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 6058(a) of the

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Internal Revenue Code (the Code).

	art I Annual Report Identification Information						
For	or calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010						
Α	This return/report is for:	turn/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan					
В	This return/report is for:	final retur	n/report				
	an amended return/report	short plan	year return/report (less than 12 m	onths)			
С	Check box if filing under: Form 5558		DFVC program				
	special extension (enter description						
Pá	art II Basic Plan Information—enter all requested informa	,					
	Name of plan	20011		1b	Three-digit		
STR	ATEGIC CAPITAL GROUP 401(K) PROFIT SHARING PLAN				plan number 001		
				4-	(PN) ▶		
				10	Effective date of plan 01/01/2000		
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number		
	ATEGIC CAPITAL GROUP, LLC	,			(EIN) 75-3172366		
7101	WAGNER WAY NW SUITE 302			2c	Plan sponsor's telephone number 253-853-4900		
	HARBOR, WA 98335				Business code (see instructions)		
				124	523900		
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	e") IW SUITE 302	3b	Administrator's EIN 75-3172366		
SIK	ATEGIC CAPITAL GROUP, LLC 7191 WAGNE GIG HARBOF			30			
				30	Administrator's telephone number 253-853-4900		
	If the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DN		
5a	Total number of participants at the beginning of the plan year				21		
b				5a 5b	23		
C	Total number of participants with account balances as of the end of			- 30			
	complete this item)		•	. 5c	19		
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)		Yes No		
b					X Yes ☐ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		Yes No		
Pa	art III Financial Information	JIIII 3300-	or and must mistead use i orm o	500.			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	7a	98610)4	1086715		
b	Total plan liabilities	7b		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	98610)4	1086715		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:	- 40					
	(1) Employers	8a(1)	704	50			
	(2) Participants	8a(2)	1040				
h	(3) Others (including rollovers)	8a(3)	5820)1			
b	Other income (loss)	8b	002	,	128651		
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			.2555.		
u	to provide benefits)	8d	2804	10			
е	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			28040		
i	Net income (loss) (subtract line 8h from line 8c)	8i			100611		
j	Transfers to (from) the plan (see instructions)	8j					

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IV Plan Characteristics		_

Part IV	Plan	Characte	arietice
railiv	rian	Characte	#115HC5

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

	ii tiile	plan provides wellate benefits, effet the applicable wellate feature codes from the List of Flan Chara	iciens	110 000	Jes III	uie iiisuu	Clions.		
art	V	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		Amo	unt	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c	X				1	000000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f	X					58047
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					47803
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR101-3.)	10h		X				
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					. [Yes	X No
12	Is thi	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?.		Yes	X No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
_		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г	101	1			
b	Enter	the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d				
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No
	If "Ye	s," 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 e PBGC?			ntrol			Yes	X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	3c(1)	Name of plan(s):		13	c(2) El	N(s)	1	3c(3)	PN(s)
Cauti	on· A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ise is	establ	ished			
		lities of perjury and other penalties set forth in the instructions, I declare that I have examined this return the instructions.					cable. s	a Sch	edule
SB o	Sche	dule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ rue, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	06/09/2011	N. GARY PRICE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/09/2011	N. GARY PRICE
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information	uarice wit	i the motiuca	ons to the Form 55t	W-5F.			
	art I Annual Report Identification Information the calendar plan year 2010 or fiscal plan year beginning							
-01		01/0	1/2010	and ending	12	/31/2010		
_	This return/report is for: x single-employer plan		, , , ,	ot multiemployer)	L	one-participant plan		
D	This return/report is for:	final retur	n/report					
	an amended retum/report	short plan	year return/rep	ort (less than 12 mon	ths)			
C	Check box if filing under: Form 5558	automatic	extension		Γ	DFVC program		
	special extension (enter description	1)			_			
D								
<u>г</u>		mation.			46.			
ıa	Name of plan					Three-digit plan number		
	Strategic Capital Group 401(K) Profit Sharing	Plan				PN) ▶ 001		
					1c	Effective date of plan		
_						01/01/2000		
2a	Plan sponsor's name and address (employer, if for single-employer p	lan)				Employer Identification Number		
	Strategic Capital Group, LLC					EIN) 75-3172366		
	7191 WAGNER WAY NW SUITE 302					Plan sponsor's telephone number		
						(253) 853-4900 Business code (see instructions)		
US	GIG HARBOR WA 98335					523900		
3a	Plan administrator's name and address (If same as plan employer, er	iter "Same	")			Administrator's EIN		
	Same							
					3c /	Administrator's telephone number		
					•• /	diffinistrator s telephone number		
_								
4	If the name and/or EIN of the plan sponsor has changed since the las name, EIN and the plan number from the last return/report. Sponsor's	st return/rep	ort filed for this	plan, enter the	4b EIN			
	and, and the plan namber non-the last retain report. Sportsor s	i i i i i i i i i i i i i i i i i i i			4c F	N		
5a	Total number of participants at the beginning of the plan year				5a	21		
b	Total number of participants at the end of the plan year				5b	23		
C	Total number of participants with account balances as of the end of the	ne plan yea	r (defined benef	fit plans do not				
_	complete this item)		· · · · ·		5c	19		
	Were all of the plan's assets during the plan year invested in eligible a					XYes No		
b	Are you claiming a waiver of the annual examination and report of an	independe	nt qualified publ			-		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either 6a or 6b, the plan cannot use Form					Yes No		
D	int III Financial Information	1 3300-3F	and must inste	ad use Form 5500.				
7	Plan Assets and Liabilities		(a) Ba	gipping of Voca	<u> </u>	/b) F= 4 - 6 \ /-		
a	Total plan assets	7-	(a) De	ginning of Year		(b) End of Year		
b	Total plan liabilities	7a	<u> </u>	986,104	-	1,086,715		
		7b		0				
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	ļ	986,104		1,086,715		
8	Income, Expenses, and Transfers for this Plan Year		(8	a) Amount		(b) Total		
а	Contributions received or receivable from:							
	(1) Employers	8a(1)			188			
	(2) Participants	8a(2)		70,450				
4.	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		58,201	100			
Ç	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				128,651		
d	Benefits paid (including direct rollovers and insurance premiums				5			
	to provide benefits)	8d		28,040				
е	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				28,040		
i	Net income (loss) (subject line 8h from line 8c)	8i				100,611		
i	Transfers to (from) the plan (see instructions)	8j		***	7.10	A STATE OF THE STATE OF THE STATE OF		

