## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	nefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.	
Part I		<b>Identification Information</b>				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/	2013	and ending 0	)9/18/2	2013
	urn/report is for:	a single-employer plan		olan (not multiemployer)		a one-participant plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	x a short plan year retu	rn/report (less than 12 m	onths)	_
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descr	iption)			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name					1b	Three-digit
BROADWAY	GROUP 401(K) PLA	N				plan number (PN) 001
					10	(PN) ▶ 001  Effective date of plan
					10	01/01/1989
	consor's name and ad	dress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identification Number (EIN) 91-0841873
					20	Sponsor's telephone number
PO BOX 146	646 6409 E SHARP A'	√F			20	509-534-1502
SPOKANE, V		V L			2d	Business code (see instructions) 485990
3a Plan ad	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	ın Sponsor Address	3b	Administrator's EIN
					30	Administrator's telephone number
					30	Administrator s telephone number
		e plan sponsor has changed since t	the last return/report filed	for this plan, enter the	4b	EIN
	•	mber from the last return/report.			4c	DN
<b>a</b> Sponso		at the beginning of the plan year			5a	28
		at the end of the plan year			5b	0
		account balances as of the end of t	, ,	•	5c	0
<b>6a</b> Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instru	ctions.)		X Yes No
•	•	f the annual examination and repor	•		,	X Yes □ No
		? (See instructions on waiver eligibi				Ц
		, , , , , , , , , , , , , , , , , , ,				
		or incomplete filing of this return her penalties set forth in the instruc				
		nd signed by an enrolled actuary, a				
belief, it is t	rue, correct, and com	olete.				•
SICN	Filed with authorized	valid electronic signature.	10/15/2013	ALLEN FREEMAN		
SIGN HERE				+		
	Signature of plan a	dministrator	Date	Enter name of individe	ual sig	gning as plan administrator
SIGN HERE						
	Signature of emplo		Date			gning as employer or plan sponsor
Preparer's		ame, if applicable) and address; in	clude room or suite numb	er (optional)	Prep	parer's telephone number (optional)
	HURLEY, INC.					509-838-5500
<b>601 W RIVE</b>	RSIDE, SUITE 1600					
SPOKANE,	vvA 99201					

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Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of \	/ear	
а	Total plan assets	7a	27054				(/			0
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	27054	15						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	ı	
а	Contributions received or receivable from:		(0)							
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	4622	28						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4622	28
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	31677	3						
<u>e</u>	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							3167	73
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-2705	45
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D 3H	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctior	ıs:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions	:	
_										
Par										
10	During the plan year:			1	Yes	No		An	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		Χ				
h	, , , , , , , , , , , , , , , , , , , ,	•		10h		X				
i	2520.101-3.)	ne require	d notice or one of the	1011						
Part	exceptions to providing the notice applied under 29 CFR 2520.10°  VI Pension Funding Compliance	1-3		10i						
11	Is this a defined benefit plan subject to minimum funding requirem							T	٦ ٧-	
11a	5500) and line 11a below)  Enter the amount from Schedule SB line 39				<u>.</u>	11a		<u> </u>	Yes	S N
12	Is this a defined contribution plan subject to the minimum funding				ection '		FRISA?		Yes	s X N
-14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, UI SE	, HOHOLL	JUZ UI	LINOA!	_		
a	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		, and e	_	ne date d			uling
If	granting the waiver			IUI		Day		_ Ye	aı	
	Enter the minimum required contribution for this plan year	•	•			12b				
	Enter the minimum required contribution for this plan year						<u> </u>			

Form 5500-SF 2012 Page <b>3</b> - 1				
Enter the amount contributed by the employer to the plan for this plan year	12c			
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	'es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol		X Yes	No
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.)	0		_	
3c(1) Name of plan(s):	3 <b>c(2)</b> El	N(s)	13c(3) F	PN(s)
VIII Trust Information (optional)			<u> </u>	
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

A This return/report is for:

C Check box if filing under:

B This return/report is:

Part I

For calendar plan year 2012 or fiscal plan year beginning

**Annual Report Identification Information** 

a single-employer plan

the first return/report

Form 5558

an amended return/report

special extension (enter description)

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

X the final return/report

automatic extension

01/01/2013

Complete all entries in accordance with the instructions to the Form 5500-SF.

a multiple-employer plan (not multiemployer)

X a short plan year return/report (less than 12 months)

and ending

OMB Nos. 1210-0110 1210-0089

v. 120126

2012

This Form is Open to Public Inspection

09/18/2013

DFVC program

a one-participant plan

Part II Basic Plan Information—enter all requested information	
1a Name of plan	1b Three-digit
Broadway Group 401(k) Plan	plan number (PN) ▶ 001
	1c Effective date of plan
	01/01/1989
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer	
Alsaker Corporation	(EIN) 91-0841873
PO Box 14646 6409 E Sharp Ave	2c Sponsor's telephone number 509-534-1502
FO BOX 14046 0409 E SHALP AVE	2d Busine ss code (see instructions)
Spokane WA 99214	485990
3a Plan administrator's name and address XSame as Plan Sponsor Name XSame as Plan Sponsor	sor Address 3b Administrator's EIN
100000	
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this	plan, enter the 4b EIN
name, EiN, and the plan number from the last return/report.	4c PN
a Sponsor's name	
5a Total number of participants at the beginning of the plan year	
b Total number of participants at the end of the plan year	
Number of participants with account balances as of the end of the plan year (defined benefit plan complete this item)	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	
b Are you claiming a waiver of the annual examination and report of an independent qualified public	lic accountant (IQPA)
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes ∐ No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and m	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examine.	ned this return/report, including if applicable, a Schedule
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of	f this return/report, and to the best of my knowledge and
belief, it is true, correct, and complete.	
SIGN allow F. Treeman 10/15/13 All	en Freeman
LUEDE TO THE TOTAL	er name of individual signing as plan administrator
SIGN	
UEDE	er name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (opti-	
Jodi Calhoun	509-838-5500
Randall & Hurley, Inc.	309-636-3300
601 W Riverside, Suite 1600	
Spokane WA 99201  For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.	Form 5500-SF (2012)

OLDREGGE -

Pai	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	•			(b) End of Year
а	Total plan assels	7a	27	054	5		- 0
	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	27	054	5		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		1			
	(2) Participants	8a(2)					
EUE .	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	4	622	8		- !
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					46228
d	Benefits paid (including direct rollovers and insurance premiums		21	.677	2		i
	to provide benefits)	. 8d	21	.077	1		<u> </u>
	Certain deemed and/or corrective distributions (see instructions)	. 8e			-		<u> </u>
f_	Administrative service providers (salaries, fees, commissions)	. 8f	THE RESERVE OF THE PROPERTY OF		-	100	
	Other expenses	. 8g			-		21655
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		316773
<u>_i</u> _	Net income (loss) (subtract line 8h from line 8c)	. 8i			-		-270545
j	Transfers to (from) the plan (see instructions)	- 8j			Ш.		
Pa	rt IV Plan Characteristics						
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D 3H  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides pension at the plan provides pension are the plan provides pension at the plan provides pension at the plan provides pension are the plan provides pension at the plan pension						- w
					Yes	No	Amount
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	utions withi	n the time period described in rection Program)	10a	Yes	No X	Amount
10	During the plan year:  Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fid.	uciary Con t? (Do not	rection Program)include transactions reported	10a 10b	Yes	10000	Amount
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)  Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Con t? (Do not	rection Program)include transactions reported		Yes	Х	Amount 250000
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)  Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	uciary Con t? (Do not	rection Program)include transactions reported	10b		Х	
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)  Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all	t? (Do not s fidelity bo her person of the ben	include transactions reported  md, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c		х	
10 a k c	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)  Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	t? (Do not s fidelity bo her person of the ben	include transactions reported  ind, that was caused by fraud  is by an insurance carrier,  efits under the plan? (See	10b 10c 10d		X X	
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