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

2011

This Form is Open to Public Inspection

	Complete all entries in acco	rdance wit	h the instructions to the Form 5500)-SF.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 1.	2/31/2	2011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under: X Form 5558	DFVC progra	m				
	special extension (enter descript	_	extension				
_	<u> </u>	,					
	art II Basic Plan Information—enter all requested inform	nation					
	Name of plan			1b	Three-digit plan number		
MCC	ARTHY FINANCE, INC. 401(K) PROFIT SHARING PLAN				(PN)	001	
				10	Effective date of		
				10	01/01		
2a	Plan sponsor's name and address; include room or suite number (emplover. it	for a single-employer plan)	2h	Employer Identif		r
	CARTHY FINANCE INC.		The control of the co		(EIN) 91-14		•
				2c	Sponsor's telep	hone number	
530 (QUEEN ANNE AVENUE N.				206-28		
	TTLE, WA 98109			2d	Business code (see instruction	s)
					52229		,
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Same	e")	3b	Administrator's I	EIN	
MCC	ARTHY FINANCE INC. 539 QUEEN SEATTLE, V		ENUE N.		91-14	36390	
	SEATTLE, V	VA 90109		3с	Administrator's t		ber
	If the many and/on FINI of the man are assemble about a discontinuo	la at matuuma /	annut filed for this plan anton the	415	206-285	5-1400	
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	iast return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year		5a			25	
b	Total number of participants at the end of the plan year		i	5b			
	Number of participants with account balances as of the end of the		•	อม			
С	complete this item)		•	5c			•
6a	Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)			X Yes	No
b			,				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)	<u>′</u>		× Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use I	orm 5500-	SF and must instead use Form 550	00.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	597117			5438	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7с	597117			5438	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		(1)		X 7		
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)		14704				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					14704	
d	Benefits paid (including direct rollovers and insurance premiums						
-	to provide benefits)		603155				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	3228				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					606383	
i	Net income (loss) (subtract line 8h from line 8c)					-591679	
j	Transfers to (from) the plan (see instructions)						
	, , , , , , , , , , , , , , , , , , , ,	oj					

Form	5500-	SF	201

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Part IV	Plan	Characte	aristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

) - =4	V Compliance Questions							
art			V	NI-				
0	During the plan year:		Yes	No		A	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			V				
	on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					100000
d	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				
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.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	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						
art	VI Pension Funding Compliance			ı				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	∏ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(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	ıth						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
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 left negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Y	'es	No	N/A
art	VII Plan Terminations and Transfers of Assets							
I3a	Has a resolution to terminate the plan been adopted in any plan year?			Χ	Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ontrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he plai	n(s) to	,				
1	3c(1) Name of plan(s):		13	c(2) E	EIN(s)		13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estal	olishe	d.		
Jnde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/rep	ort, ir	cludi	ng, if a	pplicabl		
ان ب	de la compete de	report	, and	נט נוונ	י הפטנ (ווא אווו וכ	o wieuge	and

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/19/2012	KEVIN MCCARTHY
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

Department of the Treesury 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

Pa	Annual Report Identification Information			
For	calendar plan year 2011 or fiscal plan year beginning and ending		<u> </u>	**
	This return/report is for: X single-employer plan a multiple-employer plan (not n	nultiem	ployer) a on	e-participant plan
В	This return/report is: the first return/report the final return/report			
	an amended return/report a short plan year return/report	(less th		
C	Check box If filing under: X Form 5558 automatic extension			C program
	special extension (enter description)			
Pa			1	Three-digit plan
1a	*		• • •	number (PN) ▶ 001
	McCarthy Finance, Inc. 401(k)		1	
	Profit Sharing Plan		•	01/01/2005
	Plan sponsor's name and address; include room or suite number (employer, if for a single-emplo	ver pla	in) 2	Employer Identification No.
2a	McCarthy Finance Inc.	J	•	(EIN) 91-1436390
	tipher hell ranges and.		2	Sponsor's telephone number
	539 Queen Anne Avenue N.			206-285-1400
	Seattle WA 98109		2	Bysiness code (see instr.)
	The second secon			
				522291
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same")		3	Administrator's EIN
	McCarthy Finance Inc.			
	•			91-1436390
	539 Queen Anne Avenue N.		3	
	Seattle WA 98109			telephone number
				206-285-1400
			4	
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	ame, Ell	N. 4	
	and the plan number from the last return/report, a Sponsor's name			
5a	Total number of participants at the beginning of the plan year		5	
b	Total number of participants at the end of the plan year			
<u>c</u>	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete	C 0113 11		
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified publication.	ic acco	untant (IOPA)	
D				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must inst			
l bs	Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Ye	
, a	Total plan assets	7a	59711	7 5438
b	Total plan liabilities	7b		
c	and the second s	7c	59711	turi uni
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from:			
	(1) Employers	8a(1)		_
	(2) Participants	8a(2)	***************************************	-
	(3) Others (including rollovers)	8a(3)	1470	<u>a</u>
þ	Other income (loss)	8b 8c	4410	14704
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8d	60315	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8e	04029	
9	Certain deemed and/or corrective distributions (see instructions)	8f	322	8
Ť	Administrative service providers (salaries, fees, commissions)	8g		
ā	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		606383
h	Net income (loss) (subtract line 8h from line 8c)	8i		-591679
1	Transfers to (from) the plan (see instructions)	8j		

