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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	tions to the Form 5500	O-SF.		peonon
Part I	Annual Report I	dentification Information					
For calend	lar plan year 2013 or fise)13	and ending 12	2/31/20	013	
A This re	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
	T	special extension (enter descrip	,				
Part II	Basic Plan Infor	mation—enter all requested infor	mation	1			
1a Name	•					Three-digit	
BEYE REAL	TY ARBY'S RETIREME	ENT PLAN				plan number (PN) ▶	001
				-		Effective date or	
					10	01/01	•
2a Plan s	nonsor's name and add	dress; include room or suite number	/employer if for a single-	employer plan)	2h [fication Number
	LTY CORPORATION	areas, morade room or suite number	(employer, il for a single t	employer plany			06558
ARBY'S RC	AST BEEF			-		Sponsor's telep	hone number
1/E05 DEI	RED RD., SUITE 201				20	425-562	
BELLEVUE				-	2d F	Business code (see instructions)
						72251	
3a Plan a	administrator's name and	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b /	Administrator's I	EIN
			<u>_</u>	-			
					3c /	Administrator's t	telephone number
4 If the	name and/or EIN of the	plan sponsor has changed since the	a last return/report filed fo	r this plan, optor the	4h 1	TINI	
		plan sponsor has changed since the observation the last return/report.	e last return/report liled to	i this plan, enter the	4b [EIN	
	sor's name				4c	PN	
5a Total	number of participants a	at the beginning of the plan year			5a		92
b Total	number of participants a	at the end of the plan year		-	5b		90
	·	account balances as of the end of the		-	35		30
				•	5c		37
	•	during the plan year invested in elig	•	,			X Yes No
		the annual examination and report of					X Yes No
		(See instructions on waiver eligibilit					A 100 100
•		t plan, is it covered under the PBGC					Not determined
	pian is a defined benefit	t plan, is it covered under the FBGC	modranos program (see	ENION SCOUNT 4021)!	Ц	100	140t determined
Caution:	A penalty for the late o	or incomplete filing of this return/r	eport will be assessed ι	unless reasonable caus	se is e	stablished.	
		er penalties set forth in the instruction					
	edule MB completed and true, correct, and comp	d signed by an enrolled actuary, as	well as the electronic vers	sion of this return/report,	, and to	the best of my	knowledge and
2551, 10 10				T			
SIGN	Filed with authorized/v	valid electronic signature.	04/10/2014	WILLIAM E. BEYE			
HERE	Signature of plan ad	dministrator	Date	Enter name of individu	ual sign	ning as plan adn	ninistrator
SIGN							
HERE	Signature of employ	ver/plan sponsor	Date	Entor name of individu	ıal cian	ning as amplaya	r or plan enoneor
Preparer's		ame, if applicable) and address; inclu		Enter name of individur (optional)			number (optional)
	((- F/	эра	10.0pinono	(55.101101)

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Pa	rt III Financial Information											_
7	Plan Assets and Liabilities		(a) Beginning of Yea		Т		(b) End	of V				-
	Total plan assets	7a	(a) Beginning of Tea				(b) Ellu		24329:	3		-
	Total plan liabilities	7a 7b	2020						- 1020			-
	Net plan assets (subtract line 7b from line 7a)	76 7c	20204	6	+			-	24329	3		-
8	The state of the s						(b) T					-
	Contributions received or receivable from:		(a) Amount				(b) T	otai				
	(1) Employers	8a(1)										
	(2) Participants	8a(2)	3233	3								
	(3) Others (including rollovers)	8a(3)		2								
b	Other income (loss)	8b	3246	1								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							64796	6		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2354	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							2354	9		
i	Net income (loss) (subtract line 8h from line 8c)	8i							4124	7		
j	Transfers to (from) the plan (see instructions)	8j										Ī
Pai	rt IV Plan Characteristics	, <u> </u>										-
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	3:			-
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:				-
Dan	t V Compliance Overtions											-
Par	•				V	NI-	1					_
10	During the plan year:	4:			Yes	No		Am	ount			_
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X						_
K.	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X						
					X					20	2000	
				10c						30	0000	_
	or dishonesty?	······································		10d		X						_
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all											
	instructions.)			10e	X						959	i
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X						
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end)	10q		Χ						-
h		(See instru	uctions and 29 CFR	10g		X						
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the									
D	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i								
Part 11	Is this a defined benefit plan subject to minimum funding requirem								1	_		_
	5500) and line 11a below)								Yes	Ц	No	-
	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a		,		_		_
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Yes	X	No	1
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,											_
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and (enter th Day	ne date of t	ne le Yea		ıling		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		ī					_
	Enter the minimum required contribution for this plan year					12b	1					

Page	3 -		1
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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 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?	Y	es 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 coof 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 plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust'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). > Complete all entries in accordance with the instructions to the Form 5500-SE OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I		Identification Information				
For calend	ar plan year 2013 or fi	scal plan year beginning 01/01/20	13	and ending	12/31/2013	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-partic	ipant plan
B This re	turn/report is:	the first return/report	the final return/report		ш .	A
		an amended return/report	a short plan year retur	n/report (less than 12 m	ionths)	
C Check	box if filing under:	Form 5558	automatic extension	ii 30	DFVC progr	am
	et et de la terrale (de la Celebra de la	special extension (enter descripti	The Charles Andrews Andrews Andrews and Anti-		☐ bi ve piogi	am
Part II	Basic Plan Info	rmation—enter all requested inform			· · · · · · · · · · · · · · · · · · ·	
1a Name		onto: an regadated mion	idion	- 1700 -	1b Three-digit	
BEYE REAL	LTY ARBY'S RETIRE	MENT PLAN			plan number	
					(PN) ▶	001
					1c Effective date of	
2a Pian s	ponsor's name and ad	dress; include room or suite number (employer if for a single	employer plan)	01/01/	
BETE KEAL	- IT CORPORATION	, , , , , , , , , , , , , , , , , , , ,	imployer, it for a single-	-employer plant)	2b Employer Ident (EIN) 59-130	
ARBY'S RO	ASI BEEF				2c Sponsor's telep	34,000,000
14595 BEL-	RED RD., SUITE 201				(425) 56	
					2d Business code	(see instructions)
BELLEVUE	AURUSE DESCRIPTION OF THE PROPERTY OF THE PROP	d de Mo		And Control of	72251	3
Ja Pian a	oministrator's name a	nd address Same as Plan Sponsor	Name Same as Plai	n Sponsor Address	3b Administrator's	EIN
					3c Administrator's	telephone number
					- Flammodator 5	relephone number
4 If the	name and/or EIN of the	e plan sponsor has changed since the	last return/report filed f	orthia plan, ant-th-		
пате	, EIN, and the plan nu	mber from the last return/report.	iost returnireport illed il	or triis plan, enter the	4b EIN	
	or's name		Table of the second of the sec		4c PN	
		at the beginning of the plan year				92
		at the end of the plan year			5b	90
C Numb	er of participants with	account balances as of the end of the	plan year (defined bene	efit plans do not		
		n during the when your in your 1 to 15 of 15				37
b Are v	nu claiming a waiver o	s during the plan year invested in eligil f the annual examination and report of	ole assets? (See instruc	ctions.)		Yes No
under	29 CFR 2520.104-46	? (See instructions on waiver eligibility	and conditions.)		AND	X Yes No
If you	i answered "No" to e	ither line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form 5500	
C If the	plan is a defined bene	fit plan, is it covered under the PBGC i	nsurance program (see	ERISA section 4021)?	Yes No	Not determined
Caution: A	A penalty for the late	or incomplete filing of this return/re	port will be assessed	uniess reasonable car	use is established	
Under pen	alties of periury and ot	her penalties set forth in the instruction	e I declare that I have	oversized this setup to	which therefore the second	rable a Schodulo
OD OF SCHOOL	edule MB completed a true, correct, and com	no signed by an emolied actuary, as w	ell as the electronic ver	rsion of this return/repor	t, and to the best of my	knowledge and
	1 //	9	11	Y**		200
SIGN	X /C	m. Offe	14/8/14	3 William E	. Beyc	
HERE	Signature of plan a	dministrator	Date		lual signing as plan adı	ministrator
SIGN					, , , , , , , , , , , , , , , , , , , ,	THE COUNTY OF TH
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as employe	or or plan annual
Preparer's	name (including firm r	name, if applicable) and address; inclu	de room or suite numbe	er (optional)	Preparer's telephone	e number (optional)
					succes and converted that below and \$1000 € 10000 £ 10000 €	1-6-2-1
For Panenu	ork Reduction Act Notic	e and OMB Control Numbers, see the in				

Pai	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	20204		_		243293
65	Total plan liabilities	7b					210200
	Net plan assets (subtract line 7b from line 7a)	7c	20204	6			243293
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	10			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	\7,7		T		(b) Total
	(2) Participants	8a(2)	3233	3		1,000	
	(3) Others (including rollovers)	8a(3)		2	_		
b	Other income (loss)	8b	3246				
- 6	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-		64796
d	Benefits paid (including direct rollovers and insurance premiums				_		04790
	to provide benefits)	8d	2354	9			
17750	Certain deemed and/or corrective distributions (see instructions)	8e		-			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					23549
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					41247
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	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	rteriet	ic Cod	lac in t	ho instructions:
			Train the Elector Fluir Chara	otonst	10 000	100 HTL	ne instructions.
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	tions withi	n the time period described in rection Program)	10a	3	x	740000
b		? (Do not	include transactions reported	10b		x	
C	Was the plan covered by a fidelity bond?			10c	Х	-	30000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х	30000
е	Were any fees or commissions paid to any brokers, agents, or otl	ner person	s by an insurance carrier	iou			1)
<u> </u>	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x		959
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	ıs of year e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instπ	uctions and 29 CFR	10h	i nin A	х	
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i			1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Pari							<u> </u>
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form
11a	Enter the unpaid minimum required contribution for current year f	rom Sched	lule SB (Form 5500) line 39			11a	165 140
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)				
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz	ed in this plan year, see instru	ctions th_	, and e	enter the	ne date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	rm 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2013 Page 3 - 1					
С	Enter the amount contributed by the employer to the plan for this plan year	12c	1			22.0
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				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	T	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		
7.75.75.75	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 of the PBGC?			Г	Yes	X No
C	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):	3c(2) E	IN(s)	T	13c(3) PN(s)
Part	VIII Trust Information (optional)					

14b Trust's EIN

Form 5500-SF 2013

14a Name of trust