Part	Plan Characteristics						
9a i	the plan provides pension benefits, enter the applicable pension feature	ure codes from the Li	st of Plan Characteristic	Codes	in the	instructions:	
b i	2E 2F 2J 3D the plan provides welfare benefits, enter the applicable welfare feature.	re codes from the List	t of Plan Characteristic C	odae i	in the ir	netructione:	
	the plan provides wellare belieffs, effer the applicable wellare realth	e codes nom the List	tor Flam Characteristic C	oues i		istructions:	
Pari	V Compliance Questions						
10	During the plan year:			Yes	No	Ar	nount
a	Was there a failure to transmit to the plan any participant contribution	within the time perio	od described in				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	y Correction Program	n) <u>10a</u>		X		
р	Were there any nonexempt transactions with any party-in-interest? (E				x		
	on line 10a.)			-	 		
C	Was the plan covered by a fidelity bond?		i 	х	_		1,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	•	·		x		
•	,		100		+	<u> </u>	
е	Were any fees or commisions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of t						
	instructions.)		' I		x		
f	Has the plan failed to provide any benefit when due under the plan?		· · · · · 10f	х			58,047
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.)	· · · · · 10g	х			47,803
h	If this is an individual account plan, was there a blackout period? (Sec				İ		
	2520.101-3.)				X		的原料和企业
İ	If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3						
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes." see inst	ructions and complete Sc	hedul	e SB (I	Form	
	5500))						Yes X No
12	Is this a defined contribution plan subject to the minimum funding req	quirements of section	412 of the Code or section	on 302	of ER	ISA?	Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	le.)					
а	If a waiver of the minimum funding standard for a prior year is being a	amortized in this plan	year, see instructions, a	nd ent			
lf v	granting the waiver				Day	/Y	ear
b,	Enter the minimum required contribution for this plan year	, ,	•	Γ	12b		
c	Enter the amount contributed by the employer to the plan for this plan			-	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	•		•			
	negative amount)			. L	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 during the plan y	year or any prior year	?				Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the emp				13a		
b	Were all the plan assets distributed to participants or beneficiaries, tra	ansferred to another p	plan, or brought under the	e cont	rol		
_	of the PBGC?						Yes X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identify the plan(s) to			
1	3c(1) Name of plan(s):			13	3c(2) E	IN(e)	13c(3) PN(s)
					/U(L) C	11(0)	130(0)114(5)
Cautio	n: A penalty for the late or incomplete filing of this return/report w	vill be assessed unl	ess reasonable cause i	s esta	blishe	d.	
Under	penalties of perjury and other penalties set forth in the instructions, I de	eclare that I have exa	amined this return/report,	includ	ding, if	applicable, a	Schedule
SB or belief.	Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct and complete.	the electronic version	n of this return/report, and	d to th	e best	of my knowle	dge and
			N (3201 00-00-				
SIG		Date / T :	N. GARY PRICE			_1	
	11 /-	Date (6-7-1)	Enter name of individua	ıı sıgn	ing as	pian administ	rator
SIG			N. GARY PRICE				
HEF	Signature of ephployer/plan sponsor	Date 6-7-11	Enter name of individua	l sign	ing as	employer or p	lan sponsor

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