24197 09/19/2012 2:59		
McCarthy	Finance	Inc

McC	arthy	Finance Inc	•	91-1436390						
		Form 5500-SF 2011			Page	∌ 2	<u> </u>			
Part	N	Plan Character	stics							
9a	If the pla	an provides pension	penefits, enter the applicable	pension feature codes from	the List of Plan Cha	racteristic	: Code	s in the	instructions:	
	2E 2	J 3D								
b	If the pla	an provides welfare l	enefits, enter the applicable	welfare feature codes from the	he List of Plan Chara	acteristic	Codes	in the i	nstructions:	

Part	٧	Compliance Qu	estions							
10		he plan year:					Yes	No	Amour	<u> </u>
2			it to the plan any participant							
	29 CFR	2510.3 102? (See in	structions and DOL's Volunti	ary Fiduciary Correction Prog	Juam)	10a		X		
b		•	ransactions with any party-in			401		x		
	on line	l0a.)	, quy q , , , , , , , , , , , , , , , , , ,			10b	x		-	00000
C	Was the	plan covered by a f	delity bond?	saves essevados nesacos con ser en esse esse esse esse esse esse e	a anyoned by found	100			***************************************	
đ			ether or not reimbursed by th	e plan's noelity bond, that wa	is caused by ilabu	10d		х		
_	or disho		ns paid to any brokers, agen	to acother persons by an ins	zuranco carrior	100				
e	vvere at	ly tees or commission	ns paid to any drokers, agent ganization that provides som	es, or other persons by an ma a ar all of the honefite under	the nien? /See					
						10e		x		
f	instructi	ons.) nlan fallad to novid	any benefit when due unde	r the olso?				х		
•			pant loans? (If "Yes," enter a			10g		Х		
g h	If this is	nan nave any panto nana ladividual accour	t plan, was there a blackout	period? (See instructions and	d 29 CFR			22.2		
7.1	2520.10					10h		X		
i	If 10h w	as answered "Yes."	heck the box if you either pro	ovided the required notice or	one of the			ž.		
•			otice applied under 29 CFR			<u>10i</u>		ě		
Part	M	Pension Fundi	ng Compliance							
11	Is this a	defined benefit plan	subject to minimum funding	requirements? (If "Yes," see	instructions and con	nplete Sc	hedule	SB (Fo	omn —	
	5500))						فيخيج بقيضيخ	***	Yes	No.
12			subject to the minimum funding re		Code or section 302 of	ERISA?			Yes	X No
	(If "Yes,"	complete 12a or 12b, 13	c, 12d, and 12e below, as applica	ible.)			مقسم أم	dibe or of a	uta aétina latta	c estine
3	If a wah		nding standard for a prior ye			ctions, at	io ente	er ure oa	Year	i iniid
	granting	the waiver.						±¥		
If yo	ou comp	leted line 12a, com	plete lines 3, 9, and 10 of 5	ichedule MB (Form 5500),				12b		
b			contribution for this plan year					12c		The second of th
C	Enter th	e amount contribute	i by the employer to the plan 2c from the amount in line 1:	tor this plan year. The Enjoy the requit (enjoy a f	nings sinn to the left	ofa			and promontal little and a re-	
đ			2c from the amount in line 1.					120		
_		amount)	ount reported on line 12d be				, , , , , ,		es No	N/A
Part		Plan Terminati	ons and Transfers of	Assets		<u> </u>				
13a	Hac a n		the plan been adopted in ar						X Yes	No
ıva	If "Yes"	enter the amount of	any plan assets that reverted	to the employer this year				13a		0
b	Were a	the olen assets dis	ributed to participants or ben	eficiaries, transferred to ano	ther plan, or brought	under th	e cont	rol	-	
***	of the P	BGC?					****		Yes	X No
C	If during	this plan year, any	ssets or liabilities were trans	ferred from this plan to anoti	her plan(s), identify t	he plan(s) to			
_	which a	ssets or liabilities we	re transferred. (See instruction	ons.)						
1		ame of plan(s):				13	<u>c(2)</u> E	IN(s)	13c(3)	PN(S)
			The state of the s							
			The second secon			+				annin no di la
				- 400 2		L.			hod	
Caut	ion: A p	enalty for the late o	r incomplete filing of this r	eturn/report will be assess	sed unless reasoni	aute Caus	hle a ^c	Chadula Chadula	14CQ.	
Under	penalties	of perjury and other per	alties set forth in the instructions,	i deciare that I have examined thi	s returnineport, mondone strentanad and to the 1	y, a appaile nact of mo	karanter Karanter	ine and		
			ed by an enrolled actuary, as well	as the electronic version of this re	aunsiepost, and io ibe i	According	NIH WIEL	iễn min		
belief.	it is trota	carrect, and complete.	(100 th	1/10/2/12	Kevin McC	arthv		<u></u>		

Enter name of individual signing as plan administrator Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor Date Signature of employer/plan sponsor

ومندا

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