

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here. ....	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>						
<b>1a</b> Name of plan <u>WA LAS RESTAURANT 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>09/24/1998</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>003</u>	<b>1c</b> Effective date of plan <u>09/24/1998</u>			
<b>1b</b> Three-digit plan number (PN) ▶	<u>003</u>						
<b>1c</b> Effective date of plan <u>09/24/1998</u>							
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>EMERALD CITY PIZZA, LLC</u>  <u>C/O 1440 N. 16TH AVE</u> <u>YAKIMA, WA 98902</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>2b</b> Employer Identification Number (EIN) <u>91-2060813</u></td> <td style="width: 20%;"></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number <u>425-493-8077</u></td> <td></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>722511</u></td> <td></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>91-2060813</u>		<b>2c</b> Plan Sponsor's telephone number <u>425-493-8077</u>		<b>2d</b> Business code (see instructions) <u>722511</u>	
<b>2b</b> Employer Identification Number (EIN) <u>91-2060813</u>							
<b>2c</b> Plan Sponsor's telephone number <u>425-493-8077</u>							
<b>2d</b> Business code (see instructions) <u>722511</u>							
<u>12121 HARBOUR REACH DRIVE #200</u> <u>MUKILTEO, WA 98275</u>							

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	<u>08/25/2015</u>	<u>JOHN NGUYEN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) <u>PAM MENDENHALL</u> <u>BBM FINANCIAL SERVICES</u> <u>1440 N. 16TH AVE, SUITE 2</u> <u>YAKIMA, WA 98902</u>			Preparer's telephone number (optional) <u>509-248-7930</u>

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 1594
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....  <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b> 1524 <b>6a(2)</b> 1168 <b>6b</b> 11 <b>6c</b> 51 <b>6d</b> 1230 <b>6e</b> 0 <b>6f</b> 1230 <b>6g</b> 240 <b>6h</b> 0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

**Part III****Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

<b>SCHEDULE A</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>  ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <hr/> <b>2014</b>  <hr/> <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

<b>A</b> Name of plan <b>WA LAS RESTAURANT 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ►	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EMERALD CITY PIZZA, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>91-2060813</b>	

<b>Part I</b>	<b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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**1** Coverage Information:

**(a)** Name of insurance carrier

**JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	74553	263	01/01/2014	12/31/2014

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
0	31640

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

**ROYAL ALLIANCE ASSOCIATES, INC.** 1440 N. 16TH AVE.  
YAKIMA, WA 98902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	29940	BROKER COMMISSION	4

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

**BBM FINANCIAL SERVICES, INC.** 1440 N. 16TH AVE.  
YAKIMA, WA 98902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1700	TPA FEES	5

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

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b>	Current value of plan's interest under this contract in the general account at year end.....	<b>4</b>	
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	
<b>6</b>	Contracts With Allocated Funds:		
<b>a</b>	State the basis of premium rates ▶		
<b>b</b>	Premiums paid to carrier.....	<b>6b</b>	
<b>c</b>	Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input checked="" type="checkbox"/> other (specify) ▶ <b>GUARANTEED INTEREST</b>		
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
<b>7</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
<b>b</b>	Balance at the end of the previous year.....	<b>7b</b>	24820
<b>c</b>	Additions: (1) Contributions deposited during the year.....	<b>7c(1)</b>	896
	(2) Dividends and credits .....	<b>7c(2)</b>	
	(3) Interest credited during the year .....	<b>7c(3)</b>	244
	(4) Transferred from separate account.....	<b>7c(4)</b>	
	(5) Other (specify below) .....	<b>7c(5)</b>	270
	▶ <b>LOAN REPAYMENTS CREDITS TO PARTICIPANTS</b>		
	(6) Total additions.....	<b>7c(6)</b>	1410
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	26230
<b>e</b>	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	7829
	(2) Administration charge made by carrier .....	<b>7e(2)</b>	137
	(3) Transferred to separate account.....	<b>7e(3)</b>	
	(4) Other (specify below) .....	<b>7e(4)</b>	
	▶		
	(5) Total deductions.....	<b>7e(5)</b>	7966
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	18264

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received.....	<b>9a(1)</b>		
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>	
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves.....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees.....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses.....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....		<b>9c(1)(H)</b>	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves.....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	<b>10b</b>	

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2014</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<b>A</b> Name of plan <u>WA LAS RESTAURANT 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>EMERALD CITY PIZZA, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>91-2060813</u>

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

JOHN HANCOCK LIFE INSURANCE CO USA

01-0233346

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	880	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

  

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

  

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<p style="text-align: center;"><b>SCHEDULE D</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<p><b>A</b> Name of plan <u>WA LAS RESTAURANT 401(K) PLAN</u></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <u>003</u></p>	
<p><b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMERALD CITY PIZZA, LLC</u></p>	<p><b>D</b> Employer Identification Number (EIN) <u>91-2060813</u></p>	

Part I	<p><b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)</p>
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<p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2055 ACTIVE STRATEGY</u></p>			
<p><b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u></p>			
<p><b>c</b> EIN-PN <u>01-0233346-000</u></p>	<p><b>d</b> Entity code <u>P</u></p>	<p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1843</u></p>	
<p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2050 ACTIVE STRATEGY</u></p>			
<p><b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u></p>			
<p><b>c</b> EIN-PN <u>01-0233346-000</u></p>	<p><b>d</b> Entity code <u>P</u></p>	<p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35931</u></p>	
<p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2045 ACTIVE STRATEGY</u></p>			
<p><b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u></p>			
<p><b>c</b> EIN-PN <u>01-0233346-000</u></p>	<p><b>d</b> Entity code <u>P</u></p>	<p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>78463</u></p>	
<p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2040 ACTIVE STRATEGY</u></p>			
<p><b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u></p>			
<p><b>c</b> EIN-PN <u>01-0233346-000</u></p>	<p><b>d</b> Entity code <u>P</u></p>	<p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>107876</u></p>	
<p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2035 ACTIVE STRATEGY</u></p>			
<p><b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u></p>			
<p><b>c</b> EIN-PN <u>01-0233346-000</u></p>	<p><b>d</b> Entity code <u>P</u></p>	<p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>170580</u></p>	
<p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2030 ACTIVE STRATEGY</u></p>			
<p><b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u></p>			
<p><b>c</b> EIN-PN <u>01-0233346-000</u></p>	<p><b>d</b> Entity code <u>P</u></p>	<p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31594</u></p>	
<p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2025 ACTIVE STRATEGY</u></p>			
<p><b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u></p>			
<p><b>c</b> EIN-PN <u>01-0233346-000</u></p>	<p><b>d</b> Entity code <u>P</u></p>	<p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>348143</u></p>	

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2020 ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14635
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2015 ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30019
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2010 ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4910
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH LS AGG ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 283266
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH LS GROW ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 709135
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH LS BAL ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 738811
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH LS MOD ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130289
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH LS CON ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 207055
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160967
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177733
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26037
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262595
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 240579
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH & INCOME		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 810
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41344
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 471
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3783
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI SOCIAL EQUITY		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1463
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68584
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN MUTUAL BEACON FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108704

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">FRANKLIN SMALL-MID GROWTH</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">8734</a>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">FUNDAMENTAL ALL CAP CORE FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">256135</a>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">FUNDAMENTAL LARGE CAP VALUE</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1427</a>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">HIGH YIELD FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">34638</a>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">INTERNATIONAL CORE FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">105</a>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">INTERNATIONAL VALUE FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">6205</a>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">INTL EQUITY INDEX FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">8180</a>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">INTL SMALL CAP FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1490</a>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">INVESCO SMALL CAP GROWTH</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">2567</a>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">INVESTMENT COMPANY OF AMERICA</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">3300</a>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK DISCIPLINED VALUE](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">7221</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [LEGG MASON CLEARBR AGG GROWTH](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">148386</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [LORD ABBETT VALUE OPPTS FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">352</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [MID CAP STOCK FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">57475</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [MONEY MARKET FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">172358</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [MUTUAL GLOBAL DISCOVERY](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">21542</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [NEW WORLD FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1856</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [OPPENHEIMER DEVELOPING MKT](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">13630</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [OPPENHEIMER GLOBAL](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">372336</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [OPPENHEIMER INTL GROWTH FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">3894</a>
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PIMCO GLOBAL BOND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">17240</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PIMCO REAL RETURN</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">5547</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PIMCO TOTAL RETURN</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">28542</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PRU JENNISON MID GROWTH FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">595</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">REAL EST. SECURITIES FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">23819</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">ROYCE OPPORTUNITY</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">103893</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">SCIENCE &amp; TECHNOLOGY FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">452</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">SMALL CAP INDEX FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">9984</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">SMALL CAP VALUE FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">230212</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T. ROWE PRICE EQUITY INC</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">13384</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T. ROWE PRICE HEALTH SCI</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">42940</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T. ROWE PRICE SCI &amp; TECH</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">105696</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T. ROWE PRICE SML CAP VAL</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">10345</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T. ROWE PRICE SPECTRUM INC</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1837</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TEMPLETON WORLD</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">25571</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">THE GROWTH FUND OF AMERICA</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">21642</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TOCQUEVILLE GOLD FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1255</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">UTILITIES FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">27554</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VALUE FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">64285</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGUARD ENERGY FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">52808</a>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SHORT-TERM FEDERAL**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2796</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL CAP GROW INDEX**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>57427</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **WASHINGTON MUTUAL INVESTORS**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>17030</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2014</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
<b>A</b> Name of plan <u>WA LAS RESTAURANT 401(K) PLAN</u>		<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>EMERALD CITY PIZZA, LLC</u>		<b>D</b> Employer Identification Number (EIN) <u>91-2060813</u>

Part I	Asset and Liability Statement		
<b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	4	4
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	125075	112945
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>	193	32
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common.....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans.....	<b>1c(8)</b>	268061	240524
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	5619445	5972305
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	24821	18264
<b>(15)</b> Other.....	<b>1c(15)</b>	9	



**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	6037608	6344074

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	180	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	180	0

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	6037428	6344074
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**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	224059	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	360613	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	23	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		584695
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	13399	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	1001	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		14400
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		0
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		305298
c Other income .....	2c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		904393

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	562423	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		562423
f Corrective distributions (see instructions) .....	2f		
g Certain deemed distributions of participant loans (see instructions) .....	2g		27
h Interest expense .....	2h		
i Administrative expenses: (1) Professional fees .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	35297	
(3) Investment advisory and management fees .....	2i(3)		
(4) Other .....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	2i(5)		35297
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		597747

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		306646
l Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ALEGRIA & CO, PS

(2) EIN: 91-0856953

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

	Yes	No	Amount
4a	X		430
4b		X	

	Yes	No	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) .....		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?.....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

**5b** 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

<b>6a</b> Name of trust	<b>6b</b> Trust's EIN

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2014</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<b>A</b> Name of plan <u>WA LAS RESTAURANT 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>EMERALD CITY PIZZA, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>91-2060813</u>

<b>Part I</b>	<b>Distributions</b>
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All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): <u>01-0233346</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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 ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16b</b>	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

WA LAS RESTAURANT  
401(k) PLAN

**Financial Statements**

December 31, 2014 and 2013

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## INDEPENDENT AUDITOR'S REPORT

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To the Trustees  
WA LAS Restaurant 401(k) Plan  
Yakima, Washington

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of WA LAS Restaurant 401(k) Plan, (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with the auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance (USA), the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee, as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan administrator by the Trustee is complete and accurate.



To the Trustees  
WA LAS Restaurant 401(k) Plan  
Page 2

***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Other Matter***

The supplemental Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

***Report on Form and Content in Compliance With DOL Rules and Regulations***

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Algria & Company, P.S.*

Yakima, Washington  
August 10, 2015

WA LAS RESTAURANT  
401(k) PLAN

**Statements of Net Assets Available for Benefits**

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
<u>Assets</u>		
Investments, at fair value		
Pooled separate accounts	\$ 5,990,573	\$ 5,644,270
Total investments, at fair value	<u>5,990,573</u>	<u>5,644,270</u>
Receivables		
Employer contributions	112,977	125,277
Notes receivable from participants	<u>240,524</u>	<u>268,061</u>
Total receivables	<u>353,501</u>	<u>393,338</u>
Total assets	6,344,074	6,037,608
<u>Liabilities</u>		
Payables	<u>-</u>	<u>180</u>
Net assets available for benefits	<u>\$ 6,344,074</u>	<u>\$ 6,037,428</u>

See accompanying notes to financial statements.

WA LAS RESTAURANT  
401(k) PLAN

**Statements of Changes in Net Assets Available for Benefits**

Years ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions to net assets attributed to:		
Net appreciation in the fair value of investments	\$ 306,299	\$ 982,730
Interest from notes receivable from participants	<u>13,399</u>	<u>10,317</u>
Contributions		
Employer	224,082	233,832
Participant	360,614	369,260
Rollovers and other	-	269,230
Total contributions	<u>584,696</u>	<u>872,322</u>
Total additions	<u>904,394</u>	<u>1,865,369</u>
Deductions from net assets attributed to:		
Benefits paid to participants	562,451	827,684
Administration fees	<u>35,297</u>	<u>33,893</u>
Total deductions	<u>597,748</u>	<u>861,577</u>
Change in net assets available for benefits	306,646	1,003,792
Net assets available for benefits, beginning of year	<u>6,037,428</u>	<u>5,033,636</u>
Net assets available for benefits, end of year	<u>\$ 6,344,074</u>	<u>\$ 6,037,428</u>

See accompanying notes to financial statements.

WA LAS RESTAURANT  
401(k) PLAN

**Notes to Financial Statements**

December 31, 2014 and 2013

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**(1) Description of Plan**

The following description of the WA LAS Restaurant 401(k) Plan (the Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

***General***

The Plan is a defined contribution plan covering all full-time employees of Emerald City Pizza, LLC; Las Vegas Pizza, LLC; Columbia Basin Pizza Hut, Inc.; and Spokane Valley Pizza, LLC, collectively referred to as the Company, who have met the one year and 1,000 hours of service requirement as defined in the Plan's provisions and are age 21 or older.

***Contributions***

Each year, participants may contribute up to the maximum federal dollar limit pretax, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may annually contribute 100% of the first 3%, and 50% of the next 2% of base compensation that a participant contributes to the Plan. The matching contributions are invested in the participants' various investment options. The Company has the right to discontinue these contributions at any time and to terminate the Plan.

The Company may elect to make a discretionary profit sharing contribution to the Plan. The Company did not make a discretionary profit sharing contribution to the Plan for the years ended December 31, 2014 and 2013.

***Participant Accounts***

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Investment Options***

Participants direct the investment of their contributions and Company contributions into various investment options offered by the Plan. The Plan currently offers 72 pooled separate accounts through John Hancock Life Insurance Company (USA).

WA LAS RESTAURANT  
401(k) PLAN

**Notes to Financial Statements**

December 31, 2014 and 2013

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***Vesting***

Participants are vested immediately in their contributions and the Company's matching contributions plus actual earnings thereon. Vesting in the Company's profit sharing contribution portion of their accounts is based on years of service and occurs at a rate of 20% annually, beginning with the second year of credited service. A participant is 100% vested in the Company's matching contribution after six years of service.

***Notes Receivable from Participants***

Participants may borrow from their accounts a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and accrue interest at rates of 5.25%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

***Payment of Benefits***

Participants are eligible to receive 100% of their vested account balance upon attaining normal retirement age of 65 years, death, disability, or break in service. Benefits are paid under various options, as defined in the Plan.

***Forfeited Accounts***

Forfeitures, which are non-vested portions of participants' accounts at the point of termination from the Plan, are used to reduce administrative expenses. Any remaining forfeitures are allocated in the same proportion that each participant's compensation for the Plan year bears to the compensation of all participants for such year. There were no forfeitures for the years ended December 31, 2014 and 2013.

***Administrative Expenses***

The Company pays substantially all administrative costs of the Plan other than commissions, early withdrawal penalties, and investment fees, which are paid by the Plan.

**(2) Summary of Accounting Policies**

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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WA LAS RESTAURANT  
401(k) PLAN

**Notes to Financial Statements**

December 31, 2014 and 2013

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***Notes Receivable from Participants***

Participant loans are measured at their unpaid principal balance plus any accrued but unpaid interest and classified as notes receivable from participants.

Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as investment fees and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. The Plan Administrator treats a participant loan as a distribution if the participant fails to make loan payments for one quarter.

***Fair Value***

Fair value is the price received to sell an asset or paid to transfer a liability (exit price) in an orderly transaction between market participants. For those assets and liabilities recorded or disclosed at fair value, the fair value is determined based upon the quoted market price, if available. If a quoted market price is not available for identical assets, then fair value is determined based upon the quoted market price of similar assets or the present value of expected future cash flows considering the risks involved, including counterparty performance risk if appropriate, and using discount rates appropriate for the duration. The fair values are assigned a level within the fair value hierarchy, depending on the sources of the inputs into the calculation.

- Level 1     Inputs based upon quoted prices in active markets for identical assets.
- Level 2     Inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly.
- Level 3     Inputs that are unobserved for the asset.

The following is a description of the valuation methodologies used by Plan management for assets measured at fair value. There have been no changes in the valuation methodologies used during 2014 and 2013.

*Pooled separate accounts:* The fair value of the units in pooled separate accounts is based on the estimated unit value of the underlying investments, as reported to the Plan by John Hancock Life Insurance Company (USA).

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

WA LAS RESTAURANT  
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**Notes to Financial Statements**

December 31, 2014 and 2013

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The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value. The value of the pooled separated accounts are grouped based on investment allocation options determined by John Hancock Life Insurance Company (USA).

**Assets at Fair Value as of December 31, 2014**

	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Lifestyle	\$ -	\$ 2,068,558	\$ -	\$ 2,068,558
Aggressive growth	-	1,147,577	-	1,147,577
Growth	-	1,165,132	-	1,165,132
Target date	-	823,993	-	823,993
Growth and income	-	504,087	-	504,087
Conservative	-	190,625	-	190,625
Income	-	90,601	-	90,601
Total assets at fair value	<u>\$ -</u>	<u>\$ 5,990,573</u>	<u>\$ -</u>	<u>\$ 5,990,573</u>

**Assets at Fair Value as of December 31, 2013**

	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Lifestyle	\$ -	\$ 1,970,274	\$ -	\$ 1,970,274
Aggressive growth	-	1,208,597	-	1,208,597
Growth	-	950,910	-	950,910
Target date	-	762,298	-	762,298
Growth and income	-	443,601	-	443,601
Conservative	-	220,790	-	220,790
Income	-	87,800	-	87,800
Total assets at fair value	<u>\$ -</u>	<u>\$ 5,644,270</u>	<u>\$ -</u>	<u>\$ 5,644,270</u>

***Payment of Benefits***

Benefits are recorded when paid. As of December 31, 2014 and 2013, there were no assets available for benefits allocated to the accounts of participants who, as of or prior to year-end, had been terminated or elected to withdraw from the Plan, and had elected to receive distributions, but had not been paid.

WA LAS RESTAURANT  
401(k) PLAN

**Notes to Financial Statements**

December 31, 2014 and 2013

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**(3) Investments**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's auditors to not perform any auditing procedures with respect to investments and notes receivable from participants which were certified by John Hancock Life Insurance Company (USA) for the Plan years ended December 31, 2014 and 2013, except for comparing such information certified by the custodian, to information included in the Plan's financial statements and supplemental schedules. The Plan's investments and notes receivable from participants are held in pooled separate accounts administered by the custodian.

The following table presents the fair value of investments. Investments that represent 5% or more of the Plan's net assets in either current or prior years are separately identified.

	<u>2014</u>	<u>2013</u>
<b>Investments:</b>		
Pooled separate accounts:		
JH Lifestyle – Balanced Active Strategy	\$ 738,811	\$ 758,484
JH Lifestyle – Growth Active Strategy	709,135	631,903
JH Oppenheimer Global	372,336	347,080
JH Target Date – 2025 Active Strategy	348,143	286,531
Other funds	<u>3,822,148</u>	<u>3,620,272</u>
Total investments certified by John Hancock Life Insurance Company (USA)	<u>\$ 5,990,573</u>	<u>\$ 5,644,270</u>

**(4) Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions and all assets would be held, administered, and distributed pursuant to the Plan's terms and conditions.

**(5) Tax Status**

The Plan obtained its latest determination letter on July 1, 1995, in which the Internal Revenue Service stated that the Plan and the related trust, as then designed, were in compliance with applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable provisions of the Internal Revenue Code and therefore believe that the Plan is qualified and the related trust is tax-exempt.

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WA LAS RESTAURANT  
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**Notes to Financial Statements**

December 31, 2014 and 2013

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Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audits by taxing authorities, however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to U.S. federal, state, and local income tax examinations by tax authorities for years prior to 2011. Interest and penalties related to taxes are reported in administrative expenses.

**(6) Related Party Transactions and Party-In-Interest Transactions**

The Plan invests in units of pooled separate accounts managed by John Hancock Life Insurance Company (USA). John Hancock Life Insurance Company (USA) is the custodian as defined by the Plan, InfoSync Services, LLC (ISS), is the payroll administrator for the Plan, and BBM Financial is the third-party administrator (TPA), therefore, transactions with the custodian, payroll administrator, and the TPA qualify as party-in-interest transactions. Total fees paid by the Plan for administration and investment fees amounted to \$35,297 and \$33,893 for the Plan years ended December 31, 2014 and 2013, respectively. The Plan sponsor also paid certain administrative expenses of the Plan.

**(7) Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**(8) Subsequent Events**

The Plan has evaluated subsequent events through August 10, 2015, which is the date the financial statements were available to be issued.

Subsequent to the Plan year-end the Plan document was restated and new participation agreements were signed by the participating employers to account for changes in ownership in each of the participating employers. Additionally the Plan document was restated to comply with required scheduled restatement provisions enacted by legislative and regulatory changes.

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**SUPPLEMENTAL INFORMATION**  
**REQUIRED BY THE**  
**DEPARTMENT OF LABOR**

WA LAS RESTAURANT  
401(k) PLAN  
EIN: 91-2060813 Plan Number: 003

**Schedule H, Line 4a – Schedule of Delinquent Participant Contributions**

December 31, 2014

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Participant contributions transferred late to plan	Total that Constitutes Nonexempt Prohibited Transactions			Total fully corrected under VFCP and PTE 2002-51
	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
\$ 430	\$ -	\$ 430	\$ -	\$ -

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WA LAS RESTAURANT  
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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**

December 31, 2014

(a)	(b)	(c)	(d)	(e)
#	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	**Cost	Current value
	<b>Pooled Separate Accounts:</b>			
*	John Hancock USA	JH LS Bal Active Strategy	N/A	738,811
*	John Hancock USA	JH LS Grow Active Strategy	N/A	709,135
*	John Hancock USA	JH Oppenheimer Global	N/A	372,336
*	John Hancock USA	JH Thru 2025 Active Strategy	N/A	348,143
*	John Hancock USA	JH/LS Aggressive Active Strategy	N/A	283,266
*	John Hancock USA	JH Blue Chip Growth Fund	N/A	262,595
*	John Hancock USA	JH Fundamental All Cap Core Fund	N/A	256,135
*	John Hancock USA	JH Capital Appreciation Fund	N/A	240,579
*	John Hancock USA	JH Small Cap Value Fund	N/A	230,212
*	John Hancock USA	JH LS Con Active Strategy	N/A	207,055
*	John Hancock USA	JH American Balanced Fund	N/A	177,733
*	John Hancock USA	JH Money Market Fund	N/A	172,362
*	John Hancock USA	JH Thru 2035 Active Strategy	N/A	170,580
*	John Hancock USA	JH 500 Index Fund	N/A	160,967
*	John Hancock USA	JH Legg Mason Clear Br Agg Growth	N/A	148,386
*	John Hancock USA	JH LS Mod Active Strategy	N/A	130,289
*	John Hancock USA	JH Mutual Beacon	N/A	108,704
*	John Hancock USA	JH Thru 2040 Active Strategy	N/A	107,876
*	John Hancock USA	JH T. Rowe Price Sci & Tech	N/A	105,696
*	John Hancock USA	JH Royce Opportunity	N/A	103,893
*	John Hancock USA	JH Thru 2045 Active Strategy	N/A	78,463
*	John Hancock USA	JH Europacific Growth Fund	N/A	68,584
*	John Hancock USA	JH Value Fund	N/A	64,285
*	John Hancock USA	JH Mid Cap Stock Fund	N/A	57,475
*	John Hancock USA	JH Vanguard Small Cap Grow Index	N/A	57,427
*	John Hancock USA	JH Vanguard Energy Fund	N/A	52,808
*	John Hancock USA	JH T. Rowe Price Health Sci	N/A	42,940

WA LAS RESTAURANT  
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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**

December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	**Cost	Current value
#	<b>Pooled Separate Accounts:</b>			
*	John Hancock USA	JH Davis New York Venture	N/A	41,344
*	John Hancock USA	JH Thru 2050 Active Strategy	N/A	35,931
*	John Hancock USA	JH High Yield Fund	N/A	34,638
*	John Hancock USA	JH Thru 2030 Active Strategy	N/A	31,594
*	John Hancock USA	JH Thru 2015 Active Strategy	N/A	30,019
*	John Hancock USA	JH PIMCO Total Return	N/A	28,542
*	John Hancock USA	JH Utilities Fund	N/A	27,554
*	John Hancock USA	JH American Century Heritage	N/A	26,037
*	John Hancock USA	JH Templeton World	N/A	25,571
*	John Hancock USA	JH Real Estate Securities Fund	N/A	23,819
*	John Hancock USA	JH The Growth Fund of America	N/A	21,642
*	John Hancock USA	JH Mutual Global Discovery	N/A	21,542
*	John Hancock USA	JH PIMCO Global Bond	N/A	17,240
*	John Hancock USA	JH Washington Mutual Investors	N/A	17,030
*	John Hancock USA	JH Thru 2020 Active Strategy	N/A	14,635
*	John Hancock USA	JH Oppenheimer Developing Mkt.	N/A	13,630
*	John Hancock USA	JH T. Rowe Price Equity Inc	N/A	13,384
*	John Hancock USA	JH 3 Yr Comp	N/A	10,664
*	John Hancock USA	JH T. Rowe Price Small Cap Value	N/A	10,345
*	John Hancock USA	JH Small Cap Index Fund	N/A	9,984
*	John Hancock USA	JH Franklin Small-Mid Growth	N/A	8,734
*	John Hancock USA	JH International Equity Index Fund	N/A	8,180
*	John Hancock USA	JH 10 Yr Comp	N/A	7,599
*	John Hancock USA	JH Disciplined Value	N/A	7,221
*	John Hancock USA	JH International Value Fund	N/A	6,205
*	John Hancock USA	JH PIMCO Real Return	N/A	5,547
*	John Hancock USA	JH Thru 2010 Active Strategy	N/A	4,910

WA LAS RESTAURANT  
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**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**

December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	**Cost	Current value
#	<b>Pooled Separate Accounts:</b>			
*	John Hancock USA	JH Oppenheimer Intl Growth	N/A	3,894
*	John Hancock USA	JH DFA U.S. Small Cap Fund	N/A	3,783
*	John Hancock USA	JH Investment Company of America	N/A	3,300
*	John Hancock USA	JH Vanguard Short-Term Federal	N/A	2,796
*	John Hancock USA	JH Invesco Small Cap Growth Fund	N/A	2,567
*	John Hancock USA	JH New World Fund	N/A	1,856
*	John Hancock USA	JH Thru 2055 Active Strategy	N/A	1,843
*	John Hancock USA	JH T. Rowe Price Spectrum, Inc.	N/A	1,837
*	John Hancock USA	JH International Small Cap Fund	N/A	1,490
*	John Hancock USA	JH Domini Social Equity	N/A	1,463
*	John Hancock USA	JH Fundamental Large Cap Value	N/A	1,427
*	John Hancock USA	JH Tocqueville Gold Fund	N/A	1,255
*	John Hancock USA	JH Capital World Growth & Income	N/A	811
*	John Hancock USA	JH Pru Jennison Mid Growth Fund	N/A	595
*	John Hancock USA	JH DFA Emerging Markets Value	N/A	471
*	John Hancock USA	JH Science & Technology Fund	N/A	452
*	John Hancock USA	JH Lord Abbett Value Opps Fund	N/A	352
*	John Hancock USA	JH International Core Fund	N/A	105
*#	Participant loans	Notes receivable from participants. Interest rates of 5.25% maturing 2015 to 2019	-0-	240,524
*	Party-in-interest.			
**	Cost information is omitted under ERISA regulation, as these investments are participant-directed.			
#	The above information has been certified by John Hancock Life Insurance (USA), the custodian, to be complete and accurate.			

WA LAS RESTAURANT  
401(k) PLAN  
EIN: 91-2060813 Plan Number: 003

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**

December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) **Cost	(e) Current value
#	<b>Pooled Separate Accounts:</b>			
*	John Hancock USA	JH LS Bal Active Strategy	N/A	738,811
*	John Hancock USA	JH LS Grow Active Strategy	N/A	709,135
*	John Hancock USA	JH Oppenheimer Global	N/A	372,336
*	John Hancock USA	JH Thru 2025 Active Strategy	N/A	348,143
*	John Hancock USA	JH/LS Aggressive Active Strategy	N/A	283,266
*	John Hancock USA	JH Blue Chip Growth Fund	N/A	262,595
*	John Hancock USA	JH Fundamental All Cap Core Fund	N/A	256,135
*	John Hancock USA	JH Capital Appreciation Fund	N/A	240,579
*	John Hancock USA	JH Small Cap Value Fund	N/A	230,212
*	John Hancock USA	JH LS Con Active Strategy	N/A	207,055
*	John Hancock USA	JH American Balanced Fund	N/A	177,733
*	John Hancock USA	JH Money Market Fund	N/A	172,362
*	John Hancock USA	JH Thru 2035 Active Strategy	N/A	170,580
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*	John Hancock USA	JH Legg Mason Clear Br Agg Growth	N/A	148,386
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*	John Hancock USA	JH Mid Cap Stock Fund	N/A	57,475
*	John Hancock USA	JH Vanguard Small Cap Grow Index	N/A	57,427
*	John Hancock USA	JH Vanguard Energy Fund	N/A	52,808
*	John Hancock USA	JH T. Rowe Price Health Sci	N/A	42,940

WA LAS RESTAURANT  
401(k) PLAN  
EIN: 91-2060813 Plan Number: 003

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**

December 31, 2014

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	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	**Cost	Current value
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*	John Hancock USA	JH High Yield Fund	N/A	34,638
*	John Hancock USA	JH Thru 2030 Active Strategy	N/A	31,594
*	John Hancock USA	JH Thru 2015 Active Strategy	N/A	30,019
*	John Hancock USA	JH PIMCO Total Return	N/A	28,542
*	John Hancock USA	JH Utilities Fund	N/A	27,554
*	John Hancock USA	JH American Century Heritage	N/A	26,037
*	John Hancock USA	JH Templeton World	N/A	25,571
*	John Hancock USA	JH Real Estate Securities Fund	N/A	23,819
*	John Hancock USA	JH The Growth Fund of America	N/A	21,642
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*	John Hancock USA	JH PIMCO Global Bond	N/A	17,240
*	John Hancock USA	JH Washington Mutual Investors	N/A	17,030
*	John Hancock USA	JH Thru 2020 Active Strategy	N/A	14,635
*	John Hancock USA	JH Oppenheimer Developing Mkt.	N/A	13,630
*	John Hancock USA	JH T. Rowe Price Equity Inc	N/A	13,384
*	John Hancock USA	JH 3 Yr Comp	N/A	10,664
*	John Hancock USA	JH T. Rowe Price Small Cap Value	N/A	10,345
*	John Hancock USA	JH Small Cap Index Fund	N/A	9,984
*	John Hancock USA	JH Franklin Small-Mid Growth	N/A	8,734
*	John Hancock USA	JH International Equity Index Fund	N/A	8,180
*	John Hancock USA	JH 10 Yr Comp	N/A	7,599
*	John Hancock USA	JH Disciplined Value	N/A	7,221
*	John Hancock USA	JH International Value Fund	N/A	6,205
*	John Hancock USA	JH PIMCO Real Return	N/A	5,547
*	John Hancock USA	JH Thru 2010 Active Strategy	N/A	4,910



WA LAS RESTAURANT  
401(k) PLAN  
EIN: 91-2060813 Plan Number: 003

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**

December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	**Cost	Current value
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*	John Hancock USA	JH Investment Company of America	N/A	3,300
*	John Hancock USA	JH Vanguard Short-Term Federal	N/A	2,796
*	John Hancock USA	JH Invesco Small Cap Growth Fund	N/A	2,567
*	John Hancock USA	JH New World Fund	N/A	1,856
*	John Hancock USA	JH Thru 2055 Active Strategy	N/A	1,843
*	John Hancock USA	JH T. Rowe Price Spectrum, Inc.	N/A	1,837
*	John Hancock USA	JH International Small Cap Fund	N/A	1,490
*	John Hancock USA	JH Domini Social Equity	N/A	1,463
*	John Hancock USA	JH Fundamental Large Cap Value	N/A	1,427
*	John Hancock USA	JH Tocqueville Gold Fund	N/A	1,255
*	John Hancock USA	JH Capital World Growth & Income	N/A	811
*	John Hancock USA	JH Pru Jennison Mid Growth Fund	N/A	595
*	John Hancock USA	JH DFA Emerging Markets Value	N/A	471
*	John Hancock USA	JH Science & Technology Fund	N/A	452
*	John Hancock USA	JH Lord Abbett Value Opps Fund	N/A	352
*	John Hancock USA	JH International Core Fund	N/A	105
*#	Participant loans	Notes receivable from participants. Interest rates of 5.25% maturing 2015 to 2019	-0-	240,524
*	Party-in-interest.			
**	Cost information is omitted under ERISA regulation, as these investments are participant-directed.			
#	The above information has been certified by John Hancock Life Insurance (USA), the custodian, to be complete and accurate.			

**Attachment to 2014 Form 5500**  
**Schedule H, line 4a - Schedule of Delinquent Participant Contributions**

**Plan Name** WA LAS Restaurant 401(k) Plan

**EIN:** 91-2060813

**Plan Sponsor's Name** Emerald City Pizza, LLC

**PN:** 003

Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: <input type="checkbox"/>	0	430	0	0