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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

P		lance witl	n the instructions to the Form 5500	-SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 09/01/2011	1	and ending 08	3/31/2	012		
Α	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	in year return/report (less than 12 mo	nths)			
С	Check box if filing under: Form 5558	automatio	extension		DFVC progra	m	
	special extension (enter description	n)					
Pa	Irt II Basic Plan Information—enter all requested informa	ation					
	Name of plan				Three-digit		
YOS	Γ, MOONEY & PUGH 401K PLAN				plan number (PN) ▶	001	
			-		Effective date of		
				10	09/01/	•	
	Plan sponsor's name and address; include room or suite number (er	nployer, if	for a single-employer plan)	2b	Employer Identif	ication Number	r
YOS	T, MOONEY & PUGH CONTRACTORS INC				(EIN) 20-33	91428	
				2c	Sponsor's telep		
	RAY STREET		-	0-1	509-535		,
SPOI	KANE, WA 99202-4829			2 a	Business code (23890		S)
3a	Plan administrator's name and address (if same as plan sponsor, en	iter "Same	,")	3b	Administrator's E	-	
YOS	T, MOONEY & PUGH CONTRACTORS INC 28 S. RAY ST	REET				91428	
	SPOKANE, W	A 99202-	4829	3c	Administrator's t		oer
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b		70074	
-	name, EIN, and the plan number from the last return/report.	2011010111,	plan, cine and	-10			
	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year		5a				
b	Total number of participants at the end of the plan year			5b			23
С	Number of participants with account balances as of the end of the p complete this item)	• (•	5c			11
	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		,				
	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	rm 5500-	SF and must instead use Form 550	0.			
	rt III Financial Information			1			
7	Plan Assets and Liabilities	_	(a) Beginning of Year		(b) End	of Year 234317	
a	Total plan assets	7a 	199990			204017	
D	Total plan liabilities	7b	199996			234317	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c			(b) T		
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otai	
u	(1) Employers	8a(1)	0				
	(2) Participants	8a(2)	14744				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	19577				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				34321	
d	Benefits paid (including direct rollovers and insurance premiums 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				0	
i	Net income (loss) (subtract line 8h from line 8c)	8i				34321	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					

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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 3D 2G 2J 2K 2F 2T
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

a	During the plan year:		Yes	No		Δ	lmoui	nt	
_	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					
o	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	Χ						25000
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					
е	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					
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Χ					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
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							
rt	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))							'es	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Πì	'es	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						ш	L	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day					
	,			Day					
b	Enter the minimum required contribution for this plan year			12b					
			[
С	Enter the minimum required contribution for this plan year	of a		12b					
c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	of a		12b 12c 12d		es	No		N/A
c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12b 12c 12d			No		N/A
c d e	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a		12b 12c 12d					N/A
c d e	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	of a		12b 12c 12d	 	es			N/A
c d e rt Ba	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left enegative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a		12b 12c 12d	 	es		ſes [
c d e rt Ba	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d	 	es			N/A
e ert Ba	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d	Yes	es			
e e sa	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d 	Yes	es			X No
c d e rt Ba	Enter the minimum required contribution for this plan year	of a	33a The co	12b 12c 12d 	Yes IIN(s)	Y No			X No

SIGN	Filed with authorized/valid electronic signature.	12/10/2012	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

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Department of Lebor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	D-SF.	mopeduo.
Pa	art I Annual Report Id	entification Information				
For	calendar plan year 2011 or fisca		09/01/:	2011 and ending		08/31/2012
Δ-	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
_	This return/report is:	the first return/report	the final r	eturn/report		
В	inis returniepon is.	- ' ' - '		in year return/report (less than 12 mg	onths)	
_				extension	,	DFVC program
C (Check box if filing under:	Form 5558		CEXTENSION		L DE VC program
		special extension (enter description				
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation			
	Name of plan				1b	Three-digit
YO	ST, MOONEY & PUGH 4	OIK PLAN				plan number (PN) • 001
					1c	Effective date of plan
						09/01/2000
2a	Plan sponsor's name and addre	ess; include room or suite number (el	mployer, if	for a single-employer plan)	2b	Employer Identification Number
	ST, MOONEY & PUGH C			_		(EIN) 20~3391428
					2c	Sponsor's telephone number
28	S. RAY STREET				L	509-535-8874
						Business code (see instructions)
	OKANE	WA 99202-4829				238900
3a	Plan administrator's name and a	address (if same as plan sponsor, er ONTRACTORS INC	nter "Same	")	3b	Administrator's EIN 20-3391428
					3с	Administrator's telephone number
28 SP(S. RAY STREET OKANE	WA 99202-4829				509-535-8874
4	If the name and/or EIN of the p	lan sponsor has changed since the la	ast return/e	report filed for this plan, enter the	4b	EIN
	name, EIN, and the plan numb	er from the last return/report.			4-	
	Sponsor's name				4c	
	• •		5a	23		
	, ,	the end of the plan year			5b	23
С		count balances as of the end of the p			5c	11
60		uring the plan year invested in eligible				X Yes No
		e annual examination and report of				
	under 29 CFR 2520.104-46? (See instructions on walver eligibility a	and conditi	ons.)		X Yes No
	If you answered "No" to eith	er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.	
Pa	rt III Financial Informa	ation				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	19999	6	234317
b	Total plan liabilities		7b	-		
C	Net plan assets (subtract line 7	b from line 7a)	7c	. 19999	6	234317
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or recei				0	
			8a(1)	7.474	Ť	
			8a(2)	1474	4	
	• • • • •		8a(3)		_	
				1957	7 -	
		8a(2), 8a(3), and 8b)	8c		-	34321
d		rollovers and insurance premiums	. 8d			
6	•	ive distributions (see instructions)	8e		7	
f		s (salaries, fees, commissions)			1	
-	•	5 (Salaties, 1865, Continuestorie)			7	
g	•	Be, 8f, and 8g)			_	
		e 8h from line 8c)			1	34321
i	, ,,	e instructions)			1	34341
	Transfers to (notif) the plan (se	~ mod dodong,	l 8i	1	1	

