Fo	rm 5500-SF	Short Form Annual Ret		of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury rnal Revenue Service	This form is required to be filed u	enefit Plan Inder sections 104 ar	nd 4065 of the Employee	е	2	.012		
	Pepartment of Labor Benefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058	This Form is Open to F				
	enefit Guaranty Corporation	Complete all entries in accordance	,	,	D-SF.	Ins	pection		
Part I		entification Information			0/04/	0010			
	lar plan year 2012 or fisca			<u> </u>	2/31/2				
	turn/report is for:			an (not multiemployer)		a one-particip	bant plan		
B This re	turn/report is:		e final return/report						
•		╡		n/report (less than 12 mo	onths)				
C Check	box if filing under:		utomatic extension			DFVC progra	m		
Dent II	Desis Dian Inform	special extension (enter description)							
Part II 1a Name		nation—enter all requested information	on		1h	Three-digit			
	•	PROFIT SHARING PLAN				plan number			
						(PN) 🕨	001		
					1c	Effective date of	•		
2a Blan a	popeor's name and addr	ess; include room or suite number (emp	lover if for a single (omployer plan)	2h	01/01/ Employer Identit			
	Y FINANCE INC.		boyer, il lor a single-	employer plan)	2b	(EIN) 91-14			
539 OUEEN	ANNE AVENUE N.				2c	Sponsor's telep 206-28			
	SEATTLE, WA 98109				2d	Business code (
3a Plan a	administrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN		
		_	_		20		elephone number		
name		lan sponsor has changed since the last er from the last return/report.	t return/report filed fo	r this plan, enter the		EIN			
· _ ·		the beginning of the plan year			5a		1		
b Total	number of participants at	the end of the plan year			5b		1		
C Numb	per of participants with ac	count balances as of the end of the pla	n year (defined bene	fit plans do not					
					5c		1		
		uring the plan year invested in eligible					X Yes No		
		e annual examination and report of an See instructions on waiver eligibility and					X Yes No		
	,	er line 6a or line 6b, the plan cannot	,						
Caution:	A penalty for the late or	incomplete filing of this return/repor	rt will be assessed u	unless reasonable cau	se is	established.			
SB or Sch		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.							
SIGN	Filed with authorized/va	lid electronic signature.	09/29/2013	KEVIN MCCARTHY					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator		
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	ning as emplove	r or plan sponsor		
Preparer's	name (including firm nan	ne, if applicable) and address; include r		(optional)			number (optional)		
				-					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

L

7 Plan Assets and Liabilities	I					
		(a) Beginning of Yea	ar			(b) End of Year
a Total plan assets	. 7a	543	8			5414
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	7c	543	8			5414
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)			_		
b Other income (loss)	8b			_		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			_		
to provide benefits)	8d					
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f	2	4			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					24
i Net income (loss) (subtract line 8h from line 8c)	8i					-24
j Transfers to (from) the plan (see instructions)	8i					
Part IV Plan Characteristics	•,					
2E 2J 3D b If the plan provides welfare benefits, enter the applicable welfare for the applicable w	eature codes	from the List of Plan Chara	cterist	ic Cod	es in th	e instructions:
Part V Compliance Questions				×		
 During the plan year: Was there a failure to transmit to the plan any participant contribution 	tiono within th	a time period deperihed in		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		х	
C Was the plan covered by a fidelity bond?			10c	Х		10000
d Did the plan have a loss, whether or not reimbursed by the plan's		that was caused by fraud				
or dishonesty?			10d		х	10000
	ner persons by of the benefits	y an insurance carrier, under the plan? (See	10d 10e		x x	
 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the service or other organization. 	ner persons by	y an insurance carrier, s under the plan? (See				
 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) 	ner persons by of the benefits n?	y an insurance carrier, s under the plan? (See	10e 10f		x	
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	ner persons b of the benefits n? us of year end (See instruction	y an insurance carrier, s under the plan? (See .)	10e		x x	
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a 	ner persons b of the benefits n? is of year end (See instruction he required no	y an insurance carrier, s under the plan? (See .)	10e 10f 10g		x x x	
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 	ner persons b of the benefits n? is of year end (See instruction he required no	y an insurance carrier, s under the plan? (See .)	10e 10f 10g 10h		x x x	
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 	ner persons by of the benefits in? is of year end (See instruction he required no 1-3 nents? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X X	(Form
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	ner persons by of the benefits n? as of year end (See instruction he required no 1-3 nents? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X X	(Form
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	ner persons b of the benefits n? is of year end (See instruction he required no 1-3 hents? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X X Iule SB	(Form
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding 	ner persons by of the benefits n? is of year end (See instruction he required no 1-3 hents? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X X Iule SB	(Form
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all orinstructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	ner persons by of the benefits n? s of year end (See instruction he required no 1-3	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i e or se	ection (X X X X Iule SB 11a 302 of E	(Form
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39	ner persons by of the benefits n? is of year end (See instruction he required no 1-3 nents? (If "Yes requirements , as applicable ng amortized	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i e or se	ection (X X X X Iule SB 11a 302 of E	(Form

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d	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		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)			

