Fo	rm 5500-SF	Short Form Annual Ret	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2012				
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				This Form is Open to Public				
	enefit Guaranty Corporation	tions to the Form 550	Inspection							
Part I Annual Report Identification Information										
For calendar plan year 2012 or fiscal plan year beginning 09/01/2012 and ending 08/31/2013										
A This re	turn/report is for:		a one-participant plan							
B This re	turn/report is:									
		nonths)								
C Check] Form 5558		DFVC program							
special extension (enter description)										
Part II	Basic Plan Inform	nation—enter all requested information	on							
1a Name	•				1b	Three-digit				
YOST, MOC	NEY & PUGH 401(K) PL	AN				plan number (PN) ▶ 001				
					1c	Effective date of plan				
						09/01/2000				
	ponsor's name and addre	ess; include room or suite number (emp CTORS INC	bloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 20-3391428				
28 S. RAY S	STREET				2c	Sponsor's telephone number 509-535-8874				
	WA 99202-4829				2d	Business code (see instructions) 238900				
	dministrator's name and			Sponsor Address	3b	Administrator's EIN 20-3391428				
YOST, MOON	NEY & PUGH CONTRAC	TORS INC 28 S. RAY STREI SPOKANE, WA 9			3c	Administrator's telephone number				
	name and/or EIN of the p	4b	4b EIN							
	or's name	er nom the last return/report.			4c PN					
5a Total	number of participants at	the beginning of the plan year			5a	5a 23				
b Total	number of participants at	the end of the plan year			5b					
C Numb	per of participants with ac	count balances as of the end of the plar	n year (defined bene	fit plans do not	_					
					5c	11				
-		luring the plan year invested in eligible a				Yes No				
		ne annual examination and report of an See instructions on waiver eligibility and				X Yes No				
		er line 6a or line 6b, the plan cannot								
Caution:	A penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	se is	established.				
SB or Sch		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a tte.								
SIGN	Filed with authorized/va	lid electronic signature. 11/13/2013 CORY YOST								
HERE	Signature of plan adn	ninistrator	dual signing as plan administrator							
SIGN										
HERE	Signature of employe	/plan sponsor Date Enter name of indiv		dual signing as employer or plan sponsor						
	r's name (including firm name, if applicable) and address; include room or suite number (optional)					Preparer's telephone number (optional)				
JODI CALHOUN RANDALL & HURLEY INC. 601 W. RIVERSIDE SUITE 1600					509-838-5500					
SPOKANE,										

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

Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year				
a Total plan assets	7a	23431	234317			248411				
b Total plan liabilities	7b		0		0					
C Net plan assets (subtract line 7b from line 7a)	7c	23431	7		248411					
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
a Contributions received or receivable from:	0-(4)		0							
(1) Employers	8a(1)	0 14452								
(2) Participants	8a(2)			_						
(3) Others (including rollovers) b Other income (loss)	8a(3) 8b	2513	0	_						
 b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 	38	2013	0			20500				
d Benefits paid (including direct rollovers and insurance premiums	00			_		39590				
to provide benefits)	8d	2549	6							
e Certain deemed and/or corrective distributions (see instructions)	8e		0							
f Administrative service providers (salaries, fees, commissions)	8f		0							
g Other expenses	8g		0							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					25496				
i Net income (loss) (subtract line 8h from line 8c)	8i					14094				
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions										
10 During the plan year:				Yes	No	Amount				
a Was there a failure to transmit to the plan any participant contributions within the time period describ 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Х					
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
C 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		Х					
insurance service or other organization that provides some or all o	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.)									
f Has the plan failed to provide any benefit when due under the plan	n?	f Has the plan failed to provide any benefit when due under the plan?								
					Х					
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year end		10f 10a		X					
 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) 	(See instructi	.) ons and 29 CFR	10f 10g 10h							
h If this is an individual account plan, was there a blackout period?	(See instruction	.) ons and 29 CFR otice or one of the	10g		Х					
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 	(See instruction	.) ons and 29 CFR otice or one of the	10g 10h		Х					
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) 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 Part VI Pension Funding Compliance 	(See instruction ne required no 1-3 ents? (If "Yes) ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i	Schec	X X Jule SE	8 (Form				
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	(See instruction ne required no 1-3 ents? (If "Yes	.) ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i	<u>.</u>	X X Jule SE	8 (Form				
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 11a Enter the amount from Schedule SB line 39. 	(See instruction ne required no 1-3 ents? (If "Yes) ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i		X X Iule SE	Yes No				
 If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10⁻ Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. 	(See instruction ne required no 1-3 ents? (If "Yes requirements	.) ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code	10g 10h 10i		X X Iule SE	Yes Nc				
 If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding 	(See instruction ne required no 1-3 ents? (If "Yes requirements as applicable ng amortized	.) ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruction	10g 10h 10i nplete	ection :	X X Iule SE 11a 302 of	ERISA? Yes No				
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is beir 	(See instruction ne required no 1-3 ents? (If "Yes requirements as applicable ng amortized) ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruction	10g 10h 10i nplete	ection :	X X dule SE 11a 302 of	ERISA? Yes No				

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a							
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No			
С	C 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.)							
1	13c(1) Name of plan(s): 1		3c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual F	oyee	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					2012				
Department of Labor Employee Benefits Security Administration	D58(a) of This Form is Open to Pub								
Pension Benefit Guaranty Corporation	00-SF.	Inspection							
Complete all entries in accordance with the instructions to the Form 5500-SF.									
For calendar plan year 2012 or fiscal plan year beginning 09/01/2012 and ending 08/31/2013 A This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan									
) a one-participant plan								
B This return/report is:	the first return/report	the final return/report							
an amended return/report a short plan year return/report (less than 12 months)									
C Check box if filing under:									
special extension (enter description)									
	nation-enter all requested inform	ation							
1a Name of plan Yost, Mooney & Pugh 4	F	Three-digit blan number PN)							
				1c 8	Effective date of plan 9/01/2000				
2a Plan sponsor's name and addres YOST, MOONEY & PUGH CO	ss; include room or suite number (e ONTRACTORS INC	mployer, if for a single	-employer plan)	2b E	Employer Identification Number EIN) 20-3391428				
28 S. RAY STREET				2c 8	Sponsor's telephone number				
SPOKANE	WA 99202-4829			2d E	Business code (see instructions) 238900				
3a Plan administrator's name and a		lame Same as Plar	n Sponsor Address		b Administrator's EIN				
YOST, MOONEY & PUGH CO	ONTRACTORS INC				20-3391428 3c Administrator's telephone number				
28 S. RAY STREET SPOKANE	509-535-8874								
4 If the name and/or EIN of the plan name, EIN, and the plan number	4b E								
a Sponsor's name				4c ⊩					
5a Total number of participants at the				<u>5</u> a	23				
b Total number of participants at the				5b	18				
 C Number of participants with according to the second secon	bunt balances as of the end of the p	lan year (defined bene	fit plans do not	5c	11				
6a Were all of the plan's assets du									
b Are you claiming a waiver of the	annual examination and report of a	an independent qualifie	d public accountant (IQ	PA)					
under 29 CFR 2520.104-46? (Se	ee instructions on waiver eligibility a r line 6a or line 6b, the plan cann	and conditions.)			X Yes No				
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.									
	Jos	10-28-13	CORY YOST						
Signature of plan admi	nistrator V	Date	Enter name of individ	ual signii	ng as plan administrator				
SIGN HERE									
Preparer's name (including firm name		Date	Enter name of individu		ng as employer or plan sponsor				
Jodi Calhoun			(ορισται)	перап	er's telephone number (optional)				
Randall & Hurley Inc.					509-838-5500				
601 W. Riverside									
Suite 1600	MB 0000-								
Spokane For Paperwork Reduction Act Notice and	WA 99201 d OMB Control Numbers, see the inst	ructions for Form 5500-5	F		Form 5500-SF (2012)				

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Form 5500-SF (2012) v. 120126 ı.

Form 5500-SF 2012

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Pa	rt III Financial Information		<u>,_,_</u> ,							
7	Plan Assets and Liabilities		(a) Beginning of Ye	(a) Beginning of Year			(b) End of Year			
a	Total plan assets	. 7a		234317			2484			
b	Total plan liabilities	7b			0				0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	2	234317			248411			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total			
а	Contributions received or receivable from:						(-7			
	(1) Employers									
	(2) Participants									
h	(3) Others (including rollovers)							-		
	Other income (loss)	8b		251	38					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>							39590	
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		254	96					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		.		·····	
	Administrative service providers (salaries, fees, commissions)	86 8f			0					
	Other expenses	8g	······································		0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)				<u> </u>				25496	
i	Net income (loss) (subtract line 8h from line 8c)	8i	·····						14094	
j	Transfers to (from) the plan (see instructions)	8i							14094	
Pa	t IV Plan Characteristics	0	······································							
b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 2G 2J 2K 2F 2T									
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	· ·	Amount		
	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)					х				
b 	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					х		<u>.</u>		
С	Was the plan covered by a fidelity bond?			10c	х				25000	
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity bon	d, that was caused by fraud	10d		х				
e						x				
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 year en	id.)	10g		х				
h						x				
i										
Part				10i			<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requireme	nts? (If "Ye	es," see instructions and com	plete	Scheo	íule SE	3 (Form	∏ Ye:	3 🗍 No	
	5500) and line 11a below)									
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.		Mont	tions,	and e	nter th Day	ne date of th	he letter ri Year	uling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b	Enter the minimum required contribution for this plan year					12b				