Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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 If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
LLANO CONSTRUCTION, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
LLANO CONSTRUCTION, INC.

3501 FM 2181, SUITE 245
CORINTH, TX 76210

2b Employer Identification Number (EIN) 75-2437760

2c Sponsor's telephone number 940-270-8700

2d Business code (see instructions) 237100

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	KATHRYN RAUSCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
LLANO CONSTRUCTION, INC.

3501 FM 2181, SUITE 245
CORINTH, TX 76210

3b Administrator's EIN
75-2437760

3c Administrator's telephone number
940-270-8700

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	180
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	126
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	142
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	142
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	111
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2R 2S 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:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LLANO CONSTRUCTION, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LLANO CONSTRUCTION, INC.

D Employer Identification Number (EIN)
75-2437760

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NATIONWIDE TRUST COMPANY

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 15	NONE	10170	Yes [X] No [ ]	Yes [ ] No [X]	7435	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

AMERICA S 401K,INC

9696 SKILLMAN STREET
SUITE #380
DALLAS, TX 75243-8324

75-2261114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17	NONE	6900	Yes [X] No [ ]	Yes [ ] No [X]	2840	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

MEEDER ADVISORY SERVICES, INC.

6125 MEMORIAL DRIVE
DUBLIN, OH 43017

31-0841498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 26	NONE	6221	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONWIDE	15 19	3274

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MEEDER ADVISORY SERVICES, INC. 6125 MEMORIAL DRIVE DUBLIN, OH 43017 31-0841498	$3274.17 - ADVISORY/SERVICE PROVIDER FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONWIDE	15 16	2374

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THE FLEX FUNDS 6125 MEMORIAL DRIVE DUBLIN, OH 43017	$2374.40 - MUTUAL FUND PAYMENTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICA S 401K, INC.	15 17	2840

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONWIDE 6125 MEMORIAL DRIVE DUBLIN, OH 43017	$1636.96 - ADVIOSRY/SERVICE PROVIDER FEE $1203.27 - ADMINISTRATIVE SERVICES FEE/OVERRIDE

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LLANO CONSTRUCTION, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LLANO CONSTRUCTION, INC.

D Employer Identification Number (EIN)
75-2437760

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	2884	20212
(3) Other	1b(3)	794	6478
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	46811	2722
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	95716	83995
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	865757	1153726
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1011962	1267133
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		541
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	541
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1011962	1266592

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	226034	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		226034
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-103	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	6075	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5972
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		146204
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		378210
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	107928	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		107928
f Corrective distributions (see instructions)	2f		1535
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	7217	
(4) Other	2i(4)	6900	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14117
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		123580
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		254630
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MONTGOMERY COSCIA GREILICH LLP (2) EIN: 75-2919818

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e		X	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LLANO CONSTRUCTION, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LLANO CONSTRUCTION, INC.

D Employer Identification Number (EIN)
75-2437760

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-1592130

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

LLANO CONSTRUCTION, INC. 401(k) PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE
WITH INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2009 and 2008

MONTGOMERY COSCIA GREILICH LLP
Certified Public Accountants

LLANO CONSTRUCTION, INC. 401(k) PLAN

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Note: All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted as they are either not applicable or the information required therein has been included in the financial statements or notes thereto.

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
Llano Construction, Inc. 401(k) Plan:

We were engaged to audit the accompanying statement of net assets available for benefits of the Llano Construction, Inc. 401(k) Plan (the "Plan") as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2008 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed the other auditors not to perform, and they did not perform any auditing procedures with respect to the information certified by Nationwide Trust Company, the Trustee. Their report, dated September 11, 2009, indicated that because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole, and the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4 which was certified by Nationwide Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2009 and for the year ended December 31, 2009, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974.

MONTGOMERY COSCIA GREILICH LLP

Plano, Texas
October 12, 2010

LLANO CONSTRUCTION, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
Assets		
Investments, at fair value	$ 1,156,448	$ 912,568
Receivables:		
Participant contributions	20,212	4,289
Participant loan payments	6,478	-
Notes receivable from participants	83,995	95,716
Total assets	1,267,133	1,012,573
Liabilities		
Excess contributions payable	(541)	-
Net assets available for benefits	$ 1,266,592	$ 1,012,573

See accompanying notes to financial statements.

LLANO CONSTRUCTION, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2009

	2009
Additions to net assets attributed to:	
Contributions:	
Participant	$ 226,034
Investment income:	
Net appreciation in fair value of investments	146,101
Interest and dividends	6,075
Total investment income	152,176
Total additions to net assets	378,210
Deductions from net assets attributed to:	
Benefit payments	109,464
Administrative expenses	14,117
Transfers and other	610
Total deductions from net assets	124,191
Net increase in net assets available for benefits	254,019
Net assets available for benefits	
Beginning of year	1,012,573
End of year	$ 1,266,592

See accompanying notes to financial statements.

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Llano Construction, Inc. (the "Company") who have completed twelve consecutive months of service and have attained the age of twenty-one. Employees become eligible on January 1 or July 1 immediately following the completion of the service requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Company serves as the "Plan Sponsor" and "Plan Administrator" and, consequently, has the authority to amend and terminate the Plan subject to certain restrictions. The Plan's "Trustee" is Nationwide Trust Company and the third-party administrator is America's 401(k), Inc.

Contributions

Participants can contribute up to 25 percent of pre-tax annual compensation not to exceed Internal Revenue Code ("IRC") limits. All eligible participants are subject to an automatic contribution deferral election of 3 percent of compensation as defined in the plan document. If a participant wishes to modify or eliminate automatic elective deferral contributions, a written election request must be submitted to the Company. Participants may also contribute amounts representing distributions from other qualified plans (rollovers). Additional special discretionary contributions may be contributed by the Company at the option of the Company's board of directors. The Company made no discretionary contributions during 2009.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's discretionary contributions, plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service based on the following vesting schedule:

Years of Service	Vested Percentage
Less than Two (2) Years	0%
Two (2) Years	20%
Each Additional Year	20%
Six (6) or More Years	100%

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Forfeitures
Forfeitures of terminated participants' non-vested accounts are used to first restore the accounts of participants qualified for such restoration and reduce future employer contributions. There were no forfeitures at December 31, 2009 and 2008.

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Transactions are treated as a transfer to (from) the investment fund from (to) the notes receivable from participants. The notes are secured by the balance in the participant's account and bear interest rates from 3.25% to 8.25% as of December 31, 2009 and December 31, 2008, which is comparable to local prevailing rates as determined quarterly by the Plan Administrator. Notes receivable from participants may not exceed 5 years unless for the purchase of a primary residence in which case the notes may not exceed 15 years. Maturity date ranges as of December 31, 2009 were August 2010 through May 2014. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits
Upon termination of service, the Company has the option to require those participants with account balances less than $1,000 to take lump-sum distributions. If a participant's account balance exceeds $1,000, they may elect to receive a lump-sum distribution, roll over their vested account balance, or allow the balance to remain in the Plan. Other distributable events under the Plan include retirement, death, other disability and hardship withdrawals. A participant is entitled to 100% of his or her account balance upon retirement, death or disability.

Excess Contributions
Refunds of excess participant deferral contributions may be required to satisfy the relevant non-discrimination provisions of the Plan. Such refunds are accrued as a liability and reduction in contributions in the Plan year in which the excess deferrals were made to the Plan.

Risks and Uncertainties
The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investment securities and the sensitivity of certain fair value estimates to changes in valuation assumption, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis method of accounting in accordance with accounting principles generally accepted in the United States of America.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Sponsor to make estimates and assumptions that affect the reported amounts of assets and liabilities, changes therein, and associated disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as sold during the year.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain Plan and transaction expenses are paid out of participants' accounts. All other costs and expenses of the Plan, including fees and expenses of the Trustee, are paid by the Company.

Reclassifications

Certain reclassifications have been made to the 2008 financial statements to conform to 2009 financial statement presentation.

NOTE 3 – INVESTMENTS HELD BY THE PLAN

The following investments were held by the Plan and represent 5 percent or more net assets at December 31, 2009 and 2008:

	2009	2008
Flex Muirfield	$ 317,813	$ 245,423
Flex Defined Balance	154,333	129,440
WFAF Inc Pls Inv	151,568	-
Flex Dynamic Growth	83,661	90,924
WFAF Government Securities Investment Class	70,737	47,813
Flex US Government Bond	69,469	101,649

During 2009, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $146,101 from common trusts, whose underlying investments consist of mutual funds.

NOTE 4 – FINANCIAL INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE (UNAUDITED)

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the independent auditors not to perform any auditing procedures with respect to the following information certified as complete and accurate by Nationwide Trust Company, the Trustee and a party-in-interest as defined by ERISA, as of December 31, 2009 and 2008, and for the year ended December 31, 2009, except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedule. This information consists of the following:

	2009	2008
Investments, at fair value	$ 1,156,448	$ 912,568
Notes receivable from participants	83,995	95,716
	$ 1,240,443	$ 1,008,284

Net appreciation in fair value of investments	$ 146,101
Interest and dividends	$ 6,075

NOTE 5 – FAIR VALUE MEASUREMENT AND DISCLOSURE

Accounting Standards Codification ("ASC") 820 *Fair Value Measurement and Disclosure* establishes a fair value hierarchy which requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

> Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.
>
> Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
>
> Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In many cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

In January 2010, the FASB issued guidance on improving annual disclosures about fair value measurements, which requires reporting entities to add additional disclosures about the different classes of assets and liabilities measured at fair value, the valuation techniques and inputs used, the activity in Level 3 fair value measurements, and the transfer between Levels 1, 2 and 3. Levels 1, 2 and 3 fair value measurements are defined below. The guidance will be effective for the Plan in 2010, except for Level 3 reconciliation disclosures, which are effective for the Plan beginning in 2011. This is not expected to impact the Plan.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan:

Common trusts: The fair values of units held in common trusts are based on their net asset values as reported by the Trustee of the common trusts. These net asset values are based on the underlying fair values (quoted prices) of the mutual funds which comprise the common trusts.

NOTE 5 – FAIR VALUE MEASUREMENT AND DISCLOSURE (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments measured at fair value on a recurring basis are summarized below:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Common trusts:				
Balanced	$ -	$ 170,220	$ -	$ 170,220
Bonds	-	392,441	-	392,441
Cash	-	2,722	-	2,722
International stocks	-	6,703	-	6,703
Large-cap stocks	-	446,000	-	446,000
Mid-cap stocks	-	24,982	-	24,982
Short-term bonds	-	85,379	-	85,379
Small-cap stocks	-	8,582	-	8,582
Specialty	-	19,419	-	19,419
Total assets at fair value	$ -	$ 1,156,448	$ -	$ 1,156,448

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Common trusts:				
Balanced	$ -	$ 134,718	$ -	$ 134,718
Bonds	-	223,496	-	223,496
Cash	-	46,811	-	46,811
International stocks	-	21,837	-	21,837
Large-cap stocks	-	404,675	-	404,675
Mid-cap stocks	-	25,551	-	25,551
Short-term bonds	-	35,222	-	35,222
Small-cap stocks	-	18,543	-	18,543
Specialty	-	1,715	-	1,715
Total assets at fair value	$ -	$ 912,568	$ -	$ 912,568

NOTE 6 – RIGHTS UPON PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan document to discontinue the Plan at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan would terminate, participants would become 100 percent vested in their accounts.

NOTE 7 – TAX STATUS

The Internal Revenue Service has determined and informed the Plan's Administrator by a letter dated May 28, 2003, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter; however, the Plan's Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Department of Labor Form 5500 for the plan year ended December 31, 2009 and 2008 has been prepared on the accrual basis of accounting. Therefore, as of December 31, 2009 and 2008, there is a difference of $0 and $611, respectively, between the total net assets available for benefits reported in the financial statements and the Form 5500. The difference is comprised of the following:

	2009	2008
Net assets available per the Form 5500	$ 1,266,592	$ 1,011,962
Participant contributions receivable	-	611
Net assets per the financial statements	$ 1,266,592	$ 1,012,573

NOTE 9 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of pooled separate accounts managed by the Trustee; therefore, these transactions qualify as party-in-interest transactions. The Plan paid fees of $14,117 to the Trustee during 2009.

NOTE 10 – SUBSEQUENT EVENTS

Effective June 30, 2010, Great-West Retirement Services became the Record Keeper for the Plan and Great-West Life & Annuity Insurance Company became the Trustee.

SUPPLEMENTAL SCHEDULE

LLANO CONSTRUCTION SERVICES, INC. 401(k) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

Plan Sponsor: Llano Construction, Inc. 401(k) Plan
Employer Identification Number: 75-2437760
Plan Number: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Nationwide Trust Company	Flex Muirfield		$ 317,813
*	Nationwide Trust Company	Flex Defined Balance		154,333
*	Nationwide Trust Company	WFAF Inc Pls Inv		151,568
*	Nationwide Trust Company	Flex Dynamic Growth		83,661
*	Nationwide Trust Company	WFAF Government Securities Investment Class		70,737
*	Nationwide Trust Company	Flex US Government Bond		69,469
*	Nationwide Trust Company	Oppenheimer Limited Term Government		49,595
*	Nationwide Trust Company	PIMCO Ttl Rtn A		36,630
*	Nationwide Trust Company	RdgWrth Intmd Bd I		30,284
*	Nationwide Trust Company	Goldman Sachs Utility Short Duration Government A		20,997
*	Nationwide Trust Company	Loomis Sayles Investment Grade Bond A		15,816
*	Nationwide Trust Company	DE Divers Inc A		14,981
*	Nationwide Trust Company	Janus Advantage Forty S		9,774
*	Nationwide Trust Company	Flex Strat Gr		9,139
*	Nationwide Trust Company	Goldman Sachs Short Duration Government Fund A		8,525
*	Nationwide Trust Company	RdgWrth MdCap Val Eq I		8,427
*	Nationwide Trust Company	VanKamp Common Stock Fund A		8,285
*	Nationwide Trust Company	AIM Charter A		8,257
*	Nationwide Trust Company	Ivy Asset Strategy Federal Class Y		6,748
*	Nationwide Trust Company	Invsco Divrs Divd Inv		6,572
*	Nationwide Trust Company	FidAdv Levr Co Stk A		6,568
*	Nationwide Trust Company	MFS Val A		4,707
*	Nationwide Trust Company	WFAF Small Capital Value Fund A		3,907
*	Nationwide Trust Company	Ivy Science and Tech Fnd Y		3,792
*	Nationwide Trust Company	WFAF Short Dur Govt Bond A		3,792
*	Nationwide Trust Company	Franklin Small Mid Capital Growth Fund A		3,765
*	Nationwide Trust Company	BlackRock Health Sciences Opp Inv A		3,679
*	Nationwide Trust Company	Putnam International Equity Fund A		3,106
*	Nationwide Trust Company	Rydex Ser Hlth Care Fd AC		3,050
*	Nationwide Trust Company	Rydex Ser Biotech Fd AC		2,769
*	Nationwide Trust Company	Nationwide Money Market Inst		2,722
*	Nationwide Trust Company	VanKamp Small Cap Value A		2,347
*	Nationwide Trust Company	WFAF Common Stock Fund Class A		2,128
*	Nationwide Trust Company	Rydex Ser Technology Fd AC		2,126
*	Nationwide Trust Company	Rydex Ser Enrgy Svcs Fd AC		2,121
*	Nationwide Trust Company	JPM Trsry Agncy Sel		1,942
*	Nationwide Trust Company	Lazard Emrg Mkt Eq Open		1,930
*	Nationwide Trust Company	RdgWrth SmCap Val Eq I		1,889
*	Nationwide Trust Company	RdgWrth LgCap Val Eq I		1,886
*	Nationwide Trust Company	DWS VS LgCap Val A		1,884
*	Nationwide Trust Company	AIM Enrgy Inv		1,882
*	Nationwide Trust Company	Vic Estblshd Val A		1,879
*	Nationwide Trust Company	Calvert Income Fund A		1,152
*	Nationwide Trust Company	PIMCO Total Return Fund Institutional		926
*	Nationwide Trust Company	Ivy Large Capital Growth Fund Class Y		819
*	Nationwide Trust Company	EuroPacific Growth Fund R3		692
*	Nationwide Trust Company	Drey Appreciation Fund		670

LLANO CONSTRUCTION SERVICES, INC. 401(k) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	Nationwide Trust Company	Oppenheimer Small Capital Value Fund A		602
*	Nationwide Trust Company	Allnz NFJ Divd Val A		597
*	Nationwide Trust Company	Alger Mid Capital Growth Inst Pt I		523
*	Nationwide Trust Company	PNC MdCap Val A		439
*	Nationwide Trust Company	Thornburg International Value Fund I		430
*	Nationwide Trust Company	PIMCO Low Duration Fund Institutional		425
*	Nationwide Trust Company	Harbor Mid Capital Growth Fund Investment		409
*	Nationwide Trust Company	BlackRock GNMA Port Inv		392
*	Nationwide Trust Company	PIMCO Real Return Fund A		316
*	Nationwide Trust Company	Pioneer Cullen Value Fund		284
*	Nationwide Trust Company	Jns Prkns MdCap Val S		242
*	Nationwide Trust Company	Eagle Series Tr MdCapStk A		233
*	Nationwide Trust Company	UMB Scout International		229
*	Nationwide Trust Company	Pioneer Equity Income Fund Class A		228
*	Nationwide Trust Company	Harbor International Inst		219
*	Nationwide Trust Company	Jns Entrp S		193
*	Nationwide Trust Company	Vanguard Intm-Trm USTrs IS		171
*	Nationwide Trust Company	BlackRock Equity Dividend A		163
*	Nationwide Trust Company	RydexSF S&P 500 Pure Val H		150
*	Nationwide Trust Company	Goldman Sachs Standard Large Capital Value A		140
*	Nationwide Trust Company	GdmnScs Shrt Dur Govt A		103
*	Nationwide Trust Company	Growth Fund of America R3		101
*	Nationwide Trust Company	AllBer Intl Val I		45
*	Nationwide Trust Company	Ivy Intl Cor Eq Y		31
*	Nationwide Trust Company	RydexSFS&PMdCap400PureValH		11
*	Nationwide Trust Company	DodgeCox International Stock Fund		10
*	Nationwide Trust Company	RydexSF S&P 500 Pure Gr H		10
*	Nationwide Trust Company	RvrSrc International Select Value Fund A		9
				1,156,448
	Participants	Notes receivable from participants with interest rates of 3.25% - 8.25% and maturity dates of August 2010 through May 2014.		83,995
	Total assets held for investment purposes			$ 1,240,443

* A party-in-interest as defined by ERISA
Column (d) cost is not required since all investments are directed by participants.

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2009** and ending **12/31/2009**

Name of plan
Llano Construction, Inc. 401(k) Plan

Employer Identification Number
75-2437760

Three-digit plan number ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Nationwide Trust Company, FSB	AllBer Intl Val Fd I		45
	Nationwide Trust Company, FSB	AIM Dvrsfd Divdend Inv Cls		6,572
	Nationwide Trust Company, FSB	AmFds EuroPacfc Gr R3		692
	Nationwide Trust Company, FSB	AIM Charter A		8,257
	Nationwide Trust Company, FSB	RvrSrc Ptnrs IntlSel Val A		9
	Nationwide Trust Company, FSB	Alger MidCapGrth Inst Pt I		523
	Nationwide Trust Company, FSB	-Growth Fund of America R3		101
	Nationwide Trust Company, FSB	Allegiant MidCap Value Fd A		439
	Nationwide Trust Company, FSB	BlackRock GNMA Port Inv A		392
	Nationwide Trust Company, FSB	BlkRk Hlth Scnc Opp Inv A		3,679
	Nationwide Trust Company, FSB	Calvert Income Fd A		1,152
	Nationwide Trust Company, FSB	Drey Appreciation Fnd		670
	Nationwide Trust Company, FSB	DodgeCox Intl Stock Fd		10
	Nationwide Trust Company, FSB	DE Divrs Inc A		14,981
	Nationwide Trust Company, FSB	Flex Defn Bal		154,333
	Nationwide Trust Company, FSB	Flex Strat Gr		9,139
	Nationwide Trust Company, FSB	Flex Dynamic Growth		83,661
	Nationwide Trust Company, FSB	Flex Muirfield		317,813
	Nationwide Trust Company, FSB	Fid Adv Leveraged CO Stk A		6,568
	Nationwide Trust Company, FSB	Flex US Gov't Bd		69,469
	Nationwide Trust Company, FSB	GdnmScs Ult Sht Dur Govt A		20,997
	Nationwide Trust Company, FSB	GdmnScs Strd LgCap Val A		140
	Nationwide Trust Company, FSB	NW Mny Mkt Inst		2,722
	Nationwide Trust Company, FSB	GdmnScs Short Dur Govt A		103
	Nationwide Trust Company, FSB	GdmnScs Short Dur Inst		8,525
	Nationwide Trust Company, FSB	Harbor Intl Inst		219
	Nationwide Trust Company, FSB	Harbor Mid Cap Grth Fd Inv		409
	Nationwide Trust Company, FSB	Eagle Series Tr MdCapStk A		233
	Nationwide Trust Company, FSB	Janus Adv Forty S		9,774
	Nationwide Trust Company, FSB	JPM Trsry Agncy Sel		1,942
	Nationwide Trust Company, FSB	Ptnm Intl Eq A		3,106
	Nationwide Trust Company, FSB	Lazard Emrg Mkt Eq Open		1,930
	Nationwide Trust Company, FSB	Loomis Sayles Inv Grd Bnd A		15,816
	Nationwide Trust Company, FSB	BlkRk Eq Divd Inv A		163
	Nationwide Trust Company, FSB	MFS Val A		4,707
	Nationwide Trust Company, FSB	Pionr Cullen Val		284
	Nationwide Trust Company, FSB	PIMCO Ttl Rtn A		36,630
	Nationwide Trust Company, FSB	Pionr Eq Inc A		228
	Nationwide Trust Company, FSB	DWS VS LgCap Val A		1,884