		Form 5500-SF 2011					Pag	e 2 -								
Par	rt IV	Plan Characteristi	ics				(
	if th	e plan provides pension bene E 3D 2G 2J 2K 2	efits, ente	er the ap	plicable p	ension fea	ature codes fro	m the	List of Plan Cha	aracteri	stic Co	des in	the instructi	ons:		
b		e plan provides welfare bene		r the app	plicable we	elfare feat	ure codes fron	n the L	ist of Plan Chai	acteris	tic Cod	les in ti	he instructio	ns:		
Pari	t V	Compliance Question	ons					***************************************								
10		ring the plan year:							10,0		Yes	No		٩mo	unt	
а		is there a failure to transmit to CFR 2510.3-102? (See insti								n 10a		х				
b		ere there any nonexempt tran- line 10a.)		•		•			•	10b		х				
C	W	as the plan covered by a fidel	lity bond?	?			•••••			10c	x				2	25000
d	Dic or	I the plan have a loss, whether	er or not	reimburs	sed by the	plan's fid	elity bond, tha	t was c	aused by fraud	10 d		х				
е	ins	ere any fees or commissions purance service or other organitructions.)	nization th	nat provi	ides some	or all of the	he benefits un	der the	plan? (See	10e		х				
f	Ha	s the plan failed to provide an	ny benefit	when d	lue under t	the plan?				10f		Х				
g	Die	the plan have any participan	nt loans?	(if "Yes,	" enter am	ount as o	f year end.)			10g		Х				
h		nis is an individual account pla 20.101-3.)								10h		Х				
į		Oh was answered "Yes," checeptions to providing the notice								10i						
Part	: VI	Pension Funding Co	mpliar	ice					100-10-00-00-00-00-00-00-00-00-00-00-00-							
11		nis a defined benefit plan sub	-		-	-							-	П	Yes	∏ No
12		this a defined contribution pla					~		- Introduce and					Ħ	Yes	X No
		Yes," complete 12a or 12b, 1												_		
	gra	walver of the minimum fundir nting the waiver							Mc	mlh						
lf;	•	completed line 12a, comple					•	-	-		Г	406	<u></u>			
b		er the minimum required conf										12b 12c				
c d		er the amount contributed by stract the amount in line 12c f	,	•	•	-	•									
	пе	ative amount)			• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			_		•	12d		1		
		the minimum funding amoun					funding deadl	ine?					Yes	N	0 [N/A
Part		Plan Terminations										П .	res X No			
13a		s a resolution to terminate the p res," enter the amount of any			-	-					3a	<u></u>	es A NO			
h		res," enter the amount of any re all the plan assets distribut										introl		—		
	of t	he PBGC?uring this plan year, any asse	.,												Yes	X No
	wh	ch assets or liabilities were tr Name of plan(s):					this plan to a	1001161	pranta), identity	THE PIG		c(2) El	N/e)	T_1	3c(3)	DN/e)
	, oct	J Maine Of Plants).									100	<u> </u>	14(3)	+	00(0)	11(0)
Caut	tion:	A penalty for the late or inc	complete	filing c	of this retu	urn/repor	t will be asse	ssed u	nless reasona	ble cau	use is	establ	ished.			
Unde SB o	er pe ır Scl	nallies of perjury and other pe nedule MB completed and sig strue, correct, and complete,	enalties s ined by a	et forth	in the inst	ructions, I	declare that I	have e	xamined this re	turn/re	port, in	cluding	g, if applicab	ile, a nowl	Scheredge a	dule and
SIG	N	/ RUT		1	1		11-26-	12	CORY YOST							
HER		Signature of plan administ	trator	V	1		Date		Enter name of	individ	ual sig	ning as	s plan admin	istra	tor	
				,									-			

Date

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor