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).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009							
Α	return/report is for: X single-employer plan multiple-employer plan (not multiemployer) one-participant plan							
В	This return/report is for:	t final return/report						
	an amended return/report	short plan	year return/report (less than 12 mo	onths)				
С	Check box if filing under:	automatic	extension		DFVC program			
	special extension (enter description)							
Pa	art II Basic Plan Information—enter all requested informa	•						
	Name of plan	20011		1b	Three-digit			
	COMMERCIAL CONTRACTORS INC DAVIS-BACON PENSION PL	LAN & TR	JST		plan number			
					(PN) • 001			
				1c	Effective date of plan 05/19/1997			
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
ZINK	COMMERCIAL CONTRACTORS INC			20	(EIN) 91-1676480			
2612	E 33RD			20	Plan sponsor's telephone number 360-693-7614			
	COUVER, WA 98661			2d	Business code (see instructions)			
		. "0	m.	26	236200			
	Plan administrator's name and address (if same as Plan sponsor, er COMMERCIAL CONTRACTORS INC 2612 E 33RD) ")	30	Administrator's EIN 91-1676480			
	VANCOUVER	R, WA 986	61	3с	Administrator's telephone number 360-693-7614			
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponsor		' '					
				4c	PN			
	Total number of participants at the beginning of the plan year				15			
b				5b	12			
С	Total number of participants with account balances as of the end of complete this item)			. 5c	12			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No			
b	- ,				X Yes □ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo				res [] No			
Pa	art III Financial Information	0000	or and mast motoda acc r orm o					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	23036	61	234890			
b	Total plan liabilities	. 7b		0	0			
С	Net plan assets (subtract line 7b from line 7a)	. 7c	23036	31	234890			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:							
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
h	(3) Others (including rollovers)	` '	4005	0				
b	Other income (loss)	8b	1025	5	10255			
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			10255			
u	to provide benefits)	8d	572	26				
е	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			5726			
i	Net income (loss) (subtract line 8h from line 8c)	8i			4529			
	Transfers to (from) the plan (see instructions)	8j		0				

Dant IV	Plan Characteristics
Part IV	Pian Characteristics

SIGN HERE

Signature of employer/plan sponsor

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

		· · · · · · · · · · · · · · · · · · ·								
art	V Co	mpliance Questions								
0	<u> </u>						No	Amount		
а	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)						X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	Was the	plan covered by a fidelity bond?			10c	Χ				25000
d		an have a loss, whether or not reimbursed by the plan's fidelity esty?			10d		X			
е	insurance	r fees or commissions paid to any brokers, agents, or other per e service or other organization that provides some or all of the b ns.)	benefits under the	plan? (See	10e		X			
f	Has the p	lan failed to provide any benefit when due under the plan?			10f		X			
g	Did the p	an have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g		X			
h		n individual account plan, was there a blackout period? (See ir -3.)			10h	X				
i		s answered "Yes," check the box if you either provided the request to providing the notice applied under 29 CFR 2520.101-3			10i	X				
art '	VI Per	nsion Funding Compliance								
		efined benefit plan subject to minimum funding requirements?							Yes	X No
12		defined contribution plan subject to the minimum funding requir							Yes	X No
		complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		112 01 110 0000	0. 00	011011	002 01 1		ш	ш -
а	If a waive granting t	r of the minimum funding standard for a prior year is being amo	ortized in this plan	Mont						
		eted line 12a, complete lines 3, 9, and 10 of Schedule MB (Г	401			
	b Enter the minimum required contribution for this plan year						12b			0
		amount contributed by the employer to the plan for this plan ye					12c			0
	negative a	he amount in line 12c from the amount in line 12b. Enter the re amount)					12d	7 ,, [7 F	0
	Will the minimum funding amount reported on line 12d be met by the funding deadline?									
art '	VII PI	an Terminations and Transfers of Assets								
3a	Has a res	olution to terminate the plan been adopted during the plan year	ar or any prior year	?					Yes	× No
		nter the amount of any plan assets that reverted to the employ					13a			
	of the PB	he plan assets distributed to participants or beneficiaries, trans GC?					ntrol 		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):						(2) EII	N(s)	13c(3)	PN(s)
Cauti	on: A per	alty for the late or incomplete filing of this return/report wi	vill be assessed u	nless reasonabl	le cau	se is	establ	ished.		
SB or	Schedule	of perjury and other penalties set forth in the instructions, I det MB completed and signed by an enrolled actuary, as well as the correct, and complete.								
SIGN	Filed w	ith authorized/valid electronic signature. 09	9/23/2010	DANIEL B SWEE	NEY					
	IFPE				individual signing as plan administrator					

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).

EIN 91-1676480 / PN 001 / ZINK.RF9

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	arti Annual Report Identification Information						
	calendar plan year 2009 or fiscal plan year beginning	01/01/2	009	and ending		12/31/2009)
Α	This return/report is for: X single-employer plan	multiple-	employer plan ((not multiemployer)		one-participani	t plan
	This return/report is for: first return/report	final retu	n/report			_	
	an amended return/report	short plai	n year return/re	port (less than 12 mo	onths)		
C	Check box if filing under: X Form 5558	automatic	extension			DFVC program	1
	special extension (enter description	•					
P	Basic Plan Information—enter all requested inform	-					
17,5	Name of plan				1b	Three-digit	41-11-T.
	ZINK COMMERCIAL CONTRACTORS INC DAVIS-BA	CON				plan number	004
	PENSION PLAN & TRUST				40	(PN) •	001
					16	Effective date of p 05/19/1997	oian
2a	Plan sponsor's name and address (employer, if for single-employer	plan)			2b	Employer Identific	ation Number
	Plan sponsor's name and address (employer, if for single-employer ZINK COMMERCIAL CONTRACTORS INC	' '				(EIN) 91-1676	
	÷	•			2c	Plan sponsor's tel (360) 693-7	
	2612 E 33RD				2d	Business code (se	
	VANCOUVER		WA	98661		236200	
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Sam	∍")		3b	Administrator's El	N .
					30	Administrator's te	lenhone number
					"	Administrator s te	ephone number
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for th	is plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso	r's name		•	4c	DNI .	
52	Total number of participants at the beginning of the plan year				1		15
	Total number of participants at the beginning of the plan year				<u> </u>	-	12
	Total number of participants with account balances as of the end of				90	 	12
•	complete this item)				5c		12
	Were all of the plan's assets during the plan year invested in eligib						X Yes No
b	Are you claiming a waiver of the annual examination and report of						X Yes ∏ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use F						
P	HIII Financial Information		<u> </u>				· · · · · · · · · · · · · · · · · · ·
7	Plan Assets and Liabilities	\$2.75 E. 150 \$12.54 S. 170	(a) Be	ginning of Year		(b) End o	f Year
а	Total plan assets	. 7a		230,36	61		234,890
b	Total plan liabilities	. 7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c		230,36	61		234,890
8	Income, Expenses, and Transfers for this Plan Year		. (6	a) Amount	-550	(b) To	tal
а	Contributions received or receivable from:	0=(4)			0	Tarang Padang A	
	(1) Employers	8a(1)			0		
	(2) Participants	8a(2) 8a(3)			0		
h	(3) Others (including rollovers)	8b		10,.25		ing and the state of the second	All the second and another
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	SET WAR			A CONTRACTOR OF THE PROPERTY O	10,255
c d	Benefits paid (Including direct rollovers and insurance premiums	1	Waller Control of the Second		100 E		
u	to provide benefits)	8d		5,72	26		
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		到"情心"的"多"。
f	Administrative service providers (salaries, fees, commissions)	8f			의		· 安徽 · 南西斯里
g	Other expenses		Samuel Seguing Description of the Section of	en e	0	AT WATER OF	STORY OF COMPANY
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						5,726
i	Net income (loss) (subtract line 8h from line 8c)		18 6 - Sec. 584.		E.F.	en de la compania de	4,529
•	Transfers to (from) the plan (see instructions)	Q:			$ \cap$ \mathbb{F}^{n+1}	THE THE CONTRACTOR SOURCE	36年,严重的证明者,严重的"严重

Form 5500-SF 2009

Page 2-	
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Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
.	2C 2F 2G 2T 3D	re ander from the	List of Plan Character	ietic Co	dee in f	he instructio	ne.	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Part	V Compliance Questions	·						
10	During the plan year:			Yes	No	Α	mount	
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			a	x			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	not include trans	actions reported		Х			
C	Was the plan covered by a fidelity bond?	***************************************	10	c X			25,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?	ty bond, that was	caused by fraud	4	х			
е	Were any fees or commissions paid to any brokers, agents, or other perinsurance service or other organization that provides some or all of the instructions.)	e plan? (See	e	Х				
f	Has the plan failed to provide any benefit when due under the plan? \ldots		10	f	Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	rear end.)	10	9	Х			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			h X			uru (ang sa trans da asat na na an	
i	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3			ı X				
Part	VI Pension Funding Compliance							
11	ls this a defined benefit plan subject to minimum funding requirements (5500))	? (If "Yes," see inst	tructions and complet	e Sched	lule SB	(Form	Yes X No	
12	Is this a defined contribution plan subject to the minimum funding requi	irements of section	n 412 of the Code or s	ection :	302 of I	ERISA?	Yes X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.						_	
а	If a waiver of the minimum funding standard for a prior year is being am granting the waiver.	nortized in this plar	n year, see instruction Month	s, and e	enter th Dav	e date of the Y	· letter ruling ear	
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	l skip to line 13.		,			
b	Enter the minimum required contribution for this plan year				1 2 b		0	
_	Enter the amount contributed by the employer to the plan for this plan y				12c		0	
	Subtract the amount in line 12c from the amount in line 12b. Enter the r negative amount)		*****		12d		0	
е	Will the minimum funding amount reported on line 12d be met by the fu	nding 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 year	ar or any prior yea	r?				Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the emplo				13a			
	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?			*********			Yes X No	
	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	3c(1) Name of plan(s):			13c(2) EiN(s) 13c(3) PN			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.								
1987年		9-20-2010	ROBURT	D		INV		
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator						strator		
29/19								
SIGI	2-12-1	Date	Enter name of indivi	dual sin	nina as	employer o	r plan sponsor	
· ASSOCIATION	asyl argusture or emproyer/plant apolisor	-un-	Antor name of malvi		.mig di	pioyer 0	. p.a sponou	