For	m 5500-SF	Short Form Annual R	•	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2	2013	
	partment of Labor enefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058		This Form is Open to Public		
	nefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.	1115	pection	
Part I		Ientification Information	2	and anding (0/04/0	004.4		
_	ar plan year 2013 or fisca F	al plan year beginning 09/01/201:)8/31/2			
	urn/report is for:		1 1 9 1	lan (not multiemployer)		a one-particip	bant plan	
B This ret	urn/report is:	the first return/report	the final return/report					
				n/report (less than 12 m	onths)	_		
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	im	
		special extension (enter descriptio						
Part II		nation—enter all requested information	ation		46	T I II II	[
1a Name	of plan NEY & PUGH 401(K) PL	AN			10	Three-digit plan number		
1001, 1000						(PN) 🕨	001	
					1c	Effective date of	f plan	
0						09/01/		
YOST, MOC	NEY & PUGH CONTRA	ess; include room or suite number (e CTORS INC	mployer, if for a single-	employer plan)		Employer Identit (EIN) 20-33	91428	
28 S. RAY S					2c	Sponsor's telep 509-538		
SPOKANE, V	NA 99202-4829				2d	Business code (23890	see instructions)	
	dministrator's name and EY & PUGH CONTRAC	address Same as Plan Sponsor N TORS INC 28 S. RAY STR		n Sponsor Address	3b	Administrator's I 20-33	EIN 91428	
name,	EIN, and the plan numb	blan sponsor has changed since the liper from the last return/report.	ast return/report filed fo	or this plan, enter the	4b			
a Sponso		the beginning of the plan year			4c		10	
		t the end of the plan year			5a		19	
		count balances as of the end of the p			5b		20	
	· ·			•	5c		10	
6a Were	all of the plan's assets d	luring the plan year invested in eligib	e assets? (See instruc	tions.)			X Yes No	
under If you	29 CFR 2520.104-46? (answered "No" to eith	ne annual examination and report of a See instructions on waiver eligibility a ser line 6a or line 6b, the plan cann	and conditions.) ot use Form 5500-SF	and must instead use	Form	5500.	X Yes 🗌 No	
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No	Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	use is	established.		
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as we ste.						
SIGN	Filed with authorized/va	lid electronic signature.	11/03/2014	CORY YOST				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator	
SIGN HERE	Signature of employe	ar/plan sponsor	Date	Entor name of individ		ining as ampleus	r or plan anonas	
Preparer's		me, if applicable) and address; includ		Enter name of individ r (optional)			number (optional)	
JODI CALH	OUN HURLEY INC. ERSIDE	,		,		509-838		
SPOKANE,								

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ear		
а	Total plan assets	7a	24841	1				3	05429		
b	Total plan liabilities	7b		0							
С	Net plan assets (subtract line 7b from line 7a)	7c	24841	1				3	05429		
8	Income, Expenses, and Transfers for this Plan Year	(a) 7a 7b 7c for this Plan Year e from: 8a(1) 8a(2) 8a(3) 8a 9 bad, fand 8g) 8g 9 from line 8c) 8i structions) 8j S tts, enter the applicable pension feature codes from the 2T s, enter the applicable welfare feature codes from the 2T s, enter the applicable welfare feature codes from the 2T s, enter the applicable welfare feature codes from the 2T or not reimbursed by the plan's fidelity bond, that ware add to any brokers, agents, or other persons by an insization that provides some or all of the					(b) 1	otal			
а	Assets and Liabilities (a) Beginning of Year (b) End of Year at plan sasets 7a 248411 306429 at plan liabilities 7b 0 0 plan sasets (subtract line 7b from line 7a) 7c 248411 305429 plan sasets (subtract line 7b from line 7a) 7c 248411 305429 plan sasets (subtract line 7b from line 7a) 7c 248411 305429 prefix parts Sa(1) 0 0 0 Participants Sa(2) 15444 0 0 Others (including rolovers) Sa(3) 0 0 0 0 at income (add lines Sa(1), Sa(2), Sa(3), and 8b) 8c 0 0 0 0 at indeemed and/or corrective distributions (see instructions) 8d 0 <td< th=""><th></th></td<>										
				-							_
											_
b			4155	4							
-									57018		_
		00							01010		
	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							C		
i	Net income (loss) (subtract line 8h from line 8c)								57018		
j	Transfers to (from) the plan (see instructions)										
Par	t IV Plan Characteristics										
9a		feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instrue	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	ies in t	ne instruci	ions:			
Part	V Compliance Questions										
10					Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contribu					х					
h	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program)										
	on line 10a.)					Х					
С	Was the plan covered by a fidelity bond?				X					250	00
d		•		10d		Х					
e	· · · · ·			104							
•						x					
				10e							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h		•				X					
— i	,			10h							
		•		10i							
Part	VI Pension Funding Compliance										
11									Yes		No
11a											
12	Is this a defined contribution plan subject to the minimum funding		, ,				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 granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Day		ica		_	<u> </u>
-	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 a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		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?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	14b Tru	ust's EIN	

Form 5500-SF	Short Form Annual Re	-	f Small Emplo	yee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		lenefit Plan	of AARE of the Employe		2013			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).							
Pension Benefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	tions to the Form 550	0-SF.	Inspection			
	lentification Information	1	<i>.</i>					
For calendar plan year 2013 or fisc		/01/2013	and ending	(38/31/2014			
A This return/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)	L	a one-participant plan			
B This return/report is:		the final return/report						
	an amended return/report	a short plan year return	/report (less than 12 m	onths)	_			
C Check box if filing under:	Form 5558	automatic extension		L	DFVC program			
[special extension (enter description							
Part II Basic Plan Inform	nation—enter all requested informa	tion						
1a Name of plan Yost, Mooney & Pugh 4	ł01(k) Plan				Three-digit plan number (PN) ▶ 001			
					Effective date of plan			
2a Plan sponsor's name and addr YOST, MOONEY & PUGH (ess; include room or suite number (en	nployer, if for a single-e	employer plan)		Employer Identification Number (EIN) 20-3391428			
28 S. RAY STREET				2c 3	Sponsor's telephone number			
				2d i	Business code (see instructions)			
SPOKANE	WA 99202-4829		Channes Address		238900 Administrator's EIN			
	address Same as Plan Sponsor Na	ame Esame as Plan	Sponsor Address		20-3391428			
YOST, MOONEY & PUGH (CONTRACTORS INC			3c Administrator's telephone number				
28 S. RAY STREET				509-535-8874				
SPOKANE	WA 99202-4829							
4 If the name and/or EIN of the p name, EIN, and the plan numb	elan sponsor has changed since the la	st return/report filed fo	r this plan, enter the	4b	EIN			
a Sponsor's name				4c	PN			
5a Total number of participants at	the beginning of the plan year			5a	19			
b Total number of participants at	the end of the plan year			5b	5b 20			
c Number of participants with ac	count balances as of the end of the pl	lan year (defined bene	fit plans do not	5c	10			
	luring the plan year invested in eligible							
	ne annual examination and report of a							
under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditions.)			X Yes No			
-	er line 6a or line 6b, the plan canno							
C If the plan is a defined benefit	plan, is it covered under the PBGC ins	surance program (see l	ERISA section 4021)?		Yes No Not determined			
Caution: A penalty for the late or	incomplete filing of this return/repo	ort will be assessed u	inless reasonable cat	use is e	stablished.			
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	r penalties set forth in the instructions signed by an enrolled actuary, as we ste.	, I declare that I have e Il as the electronic vers	examined this return/report sion of this return/report	port, inc t, and to	cluding, if applicable, a Schedule the best of my knowledge and			
		10.31-14	CORY YOST					
HERE Signature of plan adr	ministrator	Date	Enter name of individ	lual sigr	ning as plan administrator			
SIGN								
HERE Signature of employe	rinian enoneor	Date	Enter name of individ	ual sior	ning as employer or plan sponsor			
Preparer's name (including firm nar	me, if applicable) and address; include				arer's telephone number (optional)			
Jodi Calhoun					509-838-5500			
Randall & Hurley Inc.	·							
601 W. Riverside					······			
Suite 1600 Spokane	WA 99201							

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		N	(a) Beginning of Yea	ır			(b) End o	f Year	
a Total plan assets		. 7a		4841	.1		<u>}</u>		305429
b Total plan liabilities		7b	· ·		0				
C Net plan assets (subtract line 7b from		. 7c	2.	4841	.1				305429
8 Income, Expenses, and Transfers for			(a) Amount				(b) To	tal	
a Contributions received or receivable fi									
(1) Employers		8a(1)			0	• .			
(2) Participants		8a(2)		1546	54				
(3) Others (including rollovers)		8a(3)			<u> </u>				
b Other income (loss)		8b	· · · · · · · · · · · · · · · · · · ·	4155	54				
C Total income (add lines 8a(1), 8a(2), 8		<u>8c</u>			·			<u>.</u>	57018
d Benefits paid (including direct rollover		8d				1.1	n a se a	1997 - A.	
to provide benefits) e Certain deemed and/or corrective dist		8e							
f Administrative service providers (salar		8f							
		8g							
		8h			+				0
h Total expenses (add lines 8d, 8e, 8f, a Net income (loss) (subtract line 8h fro		8i							57018
Transfers to (from) the plan (see instru					+				0,020
Part IV Plan Characteristics		8j							
9a If the plan provides pension benefits, 2E 3D 2G 2J 2K 2F 2T b If the plan provides welfare benefits,									
Part V Compliance Questions									
10 During the plan year:					Yes	No		Amount	<u>.</u>
29 CFR 2510.3-102? (See instruction	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		х			
b Were there any nonexempt transact on line 10a.)				10b		х			
C Was the plan covered by a fidelity b	ond?			10c	Х				25000
d Did the plan have a loss, whether or or dishonesty?		-		10d		х			
e Were any fees or commissions paid insurance service, or other organiza instructions.)	tion that provides some or all	of the ben	efits under the plan? (See	10e		х			
f Has the plan failed to provide any be	enefit when due under the pla	in?		10f		Х			
g Did the plan have any participant loa	ans? (If "Yes," enter amount a	is of year e	end.)	10g		х			
h If this is an individual account plan, v 2520.101-3.)	was there a blackout period?	(See instru	uctions and 29 CFR	10h		x			
I If 10h was answered "Yes," check the exceptions to providing the notice and the second s	e box if you either provided t	he required	d notice or one of the	10i					
Part VI Pension Funding Comp	-								
					Scher		CEORD		
11 Is this a defined benefit plan subject 5500) and line 11a below)	to minimum funding requirem							<u> </u>	s No
	to minimum funding requirem				<u></u>			<u> </u>	es 📋 No
5500) and line 11a below)	to minimum funding requiren	rom Sched	ule SB (Form 5500) line 39			11a			es No
5500) and line 11a below) 11a Enter the unpaid minimum required 12 Is this a defined contribution plan su	to minimum funding requirem contribution for current year fi ibject to the minimum funding	rom Sched i requireme	ule SB (Form 5500) line 39 ents of section 412 of the Code			11a			
5500) and line 11a below) 11a Enter the unpaid minimum required of 12 Is this a defined contribution plan su (If "Yes," complete line 12a or lines 1 a If a waiver of the minimum funding si	to minimum funding requirent contribution for current year for bject to the minimum funding 12b, 12c, 12d, and 12e below tandard for a prior year is bei	rom Sched requirements as application ng amortize	ule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instruc	e or se	ection	11a 302 of	ERISA?	Ye	es X No
5500) and line 11a below) 11a Enter the unpaid minimum required 12 Is this a defined contribution plan su (If "Yes," complete line 12a or lines 1	to minimum funding requirent contribution for current year fu ubject to the minimum funding 12b, 12c, 12d, and 12e below tandard for a prior year is bei	rom Sched requireme , as applicang ng amortize	ule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru Mon	e or se	ection	11a 302 of	ERISA?	e letter	es X No