## 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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

P	Complete all entries	es in accor	dance with	h the instructions to the Form 550	0-SF.	
	rt I Annual Report Identification Inform					
For	calendar plan year 2010 or fiscal plan year beginning	09/01/201	10	and ending 0	08/31/2	2011
A	This return/report is for:		multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report final return/report					
	an amended return/re	port	short plan	year return/report (less than 12 mo	nths)	
C Check box if filing under: Form 5558 automatic extension						DFVC program
	special extension (ent	er descripti	on)			
Pa	rt II Basic Plan Information—enter all reque	ested inform	nation			
1a	Name of plan				1b	Three-digit
YOS	T, MOONEY & PUGH 401K PLAN					plan number 001
					10	(PN)
					10	Effective date of plan 09/01/2000
	Plan sponsor's name and address (employer, if for single	le-employe	r plan)		2b	Employer Identification Number
YOS	T, MOONEY & PUGH CONTRACTORS INC					(EIN) 20-3391428
28 S.	RAY STREET				2c	Plan sponsor's telephone number 509-535-8874
	KANE, WA 99202-4829				2d	Business code (see instructions)
						238900
3a YOS	Plan administrator's name and address (if same as Plar , MOONEY & PUGH CONTRACTORS INC 2	sponsor, e	enter "Same STREET	e")	3b	Administrator's EIN 20-3391428
		POKANE,	WA 99202-	4829	3c	Administrator's telephone number
						509-535-8874
	the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/rep			port filed for this plan, enter the	4b	EIN
	iame, Env, and the plan number nom the last return rep-	он. Ороно	or o marrie		4c	PN
5a	Total number of participants at the beginning of the plan	n year			5a	22
b	Total number of participants at the end of the plan year				5b	22
С	Total number of participants with account balances as of			` .		11
	complete this item)				5c	Д □
	Were all of the plan's assets during the plan year investage. Are you claiming a waiver of the annual examination ar	J		'		Yes No
	under 29 CFR 2520.104-46? (See instructions on waive					Yes No
	If you answered "No" to either 6a or 6b, the plan ca	nnot use F	orm 5500-	SF and must instead use Form 55	00.	
Pa	rt III   Financial Information					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	164972	2	199996
b	Total plan liabilities		. 7b			
С	Net plan assets (subtract line 7b from line 7a)		. 7с	164972	2	199996
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total
а	Contributions received or receivable from:		90(1)			
	(1) Employers		, ,	16753	3	
	(3) Others (including rollovers)					
b	Other income (loss)		` ` `	1827	1	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					35024
d	Benefits paid (including direct rollovers and insurance p					
-	to provide benefits)		8d			
е	Certain deemed and/or corrective distributions (see inst	tructions)	8e			
f	Administrative service providers (salaries, fees, commis	ssions)	8f			
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		. 8h			0
į	Net income (loss) (subtract line 8h from line 8c)					35024
j	Transfers to (from) the plan (see instructions)		8i			

	Form 5500-SF 2010 Page <b>2-</b> 1		_		
r	IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	tic Co	des in	the instructions:
	2E 3D 2G 2J 2K 2F 2T	a a ta ri a t	ia Car	daa :a 4	ha inaterrationar
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acterisi	iic Coo	in sec	ne instructions.
rt	V Compliance Questions				
	During the plan year:		Yes	No	Amount
1	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	
)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
;	Was the plan covered by a fidelity bond?	10c	X		25000
k	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	
•	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	
	Has the plan failed to provide any benefit when due under the plan?	10f		X	
j	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
1	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
	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			
t	VI Pension Funding Compliance				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				
1	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mon	ctions,	and e	enter th	e date of the letter ruling
fy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	1	
)	Enter the minimum required contribution for this plan year			12b	

Part	VII	Plan Terminations and Transfers of Assets						
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	N	0	N,	/A
a		tive amount)	12d					

12c

Yes

Yes X No

Has a resolution to terminate the plan been adopted during the plan year or any prior year?

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 control of the PBGC?

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

C Enter the amount contributed by the employer to the plan for this plan year.....

12

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

SIGN	Filed with authorized/valid electronic signature.	11/10/2011	CORY YOST
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## 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 section 6058(a) of the Internal Revenue Code (the Code).

2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Pa	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 0	9/01/2	010 and ending		08/31/2011
A	This return/report is for: X single-employer plan	multiple-er	nployer plan (not multiemployer)		one-participant plan
_		final return	/report		
_	·	short plan	year return/report (less than 12 mor	iths)	
^	H H	automatic			DFVC program
	Officer box is limited direct.		OXIONOION	'	
	special extension (enter description	<u> </u>			
	art II Basic Plan Information—enter all requested informa	tion		1h	Three-digit
та	Name of plan			ID	plan number
	YOST, MOONEY & PUGH 401K PLAN				(PN) ▶ 001
				1c	Effective date of plan
					09/01/2000
2a	Plan sponsor's name and address (employer, if for single-employer pyost, MOONEY & PUGH CONTRACTORS INC	olan)			Employer Identification Number (EIN) 20 - 3391428
	1051, MOONET & POGH CONTRACTORS INC				Plan sponsor's telephone number
	28 S. RAY STREET				509-535-8874
	GDOWAND 14A 00000 4000			2d	Business code (see instructions)
	SPOKANE WA 99202-4829			26	238900
3a	Plan administrator's name and address (if same as Plan sponsor, en YOST, MOONEY & PUGH CONTRACTORS INC	iter "Same	")	30	Administrator's EIN 20-3391428
	28 S. RAY STREET			3c	Administrator's telephone number
	SPOKANE WA 99202-4829	9			509-535-8874
4	f the name and/or EIN of the plan sponsor has changed since the las	t return/re	port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponsor	's name		4c	PN
52	Total number of participants at the beginning of the plan year			5a	22
	Total number of participants at the beginning of the plan year			5b	22
	· · ·			อม	
С	Total number of participants with account balances as of the end of complete this item)	the plan y	ear (defined benefit plans do not	5c	11
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	Are you claiming a waiver of the annual examination and report of a	ın indepen	dent qualified public accountant (IQI	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ınd conditi	ons.)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.	
	art III   Financial Information		(a) Danisalan af Vaca		(b) End of Year
7	Plan Assets and Liabilities	_	(a) Beginning of Year 16497	3	199996
	Total plan assets	7a	10497		199990
b		7b	16497	2	199996
	Net plan assets (subtract line 7b from line 7a)	7c			(b) Total
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)	1675	3	
	(3) Others (including rollovers)	8a(3)			
b		8b	1827	1	
C		8c			35024
d					
	to provide benefits)	8d			
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			(
i	Net income (loss) (subtract line 8h from line 8c)	8i			35024

	Form 5500-SF 2010	Pag	је <b>2-</b>					
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature $2E$ 3D 2G 2J 2K 2F 2T							
b	If the plan provides welfare benefits, enter the applicable welfare featur	re codes from the Lis	st of Plan Charac	teristic (	Codes in	the instruction	ons:	
Part	V Compliance Questions					···		
10	During the plan year:			Ye	es No		Amount	
a	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	ry Correction Program	n) [ˈ	10a	X		~	<del></del>
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	O NOL INCIUGE transac	XIONS reported	10b	X			
С	Was the plan covered by a fidelity bond?			10c y	2		2	25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?	lity bond, that was ca	aused by fraud	10d	Х			
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	persons by an insuran e benefits under the p	nce carrier, plan? (See	10e	Х			
f	Has the plan failed to provide any benefit when due under the plan?			10f	Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g	Х			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h	Х			
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	10i			·······	
Part								
11	ls this a defined benefit plan subject to minimum funding requirements 5500))						Yes	No No
12	Is this a defined contribution plan subject to the minimum funding requ		412 of the Code	or sectio	n 302 of	ERISA?	Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable If a waiver of the minimum funding standard for a prior year is being ar granting the waiver.	mortized in this plan	year, see instruct	tions, an	id enter th Day	he date of th	ne letter rulir Year	ng —–
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule ME	B (Form 5500), and	skip to line 13.					
	Enter the minimum required contribution for this plan year				12b			
	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 negative amount)	e result (enter a minus	s sign to the left o	of a	12d		<del></del>	1
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the fu	iunding deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year	?		1	<del></del>	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employee	loyer this year			13a			
b	of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	this plan to another p	Jan(s), Identity un	е рыцэ			13c(3)	DM(e)
	13c(1) Name of plan(s):				13c(2) E	-114(5)	136(3)	Pivio
					V-101			
Caut	tion: A penalty for the late or incomplete filing of this return/report	will be assessed u	nless reasonabl	e cause	is estat	olished.		
Undo SB o	er penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well as of, it is true, correct, and complete.	declare that I have ex	xamined this retu	rn/repor	t, includir	ng, if applica	ible, a Sche knowledge	dule and
	1011/10#	11-2-11	CORY YOST					
	SIGN HERE Signature of plan/administrator Date Enter name					as plan adm	inistrator	

Date

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor