## 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.

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	or calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009							
Α .	This return/report is for: Single-employer plan	multiple-employer plan (not multiemployer)			one-participant plan			
В	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plan	year return/report (less than 12 mo	onths)				
С	Check box if filing under: Form 5558	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			
	N AKINS MASONRY, INC. 401(K) PROFIT SHARING PLAN				plan number			
					(PN)			
				1C	Effective date of plan 01/01/1996			
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
JOHI	N AKINS MASONRY, INC.			20	(EIN) 91-1372663			
1691	3 N. TRIPLE BUTTE CIRCLE			20	Plan sponsor's telephone number 509-467-4355			
	KANE, WA 99005			2d	Business code (see instructions)			
				01	238100			
	Plan administrator's name and address (if same as Plan sponsor, er N AKINS MASONRY, INC. 16913 N. TRI			30	Administrator's EIN 91-1372663			
	SPOKANE, W	VA 99005		3с	Administrator's telephone number 509-467-4355			
4 1	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the				EIN			
	name, EIN, and the plan number from the last return/report. Sponsor		' '					
- Fo	Total acceptance of a patient party of the basis in a fifth a plant of the sales of				PN			
	Total number of participants at the beginning of the plan year				8			
b				5b	5			
C	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			5c	5			
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)				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 If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		X Yes No			
Pa	irt III Financial Information	JIII 3300-	or and must mistead use Form 5	<del>500.</del>				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	34172	24	408149			
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	34172	24	40814			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	- 40	54.4					
	(1) Employers	8a(1)	514	-				
	(2) Participants	8a(2)	960	17				
h	(3) Others (including rollovers) Other income (loss)	8a(3)	6770	10				
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	6779	0	82543			
c d	Benefits paid (including direct rollovers and insurance premiums	00			02040			
~	to provide benefits)	8d	1185	3				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	426	5				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			16118			
į	Net income (loss) (subtract line 8h from line 8c)	8i			66425			
j	Transfers to (from) the plan (see instructions)	8j						

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**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 2K 3D

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

Filed with authorized/valid electronic signature.

b	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from	n the List of Plan Cha	racteris	tic Cod	des in t	the instruc	ctions:		
art	٧	Compliance Questions								
0	Dur	ing the plan year:			Yes	No		Amo	ount	
а		s there a failure to transmit to the plan any participant contributions within the tin CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	•	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include ine 10a.)		10b		X				
С	Wa	Vas the plan covered by a fidelity bond?			X					50000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that lishonesty?		10d X						
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an urance service or other organization that provides some or all of the benefits un- ructions.)	der the plan? (See	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?		10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	ny participant loans? (If "Yes," enter amount as of year end.)							
h		is is an individual account plan, was there a blackout period? (See instructions 0.101-3.)		10h						
i		Oh was answered "Yes," check the box if you either provided the required notice eptions to providing the notice applied under 29 CFR 2520.101-3		10i						
art		Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))									
12		his a defined contribution plan subject to the minimum funding requirements of							Yes	X No
_			0001011 412 01 110 000	10 01 00	otion	002 01	L1(10/\	Ш		□
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling									
lf v	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB (Form 5500				Day		Yea	r	
		er the minimum required contribution for this plan year	•			12b				
		Enter the amount contributed by the employer to the plan for this plan year				12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)					12d				
е	·	Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	1	10	N/A
art	VII	Plan Terminations and Transfers of Assets								
3a	Has	a resolution to terminate the plan been adopted during the plan year or any pri	or year?						Yes	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 control							X No		
С										
13c(1) Name of plan(s):				13c(2) EIN(s)				13c(3)	PN(s)	
		, , ,				. ,				. ,
								$\dashv$		
<b>.</b>	lar-	A wangley for the lete or incomplete filling of this water from out will be	aaadlaca	hlo	!-	004-L'	iaha-l			
		A penalty for the late or incomplete filing of this return/report will be assemalties of perjury and other penalties set forth in the instructions, I declare that I						ahla	a Scho	adule
SB o	· Śch	edule MB completed and signed by an enrolled actuary, as well as the electron true, correct, and complete.								
SIGI	, F	iled with authorized/valid electronic signature. 07/14/2010	JOHN AKINS							

Date

Date

07/14/2010

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor