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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in		tne instruc	tions to the Form 55	UU-5F.				
	rt I		Identification Informatio				10/01/	0010			
For	calenda	ar plan year 2012 or fi		01/2012			12/31/	2012			
A T	This retu	urn/report is for:	a single-employer plan	a multiple-	-employer pla	an (not multiemployer)		a one-partici	oant plan		
ВТ	This retu	urn/report is:	the first return/report	the final re	eturn/report						
			an amended return/report	a short pla	n year return	report (less than 12 n	nonths)			
C	Check b	oox if filing under:	X Form 5558	automatic	extension			DFVC progra	ım		
		-	special extension (enter de	scription)				_			
Pa	rt II	Basic Plan Info	rmation—enter all requested	information							
	Name of						1b	Three-digit			
		•	PROFIT SHARING PLAN					plan number			
								(PN) •	001		
							1c	Effective date o	•		
22	Dlon on	oncor's name and ad	dress; include room or suite nun	nhar (amplayar if	for a single o	amployer plan)	2h	01/01			
STAR	R MANA	AGEMENT, LLC	diess, include room of saile nan	liber (employer, ii	ioi a sirigie-e	imployer plani	2b Employer Identification Number (EIN) 35-2202172				
							20	Sponsor's telep	hone number		
5106	S FAIR	FAX LANE						509-29			
		WA 99037-8236					2d	Business code (see instructions)		
								62134			
3a	Plan ac	dministrator's name ar	nd address Same as Plan Spo	onsor Name S	ame as Plan	Sponsor Address	3b	Administrator's			
TAR N	MANAG	SEMENT, LLC		FAIRFAX LANE	2000		20		02172		
			VERAD	ALE, WA 99037-8	3236		30	509-290	telephone number 0-2653		
4	If the n	ame and/or EIN of the	e plan sponsor has changed sind	ce the last return/r	report filed fo	r this plan, enter the	4b	EIN			
			mber from the last return/report.			, ,					
а	Sponso	or's name					4c	PN			
5a	Total n	number of participants	at the beginning of the plan year	ır			. 5a		27		
b	Total n	number of participants	at the end of the plan year				. 5b		23		
С		•	account balances as of the end			•			40		
		,					-		16		
		•	s during the plan year invested in	-	•	,			X Yes No		
b			f the annual examination and rep? (See instructions on waiver eliq						X Yes No		
			ither line 6a or line 6b, the plan								
Cau			or incomplete filing of this ret								
			her penalties set forth in the inst						able. a Schedule		
SB c	or Sche	dule MB completed a	nd signed by an enrolled actuary								
belie	et, it is t	rue, correct, and com	olete.								
SIGI	N	Filed with authorized/	valid electronic signature.	10/15/	/2013	DALE STEVENS					
HER		Signature of plan a	dministrator	Date		Enter name of individ	dual sid	nning as nlan adr	ninistrator		
cici		Orginature or planta	ummotrator	Bate		Enter name of mark	addi oi	griirig do pidir ddi	iiiiiotratoi		
HER	SIGN										
TIER				_							
	E	Signature of emplo		Date	cuito numbor	Enter name of individ	_				
Prep	E	name (including firm r	yer/plan sponsor name, if applicable) and address		suite number		_	parer's telephone	number (optional)		
Prep DALE BREA	arer's r STEV	name (including firm r ENS RU BENEFITS, LLC	ame, if applicable) and address		suite number		_		number (optional)		
Prep DALE BREA 200 N	earer's results of the second	name (including firm r ENS RU BENEFITS, LLC MULLAN ROAD, SU	ame, if applicable) and address		suite number		_	parer's telephone	number (optional)		
Prep DALE BREA 200 N	earer's results of the second	name (including firm r ENS RU BENEFITS, LLC	ame, if applicable) and address		suite number		_	parer's telephone	number (optional)		
Prep DALE BREA 200 N	earer's results of the second	name (including firm r ENS RU BENEFITS, LLC MULLAN ROAD, SU	ame, if applicable) and address		suite number		_	parer's telephone	number (optional)		

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Por	t III Financial Information							
	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Ver				(h) End of Voor	
		7-	(a) Beginning of Yea			(b) End of Year		
	Total plan assets Total plan liabilities	7a 7b	00248	13			1012623	
	Net plan assets (subtract line 7b from line 7a)	7b	88249	13			1012623	
		76		13				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1) 33470						
	(2) Participants	8a(2)	5251	1				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	. 8b	7907	' 4				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					165055	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	3492	25				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					34925	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					130130	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2R	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in tl	ne instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а				10a		X		
b		? (Do not	include transactions reported	10b		X		
С	Was the plan covered by a fidelity bond?			10c	Χ		90000	
d				100			90000	
	or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a				Χ			
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g	X		13119	
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	10h	X			
D1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
Part 11	Is this a defined benefit plan subject to minimum funding requirem							
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•					, <u>u</u>	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	e date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul					•		
b	Enter the minimum required contribution for this plan year					12b		

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	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 left of a negative amount)	12d		
е	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 X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		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	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

OMB Nos. 1210-0110 1210-0089

Form 5500-SF

Department of the Treesury Internet Revenue Service

Department of Labor Employee Sanjake Security Administ

Short Form Annual Return/Report of Small Employee

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).

2012

This Form is Open to Public

Pension I	Sensiti Guatanty Corporation	Annual Report Identification Information Plan year 2012 or fiscal plan year beginning							
Part I	Annual Report k	lentification information	STIPL WHILL DAY 1974 II	INTO IN THE PARTY NAMED	N-SF.	<u></u>			
For calend	· · · · · · · · · · · · · · · · · · ·		01/2012	and anding		12/31/2012			
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	pian (not multiemployer)	Γ	a one-particip	ant plan		
B This re	stum/report is:	T					•		
	[an amended return/report	short plan year retu	m/report (less than 12 m	onths)				
C Check	box if filing under:			•	-	DFVC program	rin .		
_	j	special extension (enter description)						
Part II	Basic Plan Inform				_				
					15	Three-digit			
STAR N	MANAGEMENT, LLC	401K PROFIT SHARING PL	AN		,	,	001		
						(FIV) P			
					0	1/01/2004	plan		
2a. Plan sponsor's name and address; include room or suite number (employer if for a virgle employer virgl)								ber	
SIAK P	MANAGEMENT, LLC								
5106 S	This return/report is:								
VERADA	TE	WA 99037-8236					see instructio	ons)	
3a Plan s	administrator's name and	address Same as Plan Sponsor Na	me Same as Pla	n Sponsor Address			IN		
				··· oponiosi / talei ogo	3	<u>35-22021</u> 72			
								mber	
5106 S	FAIRFAX LANE				5	109-290-26	53		
TED S D S	T 170	***							
4 If the	name and/or EIN of the p b. EIN, and the plan numb	ian sponsor has changed since the las	rt return/report filed f	or this plan, enter the	4b E	EIN			
Sponsor's name						DAI			
Sa Total	number of participants at	the beginning of the plan year				-14			
b Total	number of participants at	the and of the plan year		•					
© Numb	er of participents with acc	count balances as of the end of the pla	n vest (defined here	affit along do nat	30			23	
comb	lete this item)		<u></u>		5c			16	
h Areve	e all of the plan's assets the	uring the plan year invested in eligible	assets? (See instruc	tions.)	,.,,,		X Yes [No	
under	29 CFR 2520.104-46? (\$	e annual examination and report of an See instructions on walver eligibility an	independent qualific d conditions \	ed public accountant (IQI	PA)			- 7	
If you	answered "No" to eithe	or line 6a or line 6b, the plan cannot	usa Form 5500-8F	and must instead use	Form 5	500.	M Yes		
Caution: A	penalty for the late or i	incomplete filing of this return/moor	t will be sessesand:	uniett researchie com		dahilahad			
UNUEL DEIN	atues of Denility and Ornar	'Densilles set forth in the incline i	l elaniana shasit hawa				ole, a Sched	ule	
	true, correct, and complet		as the electronic ven	sion of this return/report,	, and to	the best of my k	nowledge a	nd	
G)G)	57//								
Sign Here	- Manage M.	Johann	10/15/13	Stephen Schaef	zefer				
	Signature of plan adm	inlatrator	Date	Enter name of Individu	ıal signlı	ng as plan admi	nistrator	-	
SIGN RERE	5/4/2-	- hay'n	1-/18/17	Stephen Schaef	er				
	Signature of employer	/plan sponsor	Date	Enter name of Individu	ızı signir	ng as employer	or plan spon	103	
riepaiei s	seuse (uksmonuā intu valu	e. If applicable) and address; include n	oom or suite numbe	r (optional)	Prepare	er's telephone n	umber (optic	onal)	
]	
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				ľ				\dashv	
								ĺ	

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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	\top		(b) End of Year
<u>a</u>	Total plan assets	7a		824	93		1012623
<u>_b</u>	Total plan flabilities	7ъ					
C	Net plan assets (subtract line 7b from line 7a)	7c	8	824	93		1012623
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		T		(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		334	70	_	
	(2) Participants	8a(2)		525:	11		
	(3) Others (including rollovers).	8a(3)					
b	Other income (loss)			790	74		
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)				1		165055
d	Benefits paid (Including direct rollovers and insurance premiums						
	to provide benefits)	8d		349	25		
	Certain deemed and/or corrective distributions (see instructions)	8e			4		
	Administrative service providers (salaries, fees, commissions)	81			-↓-		
_	Other expenses						
	Total expenses (add lines 8d, 8e, 8f, and 8g)						34925
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	Br			1		130130
<u>,)</u>	Transfers to (from) the plan (see instructions)	- Bj				-	
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 28 2G 2J 2R	feature co	des from the List of Plan Char	acteri	stic Co	odes ir	n the Instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterisi	tic Coc	des in	the instructions:
Pari	V Compliance Questions			-			
10	During the plan year:	*			Yes	No	Amount
a	Wes there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Figu	tions within	the time period described in ection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions recorted	10b		х	
C	Was the plan covered by a fidelity bond?			10c	х		90000
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	************	***************************************	10d		х	
8	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	AF DATSONS	by an insurance carrier				
	INSTRUCTIONS.)		and driver the plant (Gee	10e		x	
<u> </u>	Has the plan failed to provide any benefit when due under the plan			10f	L	Х	
	Did the plan have any participant loans? (If "Yes," enter amount as			10g	Х		13119
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h	ж		
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	101	х		
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	'es," see instructions and com	pieta :	Sched	ule SE	3 (Form
11a	Enter the amount from Schedule SB line 39				Τ	. 1	Yes No
12	Is this a defined contribution plan subject to the minimum funding	emeriuper	nts of section 412 of the Code	or sa	ction 2	11a 302 of	ERIŞA? Yes X No
	(If "Yes," complete line 12s or lines 12b, 12c, 12d, and 12e below.	as apolica	bie.)				
	If a weiver of the minimum funding standard for a prior year is being granting the walver.	o amortize	d in this also user see instanc	tions,	and e	nter tr	
If	ou completed line 12s, complete lines 3, 9, and 10 of Schedule	MB (Form	n 5500), and skip to line 12	<u> </u>	_	Day	Yeer
	Enter the minimum required contribution for this plan year				T	12b	
	and bear Annual				ــــــــــــــــــــــــــــــــــــــ		

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C Ente	er the amount contributed by the employer to the	plan for this plan year		12c	 	
d Sub	tract the amount in line 12¢ from the amount in IIr	ne 12b. Enter the result (enter a minus sion to the left	of a	12d		
e WW	the minimum funding amount reported on line 12	d be met by the funding deadline?			Yes	□ No □ N/A
Part VII						
13a Hae	a resolution to terminate the plan been adopted in ar	ny plan year?			Yes X N	
b Wer	re all the plan assets distributed to participants or	beneficiaries, transferred to another plan, or brought	under the c		1	☐ Yes ☑ No
C If du	uring this plan year, any assets or liabilities were t	to the plan for this plan year	103 2 110			
			1:	3c(2) E	iN(s)	13c(3) PN(5)
	Subtract the amount in line 12c from the amount in line 12b. Entinegative amount). Will the minimum funding amount reported on line 12d be met by VII Plan Terminations and Transfers of Assets. Has a resolution to terminate the plan been adopted in any plan year. If "Yes," enter the amount of any plan assets that reverted to the Were all the plan assets distributed to participants or beneficiarle of the PBGC? If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.) ISc(1) Name of plan(s): VIII Trust Information (optional)	· ·				
			<u> </u>			
						
			<u> </u>			
Part VIII	Trust Information (optional)		!			<u> </u>
14n Name of Proces						
			1			