Benefit Plan Benefit Benefit Plan Benefit Benefit		Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
Descense of later Descense of later This Form is Open to Public Inspection Parts Annual Report Left Inspection This Form is Open to Public Inspection Parts Annual Report Left Inspection Inspection To calmune point on the Data Parts Inspection Inspection A This returning point year 2011 of Ison point Segmentary 2010 (2011 and endormation parts in the parts returning point is to: In a inspection Inspection This returning point is to: In a membed endormation In a membed endormation Inspection Inspection Parts Basic Plan Information			Benefit Plan				2011				
Description I - Complete all entropy of the instructions to the Form 5500-SF. Inspection Part II Annual Report Identification Information and ending 12031/2011 Proceeding Dynamic 2011 of Reference with the instructions to the Form 5500-SF. Inspection Proceeding Dynamic 2011 of Reference with the instructions to the Form 5500-SF. Inspection Description Instructions to the Form 5500-SF. Instructions to the Form 5500-SF. Description Instructions to the Form 5500-SF. Instructions to the Form 5500-SF. Description Instructions to the Form 5500-SF. Instructions to the Form 5500-SF. C Check box # filing under. Instructions to the filing under. Instructions to the filing under. Instructions to the filing under. Description Instructions to the filing under. Description Instructions to the filing under. Description Instructions to the filing under. Instructions to the filing under. Instructions to the filing under. <thinstruction filing="" th="" under.<=""> Desc</thinstruction>			ISA), and sections 6057(b) and 6058	58(a) of							
Part I Annual Report Identification Information For Bander plan year 2010 ritized plan year beginning 0.01/2013 and ending 12/31/2011 A This returning role is for: and ending 12/31/2011 B This returning role is for: and ending and ending 12/31/2011 C Check box if ling under: from the first teturning role and ending 12/31/2011 C Check box if ling under: gecal extension (entar description) automatic extension DFVC program gecal extension (entar description) automatic extension ID Three-digit plan normatic 10 Three-digit plan information and ending information 10 Three-digit plan normatic 001 12 A First sponsor is name and address: include non or salte number (employer, if for a single-employer plan) 20 Employer description 20 Employer description ARRY FIRST CANCH EXERT BELLEVLE, WA 80007 20 Bondoris tanger endoce 22 Social Code 33 Plan administration of the plan sponsor has changed since the since of the plan sponsor has the redum returning of the plan year 32 Administrators FIRS 34 The number of participants at the codin in option of the plan year. 5a 1111 31 Administrators FIRS 35 The number of participants at the codin in option year			, ,		•						
International paneward 2011 or field plan ward beginning 0.01/2011 and ending 12212011 A This returningoot is for: In a indige-employer plan (on the field statum/report) In a some-participant plan In a some-participant plan B This returningoot is: In the first statum/report In the first statum/report In a metable employer plan (on the first statum/report) In the first statum/report B This returningoot is: In a metable employer returning on the first statum/report In the first statum/report In the first statum/report B This returning on the first statum/report In the first statum/report In the first statum/report In the first statum/report B This returning on the first statum/report In the first statum/report In the first statum/report In the first statum/report B Total and the first statum/report In the first statum/report In the first statum/report Into the first statum/report B Total and/report Into the first statum/report Into the first statum/report Into the first statum/report B Total and/report Into the first statum/report Into the first statum/report Into the first statum/report B Total and/report is the statum/report Into the first statum/report Into the first statum/report Into the first statum/report				dance with	h the instructions to the Form 5500)-SF.					
A This returningport is to: a single-employer plan b finit returningport c finit returningport				1	and ending 1	2/31/2	2011				
B This return/report the first return/report the first return/report C Check box if filing under: form 5558 a stort plan special cotention (ortex discription) Dart LI Basic Plan Informationenter all requested information The return/report the final return/report 10 Name of plan The return formationenter all requested information The return formation The return formation 24 Plan sponsor's name and address; include room or aute number (employer, if for a single-employer plan) All brain number (EM) 20 ARVS SOAST BEEF 22 Sponsor's telephone number (EM) 22 Sponsor's telephone number (EM) 24 Busic Plan in number of an address (if same as plan stortoor arter "Some") 23 24 Busic Plan in number (EM) 24 Busic Plan in number from the last return/report. 33 Administratory EN 33 35 Plan administratory EN Basic Plan in number from the last return/report. 34 4 EN 36 If the name and/or EN of the plan sponsor has the adjust of the plan year. 5a 111 5b 116 36 If the name and/or EN of the plan sponsor has the adjust of the plan year (defined breth plan spons) 5a				a multiple	employer plan (not multiemployer)		a one-participant plan				
C Check box if filing under: Prom 6558 Prom 6559 Prom 655 Prom 6559 Prom 759 P		· .	the first return/report	the final r	eturn/report						
Image: Construction of the plan spectral state beginning of the plan spectral requested information Image: Construction of the plan spectral state beginning of the plan spectral state of plan spectral state spectral s	_				•	onths)					
Image: Construction of the plan spectral state beginning of the plan spectral requested information Image: Construction of the plan spectral state beginning of the plan spectral state of plan spectral state spectral s	С										
Part II Basic Plan Informationenter all requested information 1a Name of plan 1b Three-digit plan number (employer, if for a single-employer plan) 1b Three-digit plan number (employer, if for a single-employer plan) 20 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 59-1300556 24 Plan sponsor's name and address; (include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 59-1300556 24 Plan sponsor's tabephone number (employer, etc) 2c Sponsor's tabephone number (25:562-0648 25 Plan sponsor has changed since the last return/report filed for this plan, enter the amplicitant's tabephone number (employer Plan) 3b Administrator's LEN 25 Total number of participants at the end of the plan year 5a 111 5a Total number of participants at the end of the plan year 5a 111 5b 15b 15c 31 6a Were all of the plan sponsor has changed since the plan year (defined banefit plans do not sponsor) 3c Administrator's tabephone number 425:502-0648 6a Were all of the plan sponsor has changed since the plan year (defined banefit plans do not sponsor) 5a 111 5b 111 5b	•										
14 Name of plan 1b True-digit plan number 001 BEYE REALTY ARRYS RETIREMENT PLAN 1c Effective date of plan 0101/2004 22 Plan approach name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number BEYE REALTY CORPORATION 2c Sponsor's telephone number 2c Sponsor's telephone number 13 Plan administrator's name and address (if same as plan sponser, onter "Same") 3b Administrator's telephone number BEYE REALTY CORPORATION 14606 BEL-RED RD, SUITE 201 3b Administrator's telephone number 34 Plan administrator's name and address (if same as plan sponser, onter "Same") 3c Plan administrator's telephone number BEYE REALTY CORPORATION 14606 BEL-RED RD, SUITE 201 3b Administrator's telephone number 35 Plan administrator's name and address (if same as plan sponser, onter "Same") 3c Administrator's telephone number BEYE REALTY CORPORATION 14606 BEL-RED RD, SUITE 201 3b Administrator's telephone number 36 Ta tall number of participants at the address ince the last return/report. 3b Administrator's telephone number 37 Tall number of participants with account biasness as of the end of the plan year. 5a 111 36 Were all of the plan sassets during the plan year. 5a 116 36 Were all of the plan's assets during the pl											
(PN) ▶ 001 22 Plan approach auto-auto-auto-auto-auto-auto-auto-auto-						1b					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Effective date of plan 3a Plan administrator's compared ATON 2b Employer (dentification Number (EN) 300558) 3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') 2c Employer (dentification Number (EN) 300558) 3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') 3b Administrator's Elem Structures) 3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') 3b Administrator's Elem Structures) 3b Administrator's compared address (if same as plan sponsor, enter 'Same') 3b Administrator's Elem Structures) 3c F Ammober Tom the isat return/report 4b Eln 4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. Eln address as of the plan year. 5a 1111 b Total number of participants at the end of the plan year. 5a 111 b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this its mathemation and report of an independent qualified public accountant (ICPA) Q Yes No a Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions). Q Yes No a Yes In Assets and Liabilities 7a 200850 176070 c Not plain assets (subtract line 7b from line 7a) <td< th=""><th>BEYE</th><th>REALTY ARBYS RETIREMEN</th><th>IT PLAN</th><th></th><th></th><th></th><th>•</th></td<>	BEYE	REALTY ARBYS RETIREMEN	IT PLAN				•				
2a Plan sponsor's name and address; include room or suite number (employer, liffor a single-employer plan) 0:101/2004 2b Employer Identification Number 2b Employer Identification Number ARRYS ROAST BEEF 2c Sponsor's telephone number 425:662:6648 2c Sponsor's telephone number 425:662:6648 2d 2b 3a Plan administrator's came and address (if same as plan sponsor, enter 'Samer') 3b Administrator's telephone number 3c RAMINYS ROAST BEEF 3b Administrator's telephone number 425:662:6648 3c Raministrator's telephone number 425:662:6648 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN a Sponsor's name 4c PN 5a 111 5a 111 5b 116 5b 116 6a Vers all of the plan seate all region reverse (defined benefit plans do not complete this item) 5c 31 6a Vers all of the plan seate during the add of the plan year invested in neighble assets? (See instructions) Se in No Se you chaiming a waiver of the anoreal seatination and re						1c					
BEVE REALTY CORPORATION Image: Solution of the plan sponsor is telephone number 14595 BEL.RED RD, SUITE 201 Bell.EVUE, WA 98007 3a Plan administrators name and address (if same as plan sponsor, enter "Same") Bell.EVUE, WA 98007 3b Plan administrators name and address (if same as plan sponsor, enter "Same") Bell.EVUE, WA 98007 3c Administrator's EIN Stream and Bala sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number form the last return/report filed for this plan, enter the name, EIN and the plan number form the last return/report filed for this plan, one the the sponsor has changed since the last return/report filed for this plan, one to the plan sponsor has changed since the plan year. 5a 1111 b Total number of participants at the edginning of the plan year. 5a 1111 b Total number of participants at the edgin on to complete this item) 6b 116 c R Were all of the plan sasets during the plan year invested in eligible assets? (See instructions.) Image: Return of the plan sasets during the plan year invested in eligible assets? See instructions.) Image: Return of the plan year invested in eligible assets? 7 Plan Assets and Liabities 7a 20.08550 1760						10	•				
ARBYS ROAST BEEF (EIII) (CEIII) (CEIII) (CEIII) (CEIII) (CEIII) (CEIII) (CEIII) (CEIIII) (CEIIII) (CEIIIII) (CEIIIII) (CEIIIII) (CEIIIIII) (CEIIIIII) (CEIIIIII) (CEIIIIIII) (CEIIIIIII) (CEIIIIIIII) (CEIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b					
14895 BEL-RED RD. SUITE 201 2C Sponsor's telephone number 32 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 34 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN BELLEVUE, WA 98007 14305 BELLEVUE, WA 98007 3b Administrator's EIN 35 Administrator's name and address (if same as plan sponsor, enter "Same") 3c Administrator's EIN BELLEVUE, WA 98007 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4c PN 5a Total number of participants at the end of the plan year 5c 3a 6a Were all of the plan's assets during the plan year invested in elligible assets? (See instructions.) Q Yes											
14955 BELE-KED KD, SUITE 201 2d Business code (see instructions) 722210 33 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's name 3c Administrator's name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3b Administrator's name 4c PN 5a 5a 1111 b Total number of participants at the beginning of the plan year 5a 5a 1111 b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Sc 3i complete this item) Ce Name of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Sc No b Are you claiming a waler of the annel accountant (IQPA) Si Yes No type assets during the plan year invested in eligible assets? (See instructions.) Sc No Yes No f Part Nill Financial Information Total plan inabilities (a) Beginning of Year (b) End of Year N						2c					
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3refFree React IV CORPORATION 14505 BEL-RED RD, SUITE 201 3b Administrator's EIN 3refFree React IV CORPORATION 14505 BEL-RED RD, SUITE 201 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of muthe last return/report 4b EIN a Sponsor's name 5a 111 5a Total number of participants at the beginning of the plan year 5a 116 5b 116 5c 31 6a Were all of the plan sastet during the plan year invested in eligible assets? (See instructions.) Sc 3c b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No f Yea assets and Liabilities 7a 208650 176070 7 Plan Assets and Liabilities 7a 208650 176070 7 Plan Assets and Liabilities 7a 208650 176070 8 Income, Expenses, and Transfers for this Plan Year 8a(1) (a) Amount (b) Total 7 Plan Assets and Liabilities 7a 208650 176070 8 Income, Expenses, and Transfers for this Plan Year 8a(2) 22129 (a) Amount (b) Tot						2d					
BEYE REALTY CORPORTION 14595 BELLEVDE, NA SB007 3C Administrator's telephone number 425-562-6648 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4D EIN 5a Total number of participants at the beginning of the plan year. 5a 1d E N 5a Total number of participants at the end of the plan year. 5c 31 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: See State Stat		,									
3C Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 5 ponsor's name 4c PN 5 a 111 b 5a c Number of participants at the beginning of the plan year 6 Number of participants at the end of the plan year. 5a 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5b 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: See See See See See See See See See S						3b	Administrator's EIN 59-1306558				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 3 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year. 5a 111 b Total number of participants at the end of the plan year. 5b 116 complete this item. 5c 31 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) See 100 See 100 b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No fr you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan liabilities 7b 7b 7b 7 Plan Assets and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 11777 8a(2) (1) Employers 8b -13777 8352 <											
a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 111 b Total number of participants at the end of the plan year 5b 116 c Number of participants at the end of the plan year (defined benefit plans do not complete this item) 5c 31 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: See See See See See See See See See S	4										
5a Total number of participants at the beginning of the plan year 5a 111 b Total number of participants at the end of the plan year 5a 111 b Total number of participants at the end of the plan year 5a 111 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 31 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Ives No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Ives No If you answerds "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Ves a Total plan liabilities. 7a 208850 176070 b Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 137777 c Total plan liabilities 8a(2) 22129 8352 a Gother income (l	_	name, EIN, and the plan number from the last return/report.									
b Total number of participants at the end of the plan year 5b 116 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 31 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) M Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No 6a Were all of the plan's assets and instructions on waiver eligibility and conditions.) Yes No 7a samewerd "No' to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 176070 7 Plan Assets, and Transfers for this Plan Year (a) Amount (b) Total 176070 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 3352 9 Onther income (loss) 8a(3) -13777 3352 3352 9 Ot											
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 31 Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No f Yes In Assets No Yes No Part III Financial Information Yes (b) End of Year (b) End of Year 7 Plan Assets and Liabilities 7a 208850 176070 b Total plan assets (subtract line 7b from line 7a). 7c 208850 176070 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (2) Participants 8a(2) 22129 (3) Other spenses, and Transfers for this Plan Year 8a(3) -13777 8b -13777 c Total income (loss) 8a(3) -13777	-		0 0 1 9								
complete this item)											
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Control of the annual examination and report of an independent qualified public accountant (IQPA) If you answered? No to get an asset in the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 208850 176070 b Total plan labilities. 7b						5c					
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No				
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 208850 176070 b Total plan assets (subtract line 7b from line 7a). 7c 208850 176070 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (b) Total (2) Part including rollovers) 8a(2) 22129 (3) Other income (loss) 8b -13777 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8a352 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 41132 e Certain deemed and/or corrective distributions (see instructions) 8e 41132 f Administrative service providers (salaries, fees, commissions) 8f 41132 i Net income (loss) (subtract line 8h from line 8c) 8i -32780	b										
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a208850176070bTotal plan liabilities7b											
aTotal plan assets7a208850176070bTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)7c2088501760708Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:8a(1)(1)Employers8a(2)22129(3)Others (including rollovers)8a(3)bOther income (loss)8b-13777cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c8352dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d41132eCertain deemed and/or corrective distributions (see instructions)8efAdministrative service providers (salaries, fees, commissions)8fgOther expenses8g41132iNet income (loss) (subtract line 8h from line 8c)8hhTotal expenses (add lines 8d, 8e, 8f, and 8g)8h	Pa										
In order prior7abTotal plan liabilities	7	Plan Assets and Liabilities			(a) Beginning of Year						
CNet plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a	208850		176070				
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (a) Amount (b) Total (1) Employers 8a(2) 22129 (a) Amount (b) Total (2) Participants 8a(2) 22129 (a) Amount (b) Total (2) Participants 8a(3) (b) Total (c) For the form of the form	b	Total plan liabilities		7b							
a Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (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) 8c c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i				7c	208850	_	176070				
(1) Employers8a(1)(2) Participants8a(2)22129(3) Others (including rollovers)8a(3)b Other income (loss)8b-13777c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c8352d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d41132e Certain deemed and/or corrective distributions (see instructions)8e6f Administrative service providers (salaries, fees, commissions)8f41132g Other expenses8g41132i Net income (loss) (subtract line 8h from line 8c)8h-32780	-				(a) Amount	(b) Total					
(2) Participants 8a(2) 22129 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b -13777 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8352 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 41132 e Certain deemed and/or corrective distributions (see instructions) 8e 6 f Administrative service providers (salaries, fees, commissions) 8f 41132 g Other expenses 8g 41132 i Net income (loss) (subtract line 8h, from line 8c) 8i -32780	a			8a(1)							
bOther income (loss)8b-13777cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c8c8352dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d41132eCertain deemed and/or corrective distributions (see instructions)8e6fAdministrative service providers (salaries, fees, commissions)8f6gOther expenses8g41132iNet income (loss) (subtract line 8h from line 8c)8h41132iNet income (loss) (subtract line 8h from line 8c)8i		(2) Participants		8a(2)	22129						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8352 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8352 C Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 41132 e Certain deemed and/or corrective distributions (see instructions) 8e 6 f Administrative service providers (salaries, fees, commissions) 8f 6 g Other expenses 8g 41132 i Net income (loss) (subtract line 8h from line 8c) 8i -32780		(3) Others (including rollovers))	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)		8b	-13777						
to provide benefits) 8d 41132 e 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 i Net income (loss) (subtract line 8h from line 8c) 8i	С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			8352				
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	d			84	41132						
f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	е	, ,									
g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 41132 i Net income (loss) (subtract line 8h from line 8c) 8i -32780			, , , , , , , , , , , , , , , , , , , ,								
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 41132 i Net income (loss) (subtract line 8h from line 8c) 8i -32780		•									
i Net income (loss) (subtract line 8h from line 8c)							41132				
j Transfers to (from) the plan (see instructions)	i			8i			-32780				
	j	Transfers to (from) the plan (se	ee instructions)	8j							

Page 2 - 1

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No	А	mount		
а								
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	Was the plan covered by a fidelity bond?	10c	Х				250000	
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		Х				
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	Х				2292	
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 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 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						
Part	VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
a If y	 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
d								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	′es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	le cau	ise is	establ	ished.			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/29/2012	WILLIAM E. BEYE
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	Short Form Annual R	yee		OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed				2	011		
E	Department of Labor mployee Benefits Security Administration This form is required to be lined under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).					8(a) of This Form is Open to Publ			
F	ension Benefit Guaranty Corporation	h the instructions to the Form 550	Inspection						
		entification Information							
	calendar plan year 2011 or fisca				2/31/	2011			
	This return/report is for:			e-employer plan (not multiemployer)		a one-particip	ant plan		
в	This relurn/report is:	the first return/report		eturn/report					
~		an amended return/report		an year return/report (less than 12 m	onths)	_			
C	Check box if filing under:	Form 5558		extension		DFVC program	m		
D:	Irt II Basic Plan Inform	special extension (enter description special extension (enter description special extension (enter description) special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension) and the special extension (enter the special extension) and the special extension) and the special extension (enter the special extension) and the special extension) and the special extension (enter the special extension) and the special extension) and the special extension (enter the special extension) and the special extension) and the special extension (enter the special extension) and the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and the special extension (enter the special extension) and t			Girone,		n		
6	Name of plan	Tation—enter all requested inform	ation		16	Three-digit			
	E REALTY ARBYS RETIREMEN	IT PLAN			10	plan number			
					-	(PN) 🕨	001		
w.c					1c	Effective date of 01/01/2			
2a BEY	Plan sponsor's name and addre	ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identif			
	YS ROAST BEEF					(EIN) 59-1306	3558		
0 0002					2c	Sponsor's teleph			
	5 BEL-RED RD., SUITE 201 EVUE WA 98007				2d	425-562 Business code (s	N. 11. 11. 194		
						722210			
3a SAM		address (if same as plan sponsor, e	nler "Same	")	3b	Administrator's E 59-1306			
					3c	Administrator's telephone number			
4	If the name and/or EIN of the pl	an sponsor has changed since the l	ast return/	report filed for this plan enter the	4h	425-562 EIN	-6648		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.									
-	Sponsor's name		e Kerree		4c	PN			
		the beginning of the plan year		5a		111			
		the end of the plan year			5b		116		
с 	complete this item)	count balances as of the end of the p	olan year (defined benefit plans do not	5c		31		
6a	Were all of the plan's assets do	uring the plan year invested in eligib	le assets?	(See instructions.)			X Yes No		
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	rt III Financial Informa	tion		er and made moteau user offit so	<i>.</i>				
7	Plan Assets and Liabilities			(a) Beginning of Year	Τ	(b) End	of Year		
а	Total plan assets		. 7a	208850	9		176070		
b	Total plan liabilities	•••••••••••••••••••••••••••••••••••••••	7b						
- <u>199</u>		b from line 7a)	70	208850	50 17607				
8	Income, Expenses, and Transfe			(a) Amount		(b) T	otal		
а	(1) Employers	/adie from:	8a(1)						
	interest interview of the			- 22129					
					-				
b				-13777	7				
C	Total income (add lines 8a(1), 8	3a(2), 8a(3), and 8b)	8c				8352		
d	Benefits paid (including direct re	ollovers and insurance premiums	0.4	14100		0.07.07767 100.0000000000000000000000000000000000			
е		ve distributions (see instructions)		41132					
f									
g		· (Solaries, Iees, Commissions)			-				
h		e, 8f, and 8g)			+		41132		
i		8h from line 8c)			-		-32780		
j		e instructions)							
-									

.

Form 5500-SF 2011

Part IV

Part V

Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: **Compliance Questions** During the plan year:

10	During the plan year:		Yes	No				
а	Was there a failure to transmit to the plan any participant contributions within the time period described in			x	<u>A</u>	mount		
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
Ľ	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).							
C		10c	х			25	0000	
d	or dishonesty?	10d		x				
e	e 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.)						2292	
f	Has the plan failed to provide any benefit when due under the plan?	10f		x	-1964		- 10	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g 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	101	-					
Part		101					1750 in 18	
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							
12	IS IDIS 3 defined contribution plan subject to the minimum funding again to the subject to the subject to the minimum funding again to the subject to the su							
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year								
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day	10	eai		
b	b Enter the minimum required contribution for this plan year							
C	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 12d							
e	e Will the minimum funding amount reported on line 12d be met by the funding deadline?] Yes Π	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?			Y	es X No	- 20 - 200		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	la	<u> </u>				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):		13c	(2) EIN	J(s)	13c(3) PN		
					<u>····</u>			
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	0 0 0 0 0 0		etabli			100	

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	* MME My	3/28/12	WILLIAM E. BEYE
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

Page 2 -1