## 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).

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

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	)	and ending	12/31/2	2010
Α .	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	year return/report (less than 12 mo	onths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter descriptio				
Pa	Irt II Basic Plan Information—enter all requested informa	,			
	Name of plan	ation		1b	Three-digit
	ARTHY FINANCE INC 401K PROFIT SHARING PLAN				plan number 001
					(PN) ▶
				1c	Effective date of plan 01/01/2005
22	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number
	ARTHY FINANCE INC	piari)		25	(EIN) 91-1436390
				2c	Plan sponsor's telephone number
	QUEEN ANNE AVENUE N. TLE, WA 98109			0-1	206-285-1400
				<b>2</b> a	Business code (see instructions) 522291
3a	Plan administrator's name and address (if same as Plan sponsor, er ARTHY FINANCE INC 539 QUEEN A	nter "Same	9")	3b	Administrator's EIN
MCC	ARTHY FINANCE INC 539 QUEEN A SEATTLE, W	ANNE AVI 'A 98109	ENUE N.		91-1436390
	,			3c	Administrator's telephone number 206-285-1400
4	the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	
	name, EIN, and the plan number from the last return/report. Sponsor		' '		
				4c	1
	Total number of participants at the beginning of the plan year				85
b	Total number of participants at the end of the plan year			5b	25
С	Total number of participants with account balances as of the end of complete this item)			5c	25
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IC	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes   No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	000.	
7	Plan Assets and Liabilities		(a) Paginning of Vacu		(b) End of Year
-	Total plan assets	70	(a) Beginning of Year	0	(b) End of Year 597117
	Total plan liabilities	7a 7b			
C	Net plan assets (subtract line 7b from line 7a)	7c	102032	0	597117
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) 7 iiii Gaint		(2) 10441
	(1) Employers	8a(1)			
	(2) Participants	8a(2)	4040	4	
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	9482	1	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			135225
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	55018	2	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			
f	Administrative service providers (salaries, fees, commissions)	8f	824	6	
g	Other expenses	. 8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			558428
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-423203
i	Transfers to (from) the plan (see instructions)	Ωi			

|--|

		•	
Part IV	Dian	(`haract	Orietics
гант	ган	CHALAGE	.ci isiics

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in t	the instru	ıctions		
art	٧	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Am	ount	
а		is 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		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	W	as the plan covered by a fidelity bond?	10c	X					100000
d		I the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Dic	I the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance	1						
11	ls t	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor					F	Yes	No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0 01 00	011011	JOE 0.				ш
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13							
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d				
е	Wil	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	I	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	Yes	No
	If "\	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under	the co	ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify tich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1				
1	3c(1	) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
laut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le cai	ISA İS	establ	ished			
Jnde	er pe	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this reflected mB completed and signed by an enrolled actuary, as well as the electronic version of this return	urn/rep	oort, in	cludin	g, if appli			
		s true, correct, and complete.	,,opon	., a.iu			, KIIOV	cage	
SIG	N	Filed with authorized/valid electronic signature.  09/23/2011 KEVIN MCCAR	ГНҮ						

Date

Date

Enter name of individual signing as plan administrator

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).

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

OMB Nos. 1210 - 0110 1210 - 0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information					
For calendar plan year 2010 or fiscal plan year beginning and ending			articipant plan		
A This return/report is for: X single-employer plan					
B This return/report is for: first return/report final return/report					
an amended return/report short plan year return/report (les	s than				
C Check box if filing under: X Form 5558 automatic extension		☐ DFV0	program		
special extension (enter description)					
Part II Basic Plan Information —enter all requested information		4.			
1a Name of plan		1b			
McCarthy Finance, Inc. 401(k)			number (PN) ▶ 001		
Profit Sharing Plan		10	Effective date of plan 01/01/2005		
2a Plan sponsor's name and address (employer, if for single-employer plan)		2b	Employer Identification No.		
Plan sponsor's name and address (employer, if for single-employer plan)  McCarthy Finance Inc.			(EIN) 91-1436390		
MCCal thy Finance 133.		20	Plan sponsor's telephone no.		
539 Queen Anne Avenue N.			206-285-1400		
Seattle WA 98109		20	Business code (see instr.)		
Jeactie Journal of the second se					
			522291		
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")		3b	Administrator's EIN		
McCarthy Finance Inc.					
			91-1436390		
539 Oueen Anne Avenue N.		30	: Administrator's		
Seattle WA 98109			telephone number		
			206-285-1400		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the na	me, EIN	, 4t			
and the plan number from the last return/report. Sponsor's name		40			
5a Total number of participants at the beginning of the plan year		56			
<b>b</b> Total number of participants at the end of the plan year		51			
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not cor	nplete t	his item) 50			
6a Were all the plan's assets during the plan year invested in eligible assets? (See instructions.)			X Yes No		
<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public a	accoun	tant (IQPA)			
			X Yes No		
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead	d use I	Form 5500.			
Part III Financial Information	90000000		(h) Fund of Voor		
7 Plan Assets and Liabilities	<b>-</b>	(a) Beginning of Yea 102032			
a Total plan assets	7a	102032	337111		
<b>b</b> Total plan liabilities	7b	102032	0 597117		
C Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	(b) Total		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) rotar		
a Contributions received or receivable from:	90(4)		o		
(1) Employers	8a(1) 8a(2)	4040			
(2) Participants	8a(3)	2020	1		
(3) Others (including rollovers)	8b	9482	1		
<b>b</b> Other income (loss)	8c	3.0-	135225		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8d	55018	**************************************		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8e		7		
Certain deemed and/or corrective distributions (see instructions)	8f	824	6		
f Administrative service providers (salaries, fees, commissions)	8g				
g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		558428		
h Total expenses (add lines 8d, 8e, 8f, and 8g)  i Net income (loss) (subtract line 8h from line 8c)	8i		-423203		
Transfers to (from) the plan (see instructions)	8j				
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.			Form 5500-SF (2010)		

24197 09/23/2011 <b>McCarthy</b>	Inc

91-1436390

McCarthy	Finance	Inc.
	Form 5500-SF	2010

9- 1	
Page <b>2-</b>	

B0000000000000000000000000000000000000									
Part									
9a	If the plan provides pension benefits, enter the applicable pension	feature codes from the	List of Plan Characte	eristic C	odes i	n the i	nstructio	ons:	
1.	2E 2J 3D				. 10				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes from the Li	st of Plan Character	ristic Co	des in	the in	struction	is;	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amour	
а	Was there a failure to transmit to the plan any participant contributi	ons within the time neri	nd described in		163	NO		Ailloui	11
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	•		10a		х			
b	Were there any nonexempt transactions with any party-in-interest?			100					ġ.
~	on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	х				00000
d	Did the plan have a loss, whether or not reimbursed by the plan's f			1					
	or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other								A .
	insurance service or other organization that provides some or all o	f the benefits under the	plan? (See						
	instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the plan			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter the amoun			10g		Х			
h	If this is an individual account plan, was there a blackout period? (	See instructions and 29	CFR						
	2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the	e required notice or one	of the						
000000000000000000000000000000000000000	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i					
Pari	<u> </u>	Pro management in the second			101 11 114				
11	Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Yes," see instr	uctions and comple	te Sche	dule S	B (For	m _	٦.,	$\Box$ .
42	5500))			11040				Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirement	its of section 412 of the Co	de or section 302 of Er	NOA!			L	Yes	<b>X</b> No
а	(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 bein	a amortized in this plan	year see instruction	ac and	ontor	tho da	to of the	lottor r	ilina
а	areating the mainer		Ma				Yea		
lf v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule			1101		~y	100		
b	Enter the minimum required contribution for this plan year	,				12b			
C	Enter the amount contributed by the employer to the plan for this p	lan was				12c			
d									
	negative amount)								
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the	ne funding deadline?					Yes	No	N/A
Pari	VII Plan Terminations and Transfers of Assets								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13a	Has a resolution to terminate the plan been adopted during the plan	n year or any prior year	? , ,			·····	3	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the e				1.1.1	13a			0
b	Were all the plan assets distributed to participants or beneficiaries	transferred to another	plan, or brought und	er the o	control		_	7	
	of the PBGC?						L	Yes	<b>X</b> No
С	If during this plan year, any assets or liabilities were transferred from	om this plan to another p	olan(s), identify the p	lan(s) t	0				
-	which assets or liabilities were transferred. (See instructions.)			40	. (0) 5	*1 <b>\</b> 1/ - \		40 - (2)	DN/->
1	3c(1) Name of plan(s):			130	c(2) E	IIN(S)	-	13c(3)	PN(S)
-									
Caut	on: A penalty for the late or incomplete filing of this return/rep	ort will be assessed u	nless reasonable (	ause i	s esta	blishe	d.		
	penalties of perjury and other penalties set forth in the instructions, I declare	50000 F 1/1 1/1 1/1							
	Schedule MB completed and signed by an enrolled actuary, as well as the ele			22 23					
	it is true, correct, and complete.					-			
SIGN	V WM WILLOCKER	1 10/6/11	Kevin McCa	rthy					
HERE	Signature of plan administrator	Date	Enter name of inc			g as pl	an admi	nistrato	r
SIGN									
HERE	Signature of employer/plan sponsor	Date	Enter name of indivi	dual sigr	ning as	employ	er or plar	sponso	r

McCarthy Finance Inc. 539 Queen Anne Avenue N. Seattle, WA 98109

## **Service Provider Authorization**

McCarthy Finance Inc., plan administrator, authorizes T Sam Martin MBA CFP CPA as the service provider for McCarthy Finance, Inc. 401(k), plan number 001 to electronically file Form 5500 or Form 5500-SF for the plan and electronically sign the return on behalf of the administrator. In order for this authorization to be valid, a PDF copy of the first 2 pages of Form 5500 or Form 5500-SF is provided to T Sam Martin MBA CFP CPA, complete with the signature of the individual signing as plan administrator. This PDF copy with the administrator signature is displayed with the rest of the Form 5500 or Form 5500-SF on the Department of Labor's website.

Signature of plan administrator