For	m 5500-SF			of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
		-				2	012
De	Benefit Plan 2012 Department of the Treasury Internal Revenue Service 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). This Form is Open to Public Inspection Annual Report Identification Information . complete all entries in accordance with the instructions to the Form 5500-SF. . an ended return/report . an amended return/report ndar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 a one-participant plan return/report is for: a single-employer plan						
Pension Be	enefit Guaranty Corporation	Complete all entries in accordar	tions to the Form 5500)-SF.	Ins	pection	
Part I		entification Information					
For calenda	ar plan year 2012 or fisca			and ending 12	2/31/2	2012	
A This ret	urn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-particip	pant plan
B This ret	urn/report is:	the first return/report the	e final return/report				
		an amended return/report	short plan year return	/report (less than 12 mc	onths)		
C Check b	box if filing under:	K Form 5558	tomatic extension			DFVC progra	im
Part II		nation—enter all requested information	on				l
1a Name	•				1b		
	ERCIAL CONTRACTOR	S INC DAVIS-BACON FENSION FEA	NA IRUSI			•	001
					1c	Effective date or	f plan
						05/19/	/1997
			oloyer, if for a single-	employer plan)	2b		
210 WEST 4					2c		
VANCOUVE	R, WA 98660				2d		
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN
		1 0	return/report filed fo	r this plan, enter the	4b	EIN	
		•			4c	PN	
5a Total r	number of participants at	the beginning of the plan year			5a		9
b Total r	number of participants at	the end of the plan year			5b		7
					50		7
-							
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (he annual examination and report of an See instructions on waiver eligibility and	independent qualifie d conditions.)	d public accountant (IQF	PA)		
SB or Sche	dule MB completed and	signed by an enrolled actuary, as well a					
SIGN	Filed with authorized/va	lid electronic signature.	08/30/2013	CATHY CRAWFORD			
HERE					ninistrator		
SIGN							
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor
Preparer's	name (including firm nar	ne, if applicable) and address; include r	oom or suite number	(optional)	Prep	arer's telephone	number (optional)

Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	18147	′5			172283
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	18147	′5			172283
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	0-(1)		0			
	(1) Employers	8a(1)		0			
	 (2) Participants	8a(2)			_		
h	(3) Others (including rollovers) Other income (loss)	8a(3)	255	5			
		8b	255	0			0555
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-		2555
	to provide benefits)	8d	1174	1			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g		6			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					11747
i	Net income (loss) (subtract line 8h from line 8c)	8i					-9192
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
Part							
10	During the plan year:				Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		30000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefi	ts under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10q		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х	
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	ne required i	notice or one of the	10i			
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					11a	
12	Is this a defined contribution plan subject to the minimum funding	requiremen	its of section 412 of the Code	e or se	ection :	302 of	ERISA? 🛛 Yes 🗙 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 amortized	d in this plan year, see instruc		, and e	enter th Day	he date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
lf	you completed line 12a, complete lines 5, 5, and 10 of beneduk	e MB (Form	1 5500), and skip to line 13.			12b	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?						
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			
	lf "Ye	es," 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		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_			
1	3c(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

F)	ng.
¥.	1	00

Form 5500-SF	Form 5500-SF Short Forn Sturn/Report of Small Emplo				
Department of the Treasury	Benefit Plan	e	2	012	
Department of Labor Department of Labor Employee Benefite Security Administration	This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and soctions 6067(b) and 605 the Internal Revenue Code (the Code).		This Form is ins	s Open to Public pection	
Pension Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 550	10-OF.			
art Annual Report I	dentification information and ending		12/31/201	.2	
r calendar plan year 2012 or fist		[a one-partici	pant plan	
This return/report is for:					
This return/report is:		months	•)		
			DFVC progr	am	
Check box if filing under:					
the second s	special extension (entar description)				
	rmationenter all requested information	10	Three-digit		
a Name of plan	WTTO CONCEANS THE DAVIS-BACON		plan number (PN)	001	
	ONTRACTORS INC DAVIS-BACON	10	Effective date	at plan	
PENSION PLAN & TRU	UST	1.0	05/19/199	7	
a Plan sponsor's name and add	idress; include room or suite number (employer, if for a single-employer plan)		(EIN) 91-16		
ZINK COMMERCIAL CO	ONTRACTORS INC		Sponsor's tele (360) 693	-7614	
		2d		(see instructions)	
210 WEST 4TH ST	WA 98660		236200		
	WA 98660 nd address Same as Plan Sponsor Name Same as Plan Sponsor Address		Administrator's	EIN telephone number	
VANCOUVER 2 Plan administrator's name ar	nd address 겠Same as Plan Sponsor Name		Administrator's		
VANCOUVER 2 Plan administrator's name and If the name and/or EIN of the name, EIN, and the plan nu	nd address Same as Plan Sponsor Name Same as Plan Sponsor Address the plan sponsor has changed since the last return/report filed for this plan, enter the umber from the last return/report.	3c 4b 4c	Administrator's Administrator's EIN		
VANCOUVER 2 Plan administrator's name and If the name and/or EIN of the name, EIN, and the plan nu 2 Sponsor's name	nd address SSame as Plan Sponsor Name Same as Plan Sponsor Address the plan sponsor has changed since the last return/report filed for this plan, enter the umber from the last return/report.	3c 4b 4c 5a	Administrator's Administrator's EIN ; PN		
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Page 2

Part III Financial Information	89.05			[(b) End of '	(ear	
7 Plan Assets and Liabilities	制制品的自	(a) Beginning of Year 181,	475					2,283
a Total plan essets	7a	101	4.0					
h Total plan liabilities	710	181,	175			,	17	2,283
C Net plan assets (subtract line 7b from line 7a)	1 7C		- 1 -			(b) Tota		
8 Income, Expenses, and Transfers for this Plan Year	digenaria in	(a) Amount		្ពុះលេខដ្ឋ	1975	$\frac{d^2}{dt} = \begin{cases} 1 & 1 & \frac{d^2}{dt} & \frac{d^2}{dt} \end{cases}$		
The state the second of received from:	80/11		0					
(1) Employers	<u>8a(1)</u>	······································			n an le anna an Francisco anna an le anna an Francisco anna an le anna anna an le anna an	Citica de provincia de la composición Porta de la composición de la composición Porta de la composición	Spectrum 199	
(2) Participents	82(2)			ffens er Brigger Frankliger	and diversion 19-11 Jan 19-11	stile Start Max Starting	ile in the second	
(3) Others (including rollovers)	<u>8a(3)</u>	2,	555					une l'anna a
b Other income (loss)	. <u> 8b</u>			1				2,555
 Total iccome (add lines 8a(1), 8a(2), 8a(3), and 8b) 	<u>8c</u>			$\left(\frac{\partial \left(\right) } \right)} \right) } \right(\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $		R.	a digit to the state	ar Faraan in
d Benefits paid (including direct rollovers and insurance premiums to oravide benefits).	<u></u>	11.	,741			id like of the state of		nda Marine dan Marine dan dan
Cortain deemed and/or corrective distributions (see instructions)	. 89			1	ar a financial Transformation			
f Administrative service providers (salaries, fees, commissions)			6	5	Section 21			
g Other expenses			-	104110 <i>4</i> 1		<u>e</u>	ן	1,74
h Total expenses (add lines 8d, 8e, 8f, and 8g)			fiele.ay Seleting				(5	,192)
L Mationame (loss) (subtract line 8h from line 8c)			Het sorpital	2 302 %	in an a' saint An an		مېر د د د کې د د د د م د د د د	
Transfers to (from) the plan (see instructions)	- 8j			illeg ?		in the second	2217 936 PH	
						- instanci		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pensio 2C 2F 2G 2T 3D b If the plan provides welfare benefits, enter the applicable welfare	n teature o feature co	des from the List of Plan Charac	teristi	c Cod	les in th	e instructio	ń\$:	
Part V Compliance Questions			r	Yes	No		Amount	
				105				
a Was there a failure to transmit to the plan any participant control	butions wit iduciary Go	hin the time period described in rrection Program)	10a		х			
b Were there any nonexempt transactions with any party-in-there			10b		x			30,00
and the store answered by a fidelity bond?			10c	X	┟──┤			20,01
a substant of the other states and the substant of the other states and the substant of the other states and the substant of t	n's tidelliv l		10d		x			
or dishonesty?	-11-00-0000	ne by an insurance carner.		Γ				
 or dishonesty? Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or a instructions.) 	all of the be	netits under the plan? (See	100	ļ	x			
f Has the plan failed to provide any benefit when due under the			101		Х			in the second
f Has the plan failed to provide any benefit when due cluber no		r ord \	109	1	X			
g Did the plan have any participant loans? (If "Yes," enter amoun	11 85 01 yes	tuntities and 28 CER	1					
h If this is an individual account plan, was there a blackout period	ar (ore ins		10h		X			
 2520,101-3.) If 10h was answered "Yes," check the box if you either provide exceptions to providing the natice applied under 29 CFR 2520 	d the requi		10i]			andra Angel in a statistica Angel in a statistica	
				a Sobe	dula SI	3 (Form		
11 Is this a defined benefit plan subject to minimum funding requi						1	Ye	is XN
							ΓΠY	s 🕅 N
titutes along a bioget to the minimum fund	ding requin	amonts of section 412 of the Cod	io or i	section	n 302 at	EKISA'		
12 Is this a defined contribution plan subject to the minimum data (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e be	low, as ap	dicable.)	uction	15, 200	j enter l	he date of	the letto	r ruling
a If a waiver of the minimum funding standard for a prior year to	oomg arms		nin		Day	/	Year	
to an and line 17a, complete ines 3, 3, and 10 or own					125	1		
b Enter the minimum required contribution for this plan year					<u></u>			

Page 3 -Form 5500-SF 2012 12c C Enter the amount contributed by the employer to the plan for this plan year 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 12d negative amount)..... N/A No Yes Π Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII Plan Terminations and Transfers of Assets Yes X No 13a Has a resolution to terminate the plan been adopted in any plan year? 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 control Yes X No If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(2) EIN(5) 13c(1) Name of plan(s): Part VIII Trust information (optional) 14b Trust's EIN 14a Name of trust