14a Name of trust	14b Trust's EIN

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Form 5500-SF	Short Form Annual I	Return/Repo Benefit Plan	rt of Small Employee		OMB Nos. 12 12	210-0110 210-0089
Internal Revenue Service Department of Labor Employee Benefits Security Administration		filed under sections 104	t and 4065 of the Employee sections 6057(b) and 6058(a) of		2012	
Pension Benefit Guaranty Corporation	the Inte	rnal Revenue Code (the		t	orm is Open to Inspection	Public
Part Annual Report lo	entification Information					
For calendar plan year 2012 or fisca	il plan year beginning	a	and ending			
A This return/report is for: B This return/report is: C Check box if filing under:	a single-employer plan the first return/report an amended return/report Form 5558 special extension (enter descriptic	the final return/report a short plan year re automatic extension on)	dum/report (less than 12 months)	, -	participant plan program	
	mation-enter all requested info	rmation				
1a Name of plan McCarthy Finance, Profit Sharing Pl.				1b 1c	Three-digit plan number (PN) Effective date 01/01/200	
McCarthy Finance In		r (employer, if for a	single-employer plan)	2b 2c	Employer Identification (EIN) 91-141 Sponsor's telephone	36390
539 Queen Anne Ave Seattle	nue N. WA 98109			2d	206-285-3 Business code (see (
				3c	Administrator's telephone num	
4 If the name and/or EIN of the plan s	sponsor has changed since the last retu	m/report filed for this pl	an, enter the name, EIN,	4b	EIN	
and the plan number from the last r	eturn/report, a Sponsor's name			4c	PN	
5a Total number of participants a	t the beginning of the plan year			_5a		1
b Total number of participants a				5b		1
	t balances as of the end of the plan yea			5c		1
under 29 CFR 2520,104-46? (uring the plan year invested in elig te annual examination and report of See instructions on waiver eligibilit ter line 6a or line 6b, the plan cal	of an independent qu ty and conditions.)	alified public accountant (IQPA)	n 5500.	X Yes	No No
Caution: A penalty for the late or i					hed.	
Under penalties of perjury and other Schedule SB or Schedule MB compl	leted and signed by an enrolled ac					ny
knowledge and belief, h is true, corre SIGN HERE Signature of plan admit		10/2/13 Date	Kevin McCarthy Enter name of individual signing	as plan	administrator	
SIGN						
HERE Signature of employer/ Preparer's name (including firm nam		Date de room or suite nui	Enter name of individual signing nber (optional) Preparer'		loyer or plan sp me number (opt	
For Paperwork Reduction Act Notice a	nd OMB Control Numbers see the i	normetions for Par-		·····	Form 5500-SF	5 (2012)

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AcCarthy E	'inance	Inc.
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Form 5500-SF 2012

91-1436390

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Pa	t III Financial Information					· · · · · ·
7	Plan Assets and Liabilities	·	(a) Beginn	ina a	f Year	(b) End of Year
a	Total plan assets	7a			5438	5414
b	Total plan liabilities	7b				<u> </u>
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c			5438	5414
8	Income, Expenses, and Transfers for this Plan Year		(a) Ar	noun	t	(b) Total
а	Contributions received or receivable from:					
(1) Employers	8a(1)				
(2) Participants	8a(2)				
		8a(3)				
b	Other income (loss)	8b				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	· · ·	1	, in ig	····
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)	8d				
e	Certain deemed and/or corrective distributions (see instructions)	8e				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			24	i di <u>se se s</u>
g	Other expenses	8g				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				24
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			:	-24
<u> </u>	Transfers to (from) the plan (see instructions)	8j				n da ing kala ing ka
Par	t IV Plan Characteristics					
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of 2E, 2J, 3D	Plan (Characteris	lic Ca	des in 1	the instructions:
ь	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of F	Plan C.	haracteristic	c Cod	es in th	e instructions:
Par	t V Compliance Questions					
10	During the plan year:			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period des	scribed	tin			
	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	reporte				
	on line 10a.)	•	106		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 frau	bı			
	or dishonesty?	-	10d		x	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance ca	nrrier,				
	insurance service or other organization that provides some or all of the benefits under the plan?	(See				
	instructions.)		10e		х	
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.)		10g		х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR		i i			
	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	2				a tan bara
	exceptions to providing the notice applied under 29 CFR 2520.101-3		101		[
	t VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction	is and	complete S	ched	ule SB	
	Form 5500) and line 11a below)					Yes No
<u>11a</u>	Enter the amount from Schedule SB line 39				11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec	ction 30	2 of ERISA?			Yes X No
	(if 'Yes,' complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, a	see ins				
1E -	granting the waiver.		Month	D	ay	Year
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 1	3.		4 11 1	
b	Enter the minimum required contribution for this plan year		ana ang ang ang ang ang ang ang ang ang		125	

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McCarthy Finance Inc.	91-1436390	
Form 5500-SF 2012		Page 3-

C	Enter the amount contributed by the employer to the plan for this plan year	120		_	
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)	120			
<u>e</u>	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	· · · ·			1.004
<u>13a</u>	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	1	,;	
b 	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? 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.)			Yes	X No
1		2) EIN(s)	\neg	13c(3)	PN(s)
Part					
14a N	ame of trust 14b	Trust's El	N		

2012 Form 5500-SF e-file Signature Authorization

McCarthy Finance Inc. McCarthy Finance, Inc. 401(k) Profit Sharing Plan 001 539 Queen Anne Avenue N. Seattle, WA 98109

Employer Identification Number: 91-1436390

Client Identification Number: 24197

You, as plan administrator, are authorizing that Martin Boyle PLLC electronically file the 2012 Form 5500-SF for McCarthy Finance, Inc. 401(k) as an EFAST2 Service Provider.

Authorization

As plan administrator for McCarthy Finance, Inc. 401(k), I authorize Martin Boyle PLLC to electronically file Form 5500-SF for the tax year 2012. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization

Date: / 10/2/13