOR
NORTH STAR ADVISORS, LLC
D EMPLOYER IDENTIFICATION NUMBER
20-5314151

0 2 TOTAL COMMISSIONS PAID
$ 222.72
2 TOTAL FEES PAID
$ 0.00

0 COMPENSATION PAID TO

	2(A) NAME OF AGENT/BROKER AND ST. ADDRESS	2(B) AMOUNT OF COMMISSIONS PAID	2(C) FEES PAID / AMOUNT
0	HILL, CLU DAVID 1266 EAST MAIN STREET 6TH FLOOR AXA EQUITABLE STAMFORD CT 06902 3546	$ 111.36	$ 0.00
0	MURPHY JAMES P 1266 EAST MAIN STREET 6TH FLOOR AXA EQUITABLE STAMFORD CT 06902 3546	$ 111.36	$ 0.00

PART II - INVESTMENT AND ANNUITY CONTRACT INFORMATION

0 3	VALUE OF PLAN'S INTEREST IN THE GENERAL ACCOUNT AT YEAR END	$ 0.00
4	VALUE OF PLAN'S INTEREST IN SEPARATE ACCOUNTS AT YEAR END	$ 0.00
0 6B	BALANCE AT END OF PREVIOUS YEAR	$ 0.00
0 6C(1)	CONTRIBUTIONS DEPOSITED DURING THE YEAR	$ 0.00
6C(3)	INTEREST CREDITED DURING THE YEAR	$ 0.00
6C(4)	TRANSFERRED FROM SEPARATE ACCOUNT	$ 0.00
6C(5)	OTHER	$ 0.00
6C(6)	TOTAL ADDITIONS	$ 0.00
0 6D	TOTAL OF BALANCE AND ADDITIONS	$ 0.000

6E(1) DISBURSED FROM FUND TO PAY BENEFITS OR PURCHASE ANNUITIES $ 0.00

6E(2)	ADMINISTRATION CHARGE MADE BY CARRIER	$ 0.00
6E(3)	TRANSFERRED TO SEPARATE ACCOUNT	$ 0.00
6E(4)	OTHER	$ 0.00
6E(5)	TOTAL DEDUCTIONS	$ 0.00
0 6F	BALANCE AT END OF THE CURRENT YEAR	$ 0.00

1REPORT NUMBER: R09699 2009 FORM 5500 ANNUAL RETURN REPORT PAGE: 1
SOURCE PROGRAM: B08992 SCHEDULE D FOR PLANS SUPER SHEET DATE: 05/26/2010
JOB: DRZTR203 CURRENT DATE: 05/27/2010
TIME: 07:40:48

INVESTMENT COMPANY UNIT ID: 7 NAME: AXA EQUITABLE
PLAN ID: 640688 NAME: NORTH STAR ADVISORS, LLC

FOR THE CALENDAR PLAN YEAR 2009 OR THE FISCAL PLAN YEAR BEGINNING 01/01/2009 , AND ENDING 12/31/2009

* * * * * N O R E P O R T A B L E A C T I V I T Y * * * * *

AXA EQUITABLE
P O BOX 55450
BOSTON MA 02205-5450

PLAN NAME: NORTH STAR ADVISORS, LLC

PLAN ID: 640688

PLAN YEAR END: 2010-12-31

ADDRESS OF REPRESENTATIVE:

DAVID HILL, CLU
AXA ADVISORS, LLC
1266 EAST MAIN STREET
6TH FLOOR
STAMFORD CT 06902-3546

ACCOUNT ADMINISTRATOR: JOAQUIM AMADO
PHONE NUMBER: (800) 528-0204

INVESTMENT COMPANY UNIT ID: 7 NAME: AXA EQUITABLE
PLAN ID: 640688 NAME: NORTH STAR ADVISORS, LLC

FOR THE CALENDAR PLAN YEAR 2009 OR FISCAL PLAN YEAR BEGINNING 01/01/2009 , AND ENDING 12/31/2009

A NAME OF PLAN
NORTH STAR ADVISORS, LLC

B PLAN NUMBER

0 C NAME OF PLAN SPONSOR
NORTH STAR ADVISORS, LLC

D EMPLOYER IDENTIFICATION NUMBER
20-5314151

0 2 TOTAL COMMISSIONS PAID
$ 222.72

2 TOTAL FEES PAID
$ 0.00

0 COMPENSATION PAID TO

0 2(A) NAME OF AGENT/BROKER AND ST. ADDRESS 2(B) AMOUNT OF COMMISSIONS PAID 2(C) FEES PAID / AMOUNT
0 HILL, CLU DAVID $ 111.36 $ 0.00
1266 EAST MAIN STREET
6TH FLOOR
AXA EQUITABLE
STAMFORD CT 06902 3546

0 2(A) NAME OF AGENT/BROKER AND ST. ADDRESS 2(B) AMOUNT OF COMMISSIONS PAID 2(C) FEES PAID / AMOUNT0 MURPHY JAMES P
$ 111.36 $ 0.00
1266 EAST MAIN STREET
6TH FLOOR
AXA EQUITABLE
STAMFORD CT 06902 3546

PART II - INVESTMENT AND ANNUITY CONTRACT INFORMATION

0 3	VALUE OF PLAN'S INTEREST IN THE GENERAL ACCOUNT AT YEAR END	$	0.00
4	VALUE OF PLAN'S INTEREST IN SEPARATE ACCOUNTS AT YEAR END	$	0.00
0 6B	BALANCE AT END OF PREVIOUS YEAR	$	0.00
0 6C(1)	CONTRIBUTIONS DEPOSITED DURING THE YEAR	$	0.00
6C(3)	INTEREST CREDITED DURING THE YEAR	$	0.00
6C(4)	TRANSFERRED FROM SEPARATE ACCOUNT	$	0.00
6C(5)	OTHER	$	0.00
6C(6)	TOTAL ADDITIONS	$	0.00
0 6D	TOTAL OF BALANCE AND ADDITIONS	$	0.00
0 6E(1)	DISBURSED FROM FUND TO PAY BENEFITS OR PURCHASE ANNUITIES	$	0.00
6E(2)	ADMINISTRATION CHARGE MADE BY CARRIER	$	0.00
6E(3)	TRANSFERRED TO SEPARATE ACCOUNT	$	0.00
6E(4)	OTHER	$	0.00
6E(5)	TOTAL DEDUCTIONS	$	0.00
0 6F	BALANCE AT END OF THE CURRENT YEAR	$	0.00

INVESTMENT COMPANY UNIT ID: 7 NAME: AXA EQUITABLE
PLAN ID: 640688 NAME: NORTH STAR ADVISORS, LLC

FOR THE CALENDAR PLAN YEAR 2009 OR THE FISCAL PLAN YEAR BEGINNING 01/01/2009 , AND ENDING 12/31/2009

* * * * * N O R E P O R T A B L E A C T I V I T Y * * * * *

A	NAME OF PLAN NORTH STAR ADVISORS, LLC		B	PLAN NUMBER	
0 C	NAME OF PLAN SPONSOR NORTH STAR ADVISORS, LLC		D	EMPLOYER IDENTIFICATION NUMBER 20-5314151	
0 2	TOTAL COMMISSIONS PAID $ 222.72		2	TOTAL FEES PAID $ 0.00	

0 COMPENSATION PAID TO

0 2(A)	NAME OF AGENT/BROKER AND ST. ADDRESS	2(B) AMOUNT OF COMMISSIONS PAID	2(C) FEES PAID / AMOUNT	
0	HILL, CLU DAVID 1266 EAST MAIN STREET 6TH FLOOR AXA EQUITABLE STAMFORD CT 06902 3546	$ 111.36	$	0.00
0 2(A)	NAME OF AGENT/BROKER AND ST. ADDRESS	2(B) AMOUNT OF COMMISSIONS PAID	2(C) FEES PAID / AMOUNT	
0	MURPHY JAMES P 1266 EAST MAIN STREET 6TH FLOOR AXA EQUITABLE STAMFORD CT 06902 3546	$ 111.36	$	0.00

PART II - INVESTMENT AND ANNUITY CONTRACT INFORMATION

0 3	VALUE OF PLAN'S INTEREST IN THE GENERAL ACCOUNT AT YEAR END	$ 0.00
4	VALUE OF PLAN'S INTEREST IN SEPARATE ACCOUNTS AT YEAR END	$ 0.00
0 6B	BALANCE AT END OF PREVIOUS YEAR	$ 0.00
0 6C(1)	CONTRIBUTIONS DEPOSITED DURING THE YEAR	$ 0.00
6C(3)	INTEREST CREDITED DURING THE YEAR	$ 0.00
6C(4)	TRANSFERRED FROM SEPARATE ACCOUNT	$ 0.00
6C(5)	OTHER	$ 0.00
6C(6)	TOTAL ADDITIONS	$ 0.00
0 6D	TOTAL OF BALANCE AND ADDITIONS	$ 0.00
0 6E(1)	DISBURSED FROM FUND TO PAY BENEFITS OR PURCHASE ANNUITIES	$ 0.00
6E(2)	ADMINISTRATION CHARGE MADE BY CARRIER	$ 0.00
6E(3)	TRANSFERRED TO SEPARATE ACCOUNT	$ 0.00
6E(4)	OTHER	$ 0.00
6E(5)	TOTAL DEDUCTIONS	$ 0.00
0 6F	BALANCE AT END OF THE CURRENT YEAR	$ 0.00

INVESTMENT COMPANY UNIT ID: 7 NAME: AXA EQUITABLE
PLAN ID: 640688 NAME: NORTH STAR ADVISORS, LLC

FOR THE CALENDAR PLAN YEAR 2009 OR THE FISCAL PLAN YEAR BEGINNING 01/01/2009 , AND ENDING 12/31/2009

* * * * * N O R E P O R T A B L E A C T I V I T Y * * * * *