Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report X a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number STAR EQUITY MANAGEMENT, LLC 401(K) PLAN (PN) ▶ 002 1c Effective date of plan 04/30/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number STAR EQUITY MANAGEMENT, LLC 45-0492821 (EIN) 2c Sponsor's telephone number 206-443-8440 2607 SECOND AVENUE, SUITE 300 SEATTLE, WA 98121 2d Business code (see instructions) 522291 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 2607 SECOND AVENUE, SUITE 300 45-0492821 STAR FOUITY MANAGEMENT, LLC SEATTLE, WA 98121 Administrator's telephone number 206-443-8440 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **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) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 529882 0 Total plan assets..... 7a 7b Total plan liabilities..... 529882 0 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 47589 **b** Other income (loss)..... 8b 47589 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 365511 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 691 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 366202 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -318613 Net income (loss) (subtract line 8h from line 8c)..... 8i -211269 Transfers to (from) the plan (see instructions)

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Part IV	Plan	Characte	aristics
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- **9a** 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 2T 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Λm	ount	
Outling the plan year. Was there a failure to transmit to the plan any participant contributions within the time period described in		103			AIII	ount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			Χ				
on line 10a.)	10b		^				
Was the plan covered by a fidelity bond?	10c	X					5000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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		X				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iug						
2520.101-3.)	10h		X				
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						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor							
is this a defined benefit plan subject to minimum funding requirements: (ii Tes, See instructions and cor	nplete	Sched	ule SB	(Form	_	,	
5500))				•	[Yes	1 X
5500))	······			······		Yes Yes	× N
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	 302 of E	ERISA?	[Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of E	ERISA?		Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 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.	e or se	ction 3	302 of E	ERISA?		Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 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. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se	and e	302 of E	ERISA?		Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 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. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 better the minimum required contribution for this plan year.	e or se	ction 3	302 of Enter the	ERISA?		Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 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	e or se	ction 3	nter the Day _	ERISA?		Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 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. Moryou 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	e or se	and e	12b 12c 12d	ERISA?		Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 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	e or se	and e	12b 12c 12d	ERISA?		Yes	X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 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. Moreovou 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	ction 3	nter the Day	ERISA?	E	Yes	ling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 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. Moreovou 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? It VII Plan Terminations and Transfers of Assets If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	e or se	and e	12b 12c 12d X Y	ERISA?	of the le	Yes	X ling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 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	e or se	and e	12b 12c 12d	ERISA? e date o	of the leta Year	Yes	N

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 belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/26/2012	TIMOTHY P. CAVANAUGH
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

E epartment 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

2011

This Form is Open to Public Inspection

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D	This return/report is:	the first return/report	╡	return/report				
_	a,	an amended return/report	=	lan year return/report (less thar	12 month	s)		
C	Check box if filing under:	Form 5558		ic extension		DFVC program		
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Lu	Star Equity Manager	ess; include room or suite number (ment, LLC	empioyer,	it for a single-employer plan)	2b	Employer Identification Number (EIN) 45-0492821		
		,			20	Sponsor's telephone number		
	2627 0- 1 7				20	(206) 443-8440		
	2607 Second Avenue,	, Suite 300			2 d	Business code (see instructions)		
22	Seattle			WA 98121		522291		
Sa	Same	address (if same as plan sponsor, e	enter "Sam	e")	3b	Administrator's EIN		
					Зс	Administrator's telephone numbe	r	
4	If the name and/or EIN of the n	Jon page of the state of the st						
•	name, EIN, and the plan numb	lan sponsor has changed since the per from the last return/report.	iast return	report filed for this plan, enter t	he 4b	EIN		
	Sponsor's name					PN		
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b	Total number of participants at	the end of the plan year			***			
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SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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- 9a 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 2T 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	t V Compliance Questions						
10	During the plan year:		Yes	No		Amoun	t
а	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 repo on line 10a.)	rted 10b		Х			
С	Was the plan covered by a fidelity bond?	. 10c	Х				500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fror dishonesty?	aud 10d		X			
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.)			X			
f	Has the plan failed to provide any benefit when due under the plan?	. 10f		X			5
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			Х			
j ——	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						
Part	VI Pension Funding Compliance				140-140-01-0022	AND PARTY PROPERTY	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))	complete	Sched	ule SB	(Form	Пуе	s 🏻 No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the						
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	code or se	cuon 3	UZ OT I	ERISA?.	. L	S ZA NO
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in		45 march #15395				
_	granting the waiver.	istructions, Month	and e	nter th Day	e date of	the letter i	ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		Duy.		rear	
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 negative amount)	eleft of a		12d			0
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Î	Yes	П No	П м/а
Part	100000 P						
13a	Has a resolution to terminate the plan been adopted in any plan year?			XY	es 🗍	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?			ntrol		X Ye	s No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	tify the plar	(s) to	••••			_ Ц
13	3c(1) Name of plan(s):		13c	(2) EIN	V(s)	13c(3) PN(s)
							7
0							
Cautio	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reaso	nable caus	se is e	stabli	shed.		
2D OL	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this rel , it is true, correct, and complete.	return/rep turn/report,	ort, inc and to	luding the b	, if applicest of my	able, a Sc knowledg	hedule e and
SIGN	I Timothy	P. Cav	anau	.gh			

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor