## 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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

•	01101011 201	non Guarany Gorporation		Complete all entries in ac	cordance with t	he instruct	ions to the Form 550	<u>0-SF.</u>					
Pi	art I	Annual Report I	der	ntification Information									
For	calenda	ar plan year 2012 or fis	cal p	plan year beginning 01/01/	/2012		and ending 1	2/31/2	2012				
Α	This retu	urn/report is for:	X	a single-employer plan	a multiple-e	mployer pla	n (not multiemployer)		a one-partici	pant plan			
		urn/report is:	_ 1	the first return/report	the final retu	urn/report			_				
				an amended return/report	a short plan	year return/	report (less than 12 m	onths)	)				
С	Check b	oox if filing under:	Īι	Form 5558	automatic e	xtension			DFVC progra	am			
		ŭ	Π:	special extension (enter desc	ription)				_				
Pa	art II	Basic Plan Infor	ma	tion—enter all requested inf	formation								
1a	Name o			•				1b	Three-digit				
BEYE	E REALT	TY ARBY'S RETIREME	ENT	PLAN					plan number				
									(PN) <b>•</b>	001			
								1c	Effective date of plan 01/01/2004				
		oonsor's name and add	ress	s; include room or suite number	er (employer, if fo	or a single-e	mployer plan)	2b	Employer Identi				
		AST BEEF						_	(=114)	806558			
1459	5 BEL-E	RED RD., SUITE 201						2C	Sponsor's telep				
		WA 98007						2d	Business code	(see instructions)			
3a	Plan ac	dministrator's name and	d ad	dress X Same as Plan Spons	sor Name Sar	ne as Plan	Sponsor Address	3b	Administrator's				
				_									
								3c	Administrator's	telephone number			
4	If the n	name and/or FIN of the	nlar	n sponsor has changed since	the last return/rer	nort filed for	this plan, enter the	4h	FINI				
•				from the last return/report.	the last retaining	port mod for	this plan, enter the	4b EIN					
а	Sponso	or's name		·				4c	PN				
5a	Total n	number of participants a	at the	e beginning of the plan year				5a		11	6		
b	Total n	number of participants a	at the	e end of the plan year				5b		Ç	92		
С				unt balances as of the end of			•	5c			31		
60		,								X Yes N			
oa b		•		ing the plan year invested in e annual examination and repor	•		,			N 162 □ W	J		
D				e instructions on waiver eligib						X Yes N	0		
			,	line 6a or line 6b, the plan o	•	•							
Cau	ution: A	penalty for the late o	r inc	complete filing of this return	n/report will be a	assessed u	nless reasonable cau	ıse is	established.				
				enalties set forth in the instruc						able, a Schedule			
				gned by an enrolled actuary, a	as well as the elec	ctronic versi	ion of this return/report	, and	to the best of my	knowledge and			
bell	er, it is t	rue, correct, and comp	ete.										
-				WILLIAM E. BEYE									
HEI	RE	Signature of plan administrator Date Enter name of individua					dual signing as plan administrator						
SIG													
HERE Signature of employer/plan sponsor Date Enter name of						Enter name of individ	ual sig	gning as employe	er or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)								number (optional)					

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.	(b) End of Year						
<u>,</u>	Total plan assets	7a	(a) Beginning of Tea		-		202046				
	Total plan liabilities	7b	17007	0				20	2040		
	Net plan assets (subtract line 7b from line 7a)	7c	17607	<u>'</u> 0	20204						
	,	70		0			/b) To		2040		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	taı			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	3259	92							
	(3) Others (including rollovers)	8a(3)	754	18							
b	Other income (loss)	8b	1713	35							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5	7275		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3129	9							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3	1299		
i	Net income (loss) (subtract line 8h from line 8c)	8i						2	5976		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	-,									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructio	ns:			
Par	V Compliance Questions										
10	•				Yes	No	l ,		4		
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in	I	103	110	<i></i>	mou	IIIL		
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Χ					300	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				300	300
	Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service or other organization that provides some or all of				~						
	instructions.)			10e	X					(	977
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
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			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	П	No
112	,									ш_	
12	Enter the amount from Schedule SB line 39								No		
12	to the discontinuous phare caspes to the minimum and any equitorians to content to 2 of							140			
a	(If "Yes," complete line 12a or lines 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 instructions, and enter the date of the letter ruling										
	granting the waiveryou completed lines 3, 9, and 10 of Schedule			ıtı		Day		ear_			
	Enter the minimum required contribution for this plan year	•			T	12b					
IJ	Enter the minimum required continuation for this plan year						I				

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	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 of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	Yes X No		
С	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.)	to			
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)	
Part	VIII Trust Information (optional)				
	Name of trust	<b>14b</b> ⊤	rust's EIN		

## 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)

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

2012

This Form is Open to Public Inspection

Part I		Identification Information									
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012											
A This return/report is for:  X a single-employer plan  a multiple-employer plan (not multiemployer)  a one-participant plan  b the first return/report  the first return/report											
B This re	turn/report is:										
		onlhs)									
C Check	box if filing under:		DFVC progra	ım							
Part II Basic Plan Information—enter all requested information											
1a Name	of plan	1b	Three-digit								
BEYE REA	LTY ARBY'S RETIRE	Page 5	plan number	et							
		<u></u>	(PN) •	001							
					1c	Effective date o 01/01/2					
BEYE REAL ARBY'S RC	IY CORPORATION	dress; include room or suite number (	employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 59-130					
					2c	Sponsor's telep					
14595 BEL-	RED RD., SUITE 201				2d	(425) 56	see instructions)				
BELLEVUE		nd address Vicema Bl C-	N Do			722210	)				
Ja Flana	unimistrator s name a	nd address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN				
					3с	3c Administrator's telephone number					
4 If the	sama andles FIN of th										
name	, EIN, and the plan nu	e plan sponsor has changed since the mber from the last return/report.	last return/report filed fo	or this plan, enter the	4b	EIN					
	or's name	99 599 599 (1990 1997 1997 199 50 50 605 50 1105 1105 1105 1105 1105 1			4c	PN					
5a Total	number of participants	at the beginning of the plan year			5a	T -	116				
		at the end of the plan year					92				
C Numb	er of participants with	account balances as of the end of the	plan year (defined bene	fil plans do not							
		s during the plan year invested in eligi			5c		31				
<b>b</b> Are ve	ou claiming a waiver o	f the annual examination and report of	f an independent qualifie	d nublic accountant (10	DAY		X Yes No				
under	29 CFR 2520.104-46	? (See instructions on waiver eligibility	and conditions.)		energy (term		X Yes No				
If you	answered "No" to e	ither line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form	5500.					
Caution: A	penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable cau	use is	established.					
OL OI GGIR	alties of perjury and ot edule MB completed a true, correct, and com	her penalties set forth in the instructiond signed by an enrolled actuary, as velete.	ns, I declare that I have well as the electronic vers	examined this return/re sion of this return/report	port, in I, and I	cluding, if application of the best of my	able, a Schedule knowledge and				
O)O)	11/1/1/2	E // N/4	14111.2	1000		-					
SIGN HERE	Signature of plan a	administrator .	Date	LUILLIA		£. 112	54E				
SIGN			Date	Enter name of individ	uai sig	ning as plan adm	inistrator				
HERE	Signature of emplo	ual sia	ning on omnleve	r or plan sponsor							
Preparer's	name (including firm r	Prep	arer's telephone	number (optional)							
				A CANADA TOTAL BUILD COLOR THOMPS			namber (optional)				
1			<del></del>								
Fee Demand	ork Paduation Act Notice	LOUD & LOUD A									

Pai	t III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
а	Total plan assets	7a	17607	9770	De 1/16 -					
	Total plan liabilities	7b	17007		_		202046			
_ c	Net plan assets (subtract line 7b from line 7a)	7c	17607	70	+		200040			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				202046			
	Contributions received or receivable from:	5757	(a) Amount		-		(b) Total			
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	3259	92						
	(3) Others (including rollovers)	8a(3)	754	18						
	Other income (loss)	8b	1713	35						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					57275			
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2400	ND.						
	Certain deemed and/or corrective distributions (see instructions)	8e	3129	19	-					
	Administrative service providers (salaries, fees, commissions)	8f	-		+-					
	Other expenses	8g	***	77 - 77						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	8i			+		31299			
	Transfers to (from) the plan (see instructions)			-	+		25976			
Par		8j	· · · · · · · · · · · · · · · · · · ·							
	If the plan provides pension	feature cor	don from the Liet of Dis- Ot-							
1/5/2	2E 2G 2J 2K 2T 3D	reature cot	des from the List of Plan Char	acteris	stic Co	ides ir	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	les in l	the instructions:			
							mondottorio,			
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Corre	ection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		x				
С	Was the plan covered by a fidelity bond?	**********		10c	Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd that was caused by fraud	10d		×	30000			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all clinstructions.)	er persons	by an insurance carrier,	10e	х					
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		x	977			
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g						
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		x				
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	ne required	notice or one of the	10i						
Part										
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
	Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction 3	02 of	ERISA? Yes No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ble.)		5000					
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	***********		ctions, th	and e	nter th Day	ne date of the letter ruling Year			
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule									
<u> </u>	Enter the minimum required contribution for this plan year	•••••				12b				

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С	Enler the amount contributed by the employer to the pla	n for this plan year	12c	Т		-	
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	T			
е	Will the minimum funding amount reported on line 12d b	pe met by the funding deadline?		╁	Yes	No	□ N/A
Part						ш	1 1112
_13a	Has a resolution to terminate the plan been adopted in any	plan year?		Yes	X	lo	
		ed to the employer this year	13a	Т	141		
b		neficiaries, transferred to another plan, or brought under the					
С	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruc	nsferred from this plan to another plan(s), identify the plan(s)	lo		(1)	11 168	N 140
1	3c(1) Name of plan(s):	1	3c(2) [	EIN(s	s)	13c(3	) PN(s)
· -						3	
Part	VIII Trust Information (optional)			-			
14a Nama of trust					's EIN	· · · · · · · · · ·	