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2009** and ending **12/31/2009**

Name of plan

Llano Construction, Inc. 401(k) Plan

Employer Identification Number

75-2437760

Three-digit plan number ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Nationwide Trust Company, FSB	PIMCO Low Dur A		425
	Nationwide Trust Company, FSB	Opp Ltd Trm Govt		49,595
	Nationwide Trust Company, FSB	PIMCO Allnz NFJ Divd Val A		597
	Nationwide Trust Company, FSB	Opp SmMdCap Val A		602
	Nationwide Trust Company, FSB	PIMCO Real Rtn A		316
	Nationwide Trust Company, FSB	PIMCO Ttl Rtn Inst		926
	Nationwide Trust Company, FSB	Rydex SFS&PMdCap 400PureValH		11
	Nationwide Trust Company, FSB	Rydex Ser Biotech Fd AC		2,769
	Nationwide Trust Company, FSB	Rydex Ser Enrgy Svcs Fd AC		2,121
	Nationwide Trust Company, FSB	Rydex Ser Hlth Care Fd AC		3,050
	Nationwide Trust Company, FSB	Rydex Ser Technology Fd AC		2,126
	Nationwide Trust Company, FSB	RydexSF S&P 500 Pure GR H		10
	Nationwide Trust Company, FSB	RydexSF S&P 500 Pure Val H		150
	Nationwide Trust Company, FSB	WFAF Common Stock Fnd Cl A		2,128
	Nationwide Trust Company, FSB	RdgWrth SmCap Val Eq I		1,889
	Nationwide Trust Company, FSB	WFAF Gov Securities Inv Cl		70,737
	Nationwide Trust Company, FSB	RdgWrth MdCap Val Eq I		8,427
	Nationwide Trust Company, FSB	WFAF Small Cap Value Fnd A		3,907
	Nationwide Trust Company, FSB	RdgWrth LgCap Val Eq I		1,886
	Nationwide Trust Company, FSB	RdgWrth Intmd Bd I		30,284
	Nationwide Trust Company, FSB	Thornburg Intl Value Fd I		430
	Nationwide Trust Company, FSB	FnklnSS Fnkln SmMdCap Gr A		3,765
	Nationwide Trust Company, FSB	Scout Intl		229
	Nationwide Trust Company, FSB	VanKamp Comstock Fd A		8,285
	Nationwide Trust Company, FSB	Vanguard Intm-Trm USTrs IS		171
	Nationwide Trust Company, FSB	VanKamp SmCap Val A		2,347
	Nationwide Trust Company, FSB	AIM Enrgy Inv		1,882
	Nationwide Trust Company, FSB	VIC Estblshd Val A		1,879
	Nationwide Trust Company, FSB	Ivy Large Cap Grwth Fd Cl Y		819
	Nationwide Trust Company, FSB	WFAF Short Dur Govt Bond A		3,792
	Nationwide Trust Company, FSB	Ivy Asset Strategy Fd Cl Y		6,748
	Nationwide Trust Company, FSB	Ivy Science and Tech Fnd Y		3,792
	Nationwide Trust Company, FSB	Ivy Intl Cor Eq Y		31
	Nationwide Trust Company, FSB	WFAF Inc Pls Inv		151,568
	Nationwide Trust Company, FSB	Jns Entrp S		193
	Nationwide Trust Company, FSB	Jns Prkns MdCap Val S		242
	Participant Loans	InterestRates from 3.25%-8.25%		83,995