| _ | m 5500-SF | Short Form Annual Return/Report of Small Emplo Benefit Plan | | | | e | OMB Nos. 1210-0110 1210-0089 | | | |
|---|--|---|---|--|-------------------------------|-------------------------------------|--|--|--|--|
| Interr | tment of the Treasury nal Revenue Service | This form is required to be filed unde | r sections 104 and 4 | | | | 2014 | | | |
| Employee Be | partment of Labor enefits Security Administration nefit Guaranty Corporation | Income Security Act of 1974 (ERIS/ |). | | This Pu | Form is Open to blic Inspection | | | | |
| | | Complete all entries in accord dentification Information | lance with the instru | uctions to the Form 55 | 500-SI | F. | | | | |
| For calenda | | cal plan year beginning 01/01/2015 | | and ending 09/ | 30/20 | 15 | | | | |
| A This retu B This retu C Check b Part II 1a Name | urn/report is for: Irn/report is Dox if filing under: Basic Plan Infor | a single-employer plan a a one-participant plan a the first return/report it the an amended return/report a s Form 5558 a special extension (enter description) | f participating employ foreign plan e final return/report short plan year return utomatic extension | an (not multiemployer) (/er information in accord | (Filers dance onths) | checking this t with the form ir | ram | | | |
| | | | | | | | of plan 1/2004 | | | |
| | Y CORPORATION | Iress; include room or suite number (emp | bloyer, if for a single- | employer plan) | 2b | | tification Number 306558 | | | |
| | 4TH ST., # 385 | | | | 2c | Sponsor's tele 425-5 | phone number 62-6648 | | | |
| REDMOND, \ | NA 98052 | | | | 2d | | Business code (see instructions) 722513 | | | |
| 3a Plan ad | dministrator's name an | d address 🛛 Same as Plan Sponsor. | | | 3b Administrator's EIN | | | | | |
| name, | EIN, and the plan num | plan sponsor has changed since the last ber from the last return/report. | t return/report filed fo | or this plan, enter the | 4b | EIN | telephone number | | | |
| a Sponso | | | | | 4c | | | | | |
| | | at the beginning of the plan year | | | 5 | | 90 | | | |
| | | at the end of the plan year ccount balances as of the end of the pla | | | 5 | | 0 | | | |
| comple | ete this item) | · | | | 5 | | 0 | | | |
| ., | | ticipants at the beginning of the plan year | | | 5d(| | 104 | | | |
| | | ticipants at the end of the plan year | | | 5d | . , | 0 | | | |
| less that | an 100% vested | | | | 5 | e | 0 | | | |
| Caution: A | penalty for the late of | r incomplete filing of this return/repor | rt will be assessed u | unless reasonable cau | ise is | established. | | | | |
| SB or Sche | atties of perjury and oth dule MB completed an rue, correct, and comp | er penalties set forth in the instructions, d signed by an enrolled actuary, as well a lete. | as the electronic vers | examined this return/report sion of this return/report | , and | to the best of m | icable, a Schedule ly knowledge and | | | |
| SIGN | Filed with authorized/v | alid electronic signature. | 12/18/2015 | WILLIAM E. BEYE | | | | | | |
| HERE | Signature of plan ac | Iministrator | Date | Enter name of individe | ual sig | ning as plan ac | Iministrator | | | |
| SIGN HERE | | | | | | | | | | |
| | Signature of employ | | Date | Enter name of individu | | | | | | |
| Preparer's | name (including firm na | ame, if applicable) and address (include r | room or suite number | r) (optional) | Prep | arer's telephon | e number (optional) | | | |

| | Were all of the plan's assets during the plan year invested in eligible | | . , | | | | X Yes No | | |
|--------|---|--------------------------|--|---------|---------|-----------|-----------------------------|--|--|
| b | b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | | |
| | If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance p | rogram (see ERISA section 40 |)21)? | | Yes | No Not determined | | |
| Pa | t III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | | | (b) End of Year | | |
| а | Total plan assets | 7a | 2581 | | | | 0 | | |
| b | Total plan liabilities | 7b | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 2581 | 77 | | | 0 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | | | | | | |
| | (2) Participants | 8a(2) | 118 | 384 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | 8b | -82 | 222 | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 3662 | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 2618 | 339 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 261839 | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | -258177 | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension $\begin{array}{ccc} 2E & 2G & 2J & 2K & 2T & 3D \end{array}$ | feature co | des from the List of Plan Char | acteris | stic Co | odes in | the instructions: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Coo | les in tl | he instructions: | | |
| Par | V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | | |
| а | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | | | 10a | | х | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not i | include transactions reported | 10b | | x | | | |
| с | Was the plan covered by a fidelity bond? | | | 10c | Х | | 30000 | | |
| d | | fidelity bo | nd, that was caused by fraud | 100 | | x | | | |
| e | | ner person of the ben | s by an insurance carrier, efits under the plan? (See | 10u | x | | 1346 | | |
| f | · | | | 10f | | х | | | |
| | | | | _ | | X | | | |
| 9 h | | | | 10g | | ^ | | | |
| | 2520.101-3.) | | | 10h | | Х | | | |
| i | If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | |
| Part | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | |
| 11a | Enter the unpaid minimum required contribution for current year fr | om Sched | ule SB (Form 5500) line 39 | | | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | e or se | ction | 302 of | ERISA? Yes X No | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is beir | ng amortiz | ed in this plan year, see instrue | ctions | , and e | enter th | e date of the letter ruling | | |

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| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | |
|---|------------|----------------|----------|----|--------|-------|
| b Enter the minimum required contribution for this plan year | | 12b | | | | |
| | | | | | | |
| C Enter the amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount) | a | 12d | | | | |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | Ye | s | No | N/A |
| Part VII Plan Terminations and Transfers of Assets | | | | | | |
| 13a Has a resolution to terminate the plan been adopted in any plan year? | | XY | res 🗌 | No | | |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | 0 |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno of the PBGC? | der the co | ontrol | | | X Yes | No |
| C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | plan(s) to | D | | | | |
| 13c(1) Name of plan(s): | 13 | c(2) El | IN(s) | | 13c(3) | PN(s) |
| | | | | | | |
| | | | | | | |
| Part VIII Trust Information (optional) | | | | I | | |
| 14a Name of trust | 1 | 4b ⊺ | rust's E | IN | | |

| Form 5500-SF | Short Form Annu | al Return/Report of Small Emp Benefit Plan | loyee | OMB Nos. | 1210-0110 1210-0089 |
|--|--|--|---|--|------------------------|
| Internal Revenue Service | This form is required to be file | 2014 | <u>. </u> | | |
| Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Income Security Act of 1974 | e Internai | This Form is Open to Public Inspection | | |
| | Complete all entries in a | accordance with the instructions to the Form 5 | 500-SF. | - ubic inspec | |
| For calendar plan year 2014 or fis | dentification Information | (0015 | | | |
| | cal plan year beginning 01/01/ X a single-employer plan | | 09/30/2015 | | |
| A This return/report is for: | a one-participant plan | a multiple-employer plan (not multiemployer) of participating employer information in accor a foreign plan | (Filers check rdance with th | ing this box must att ne form instructions) | ach a lis |
| B This return/report is | the first return/report | | | | |
| This returnineport is | | X the final return/report | | | |
| | an amended return/report | X a short plan year return/report (less than 12 m | nonths) | | |
| Check box if filing under: | Form 5558 | automatic extension | | VC program | |
| C . | special extension (enter descri | iption) | | i o program | |
| Part II Basic Plan Infor | mation-enter all requested info | ormation | ·= | | |
| a Name of plan | | | 1b Three | -diait | |
| EYE REALTY ARBY'S RETIREM | ENT PLAN | | plan r | number | |
| | | | (PN) | • | |
| | | | | ive date of plan /2004 | |
| a Plan sponsor's name and add | ress; include room or suite numbe | er (employer, if for a single-employer plan) | + | over Identification Nu | |
| TE REALIT CORPORATION | | | | 59-1306558 | mber |
| RBY'S ROAST BEEF | | | | sor's telephone numl | hor |
| 5127 N.E. 24TH ST., # 385 | | | | (425) 562-6648 | 201 |
| | | | 2d Busin | ess code (see instruc | ctions) |
| EDMOND. WA 98052 | | · · · · · · · · · · · · · · · · · · · | 722513 | 3 | |
| | address XSame as Plan Spons | or. | 3b Admir | histrator's EIN | |
| | | | 3c Admir | istrator's telephone i | |
| | | | | istrator s telephone i | lumber |
| | | | | | |
| | | | | | |
| If the name and/or EIN of the pame EIN and the plan num | plan sponsor has changed since t ber from the last return/report. | he last return/report filed for this plan, enter the | 4b EIN | | <u> </u> |
| a Sponsor's name | ser nom the last return/report. | | 10 51 | | |
| a Total number of participants a | t the beginning of the plan year | | 4c PN | | |
| b Total number of participants a | t the end of the plan year | | 5a | | 90 |
| C Number of participants with ac | count halances as of the end of the | he plan year (defined benefit plans do not | 5b | | 0 |
| complete this item) | | n year | 5c | | 0 |
| | | | 5d(1) | | 104 |
| u(∠) Lotal number of active parti | icipants at the end of the plan year | r | 5d(2) | | 0 |
| e Number of participants that terr less than 100% vested | minated employment during the pl | an year with accrued benefits that were | 5e | <u>.</u> | 0 |
| | | | <u>له المعالم الم</u> | · · · · · · · · · · · · · · · · · · · | |
| aution: A penalty for the late or | r incomplete filing of this return | report will be assessed unless reasonable car | ien ie ontabli | inhod | |
| aution: A penalty for the late or Inder penalties of perjury and othe | e denalies sel torra in the instruct | report will be assessed unless reasonable cau ions, I declare that I have examined this return/report well as the electronic version of this return/report | بيالبيا مستاهم | 16 11 11 01 | edulo |

÷ ,

| HERE | | 12/10/15 | × William E. Berte |
|------------|--|------------------------|--|
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| Preparer's | name (including firm name, if applicable) and address (include | room or suite number | r) (optional) Preparer's telephone number (optional) |
| | | | |
| | | | |
| | | | |
| For Banany | ork Daduation Act Nation 1 Onto a | | |
| | ork Reduction Act Notice and OMB Control Numbers, see the instru | ctions for Form 5500-S | SF. Form 5500-SF (2014) |

| | Form 5500-SF 2014 | | Page 2 | |
|------------|--|--|--|-------------------------|
| C | Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in | an indepe and condi I ot use Fc | ndent qualified public accountant (IQPA) tions.) prm 5500-SF and must instead use Forn | X Yes No |
| Par | | | | |
| | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
| | Total plan assets | 7a | 258177 | 0 |
| <u>b</u> | Total plan liabilities | 7b | | |
| <u> </u> | Net plan assets (subtract line 7b from line 7a) | 7c | 258177 | 0 |
| 8 1 | ncome, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a (| Contributions received or receivable from: 1) Employers | 8a(1) | (+) / mount | |
| | 2) Participants | 8a(2) | 11884 | <u> </u> |
| (| 3) Others (including rollovers) | 8a(3) | | |
| <u>b</u> | Other income (loss) | 85 | -8222 | |
| | otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | |
| dE | Benefits paid (including direct rollovers and insurance premiums o provide benefits) | 8d | 261839 | |
| <u>e</u> (| Certain deemed and/or corrective distributions (see instructions) | 8e | | |
| <u>f</u> / | Administrative service providers (salaries, fees, commissions) | 8f | | |
| | Other expenses | 8g | | |
| | otal expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 201000 |
| | let income (loss) (subtract line 8h from line 8c) | <u>8i</u> | | 261839 |
| jт | ransfers to (from) the plan (see instructions) | 8i | | -258177 |
| Part | | <u>oj</u> | | |
| | f the plan provides pension benefits, enter the applicable pension f 2E 2G 2J 2K 2T 3D | | | |
| b | f the plan provides welfare benefits, enter the applicable welfare fe | ature code | es from the List of Plan Characteristic Cod | es in the instructions: |

Part V Compliance Questions

£1 — В а

| 10 | During the plan year: | | | | T | | | |
|------|--|---------------|-------------|----------------|------------------|-------------------|-----------|----------|
| | | | Yes | No | | Amou | nt | |
| a | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | x | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10u | | x | | | | <u> </u> |
| C | Was the plan covered by a fidelity bond? | 10c | х | | | | | 30000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | x | | | | 30000 |
| e | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | x | | | | | 1346 |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | х | | _ | | 1340 |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | х | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | х | : | | | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | ······ |
| Part | VI Pension Funding Compliance | | | | · | | <u> </u> | <u> </u> |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corr 5500) and line 11a below) | plete | Sched | ule SE | (Form | | /es [|] No |
| 11a | Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 | | | 11a | <u></u> <u>.</u> | | 63 | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | or se | ction ? | | ERISA2 | | (as) | < No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | 0.00 | | .02 UI | | | 03 2 | 140 |
| a | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver | ctions, th | and e | nter th Day | e date of th | ne letter Year | r rulin | g |

| | Form 5500-SF 2014 | Page 3 - 1 | | | | |
|-------|---|--|----------|------------|--------------|------------|
| If y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr | m 5500), and skip to line 13. | | | | |
| b | Enter the minimum required contribution for this plan year | | 12b | | | |
| | | | | | | · · · · |
| C | Enter the amount contributed by the employer to the plan for this plan year | | 12c | T | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount) | (enter a minus sign to the left of a | 12d | | | |
| e | Will the minimum funding amount reported on line 12d be met by the funding | | | Yes | No | □ N/A |
| Part | VII Plan Terminations and Transfers of Assets | | | | | |
| _13a | Has a resolution to terminate the plan been adopted in any plan year? | | X | Yes No | > | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer th | | 13a | | | 0 |
| b | Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC? | d to another plan, or brought under th | | | X Yes | |
| с | If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.) | n to another plan(s), identify the plan(| s) to | - I | <u>A</u> 10. | |
| 1: | 3c(1) Name of plan(s): | | 13c(2) E | IN(s) | 13cf | 3) PN(s) |
| | | | | | + | |
| | | | | | | |
| Part | VIII Trust Information (optional) | | | | | <u>-</u> - |
| | lame of trust | | 14h T | rust's EIN | | |
| | | | 1 140 1 | IUSUS EIN | | |

20 X