

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
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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 ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan CWRS 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1994
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CHAMBERLIN ROOFING & WATERPROOFING, LTD. 7510 LANGTRY LANE HOUSTON, TX 77040	2b Employer Identification Number (EIN) 76-0107798 2c Sponsor's telephone number 713-880-1432 2d Business code (see instructions) 238100

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.	10/14/2010	JOHN KAFKA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	JOHN KAFKA
	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") CHAMBERLIN ROOFING & WATERPROOFING, LTD. 7510 LANGTRY LANE HOUSTON, TX 77040	3b Administrator's EIN 76-0107798 3c Administrator's telephone number 713-880-1432
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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
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5 Total number of participants at the beginning of the plan year	5	344
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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	276
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	34
d Subtotal. Add lines 6a , 6b , and 6c	6d	310
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	310
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	98
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2G 2J 2K 3D 2F 2T

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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ **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) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	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 CWRS 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHAMBERLIN ROOFING & WATERPROOFING, LTD.		D Employer Identification Number (EIN) 76-0107798

Part I	Service Provider Information (see instructions)
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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)

VLP CORPORATE SERVICES, LLC

300 CRESCENT COURT, SUITE 270
DALLAS, TX 75201

20-0307015

(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?
13 15	TPA AND RECORDKEEPER	6392	Yes ☒ No ☐	Yes ☒ No ☐	19009	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 ☐

(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
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	

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
MG TRUST 700 17TH STREET SUITE 300 DENVER, CO 80202 75-3182674	18 62 99	ATTACHED SCH C DISCLOSURES MG TRUST AND ITS AFFILIATES WILL RECEIVE FLOAT REVENUE, ADMINISTRATIVE FEE REIMBURSEMENT, FEE COLLECTION SERVICES AND OTHER FEES. COMPANY STATED THEY DO NOT PROVIDE THIS INFORMATION.
MATRIX FINANCIAL SOLUTIONS, INC. 700 17TH STREET SUITE 700 DENVER, CO 80202 20-1591048	18 62 99	ATTACHED SCH C DISCLOSURES MG TRUST AND ITS AFFILIATES, INCLUDES MATRIX FIN SOLNS, INC, MAY RECEIVE FLOAT REVENUE, ADMINISTRATIVE FEE REIMBURSEMENT, FEE COLLECTION SERVICES AND OTHER FEES. COMPANY STATES THEY DO NOT PROVIDE THIS INFO.

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 CWRS 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHAMBERLIN ROOFING & WATERPROOFING, LTD.	D Employer Identification Number (EIN) 76-0107798	

Part I	Asset and Liability Statement
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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	43861	34883
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	466719	560447
(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)	18068	16650
(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)	994977	1465869
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	1523625	2077849

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1523625	2077849
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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)	27308	
(B) Participants	2a(1)(B)	218365	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		245673
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	431	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		431
(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)	1183490	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1150142	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		33348

		(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)		340859
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		620311

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	59695	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		59695
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	6392	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6392
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		66087

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		554224
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: BUFFINGTON & COMPANY, P.C.

(2) EIN: 76-0260164

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

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

A Name of plan <u>CWRS 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHAMBERLIN ROOFING & WATERPROOFING, LTD.</u>	D Employer Identification Number (EIN) <u>76-0107798</u>

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
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): <u>75-3182674</u>	
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 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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

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): _____

- 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): _____

CWRS 401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009

CWRS 401(K) PROFIT SHARING PLAN

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BUFFINGTON & COMPANY, P.C.

CERTIFIED PUBLIC ACCOUNTANTS
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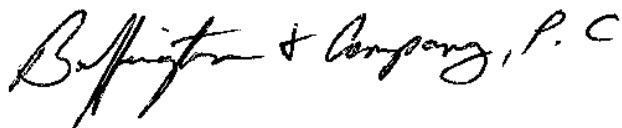
Independent Auditor's Report

To the Administrative Committee of the
CWRS 401(K) Profit Sharing Plan
Houston, Texas

We were engaged to audit the financial statements of CWRS 401(K) Profit Sharing Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of CWRS 401(K) Profit Sharing Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures 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 3, which was certified by MG Trust Company, L.L.C., 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 certificate from the trustee as of and for the years ended December 31, 2009 and 2008, 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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule other than that derived from 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 Disclosure under the Employment Retirement Income Security Act of 1974.



October 12, 2010

CWRS 401(K) PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments- Certified by Trustee		
Mutual Funds	\$ 1,465,869	\$ 973,612
Money market accounts	560,447	466,719
Investments- Not certified by Trustee	-	21,365
Cash and cash equivalents	34,883	43,861
Receivables-		
Employer's contributions	-	-
Participants' contributions	-	-
Loans due from participants	<u>16,650</u>	<u>18,068</u>
Total Assets	<u>\$ 2,077,849</u>	<u>\$ 1,523,625</u>
LIABILITIES		
Total Liabilities	<u>\$ -</u>	<u>\$ -</u>
Net Assets Available for Benefits	<u>\$ 2,077,849</u>	<u>\$ 1,523,625</u>

See accompanying notes to the financial statements.

CWRS 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2009

ADDITIONS:

Additions to net assets attributed to-

Investment income

Net appreciation in fair value of investments 358,374

Interest and dividends \$ 16,264

374,638

Contributions:

Employer 27,308

Participants 218,365

245,673

Total Additions 620,311

DEDUCTIONS:

Deductions from net assets attributed to-

Benefits paid to participants 59,695

Expenses, administrative fees 6,392

Total Deductions 66,087

Increase in Net Assets 554,224

NET ASSETS AVAILABLE FOR PLAN BENEFITS:

Beginning of Period 1,523,625

End of Period \$ 2,077,849

See accompanying notes to the financial statements.

CWRS 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

1. *DESCRIPTION OF THE PLAN*

The following description of CWRS 401(K) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan was formed on January 1, 1994, in Houston, Texas. On January 1, 2004, the Plan was amended through the adoption of a new plan agreement. The Plan is a defined contribution plan covering all full-time employees of Chamberlain Roofing & Waterproofing, Ltd., L.P. (the Company) who have one year of service (1,000 hours) and are age twenty-one or older. Participants may enter the plan on January 1 or six months later after satisfying eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employee Contributions – Each year participants may contribute up to 20% of pre-tax annual compensation, subject to certain maximum amounts, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers 20 mutual fund investment options for participants. The Company makes a matching contribution that is currently 15% of the first 10% of base compensation that a participant contributes to the Plan. The Company matching contribution is invested in the same investment options as directed by the Participant. Contributions are subject to certain limitations.

Participant Accounts – Each participant's account is credited with the Participant's contribution and allocations of (a) the Company's contributions and (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on contributions, account balances, or as defined. The benefit to which a participant is entitled is the benefit that is provided by that participant's vested account balance.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution of a participant's account plus the earnings thereon is based on years of continuous service by the participant. A participant is fully vested after six years of service.

Participant Loans – Participants may borrow from their account balances. The amount borrowed may not exceed the participant's account balance. Loans are secured by the account balance and bear interest at market rates (4.25% at December 31, 2009). Interest and principal are repaid through monthly payroll deductions.

1. *DESCRIPTION OF THE PLAN (Continued)*

Payment of Benefits – On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum payment equal to value of the participant's vested account balance, or in installments as requested by the participant.

Forfeiture of Accounts – At December 31, 2009, forfeited, non-vested amounts totaled \$3,881. These accounts may be used to reduce future employer contributions. In addition at December 31, 2009, there were unvested balances in the plan totaling \$7,208.

2. *SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES*

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market price, which represent the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date.

3. *FAIR VALUE MEASUREMENTS*

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different valuation methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

ADPLEX 401(K) SAVINGS AND RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS

3. *FAIR VALUE MEASUREMENTS (Continued)*

	<u>Fair Value</u>	Quoted Prices In Active Markets (Level 1)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2009-</u>			
Mutual Funds	\$1,465,869	\$1,465,869	\$ ---
Money market funds	560,447	560,447	---
Participant loan	<u>16,650</u>	<u>-</u>	<u>16,650</u>
TOTALS	<u>\$ 2,042,966</u>	<u>\$2,026,316</u>	<u>\$16,650</u>
<u>December 31, 2008-</u>			
Mutual funds	\$ 994,977	\$ 994,977	\$ ---
Money Market Funds	466,719	466,719	---
Participant loans	<u>18,068</u>	<u>---</u>	<u>18,068</u>
TOTALS	<u>\$1,479,764</u>	<u>\$1,461,696</u>	<u>\$18,068</u>

Fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of 3 broad levels. Level 1 inputs have the highest priority and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. Fair value is measured at the highest available level of inputs, because the most reliable evidence of fair value is generally the highest level of inputs.

Level 1: Valuations are based on quoted prices in active markets for identical assets or liabilities. Example: NYSE closing prices used to value mutual funds and publicly traded stocks.

Level 2: Valuations are based on observable inputs (assumptions obtained from independent sources) for the asset or liability, either directly or indirectly. Example: Quoted prices used to value similar instruments in active markets such as bonds.

Level 3: Valuations are based on unobservable inputs (assumptions based on the best information available) that are significant to the fair value of the assets or liabilities. Example: Situations where there is little, if any, market activity for the asset or liability. The following table provides further details of the level 3 fair value measurements.

CWRS 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

3. *FAIR VALUE MEASUREMENTS (Continued)*

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	<u>Participant Loans</u>
<i>December 31, 2009-</i>	
Beginning balances	\$18,068
New loans	7,369
Loan repayments, net of interest	<u>(8,787)</u>
Ending Balances	<u>\$16,650</u>
<i>December 31, 2008-</i>	
Beginning balances	\$33,596
New loans	10,200
Loan repayments, net of interest	<u>(25,728)</u>
Ending Balances	<u>\$18,068</u>

There are no gains or losses attributable to Level 3 investments included in net assets available for plan benefits at the ends of the periods.

4. *INVESTMENTS*

Investments Prepared and Certified by Trustee-

Investments prepared and certified by trustee included in the accompanying financial statements and supplemental schedule were obtained from data that has been prepared and certified as complete and accurate by the trustee.

The following presents Plan investments that represent 5% or more of the Plan's net assets at December 31, 2009.

<u>Investment</u>	<u>Market Value</u>
<i>Money Market Fund-</i>	
American Funds Cash Management Trust of America- A, 557,570 shares	\$ 557,570
<i>Mutual Fund -</i>	
Calamos Growth Fund, Class A, 5,362 shares	238,405
American Funds AMCAP Fund- A, 10,311 shares	171,162
Oppenheimer International Bond Fund- N, 26,320 shares	167,921
Oppenheimer Global Fund- N, 2,906 shares	153,498

CWRS 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

4. *INVESTMENTS (Continued)*

American Funds Growth Fund of America- R2, 4,718 shares	126,006
ABN AMRO Mid Cap Fund- N, 4,218 shares	110,035

The Plan and the Company have entered into a trust agreement with MG Trust Company, L.L.C. (MG). MG maintains all contributions in an account for which it serves as custodian. MG purchases investments in the account as directed by participants. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The account balances are included in the financial statements at fair value as reported to the Plan by MG. The value of the accounts represents contributions made under the agreement, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at fair value.

During 2009 the Plan's investments appreciated in value by \$358,374 as follows:

Realized gains on sales of mutual funds	\$ 37,883
Unrealized appreciation (depreciation) in the value of mutual funds	<u>320,491</u>
Total net appreciation of investments	<u>\$358,374</u>

There are no reserves against contract value for credit risk of the contract issuer or otherwise.

5. *PLAN DISTRIBUTIONS*

The Plan made benefit distributions of \$59,695 for the plan year ended December 31, 2009. Distributions made to terminated participants totaled \$44,830. Corrective distributions to satisfy the Plan's requirements for excess contributions by highly compensated employees totaled \$14,865.

6. *RIGHT TO TERMINATE PLAN*

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants would become 100% vested in their employer contributions.

CWRS 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

7. *RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500*

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H, Part I of Form 5500 at December 31, 2009:

	<u>2009</u>
Net Assets available for plan benefits per the financial statements	\$2,077,849
Net assets per Schedule H of Form 5500	\$2,077,849

The following is a reconciliation of income and expenses per the financial statements for the year ended December 31, 2009, to Schedule H, Part II of Form 5500:

	<u>2009</u>
Increase in Net Assets available for plan benefits per the financial statements	\$554,224
Net income (loss) per Schedule H of Form 5500	\$554,224

8. *TAX STATUS*

The Internal Revenue Service has determined that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

9. *RISKS AND UNCERTAINTIES*

The Plan invests in investment securities, primarily mutual funds. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with investment securities, 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 plan benefits.

CWRS 401(K) PROFIT SHARING PLAN
SCHEDULE OF ASSETS
December 31, 2009

Schedule H, Line 41, Schedule of Assets (Held at Year End)

CWRS 401 (K) Profit Sharing Plan

Employer Identification Number 76-0107798

Three Digit Plan Number: 001

<u>Identity of asset for investment</u>	<u>Description of investment</u>		<u>Cost</u>	<u>Current Value</u>
AM FDS Cash Management Trust of Amer	Money market fund,	557,570 Shares	\$	\$ 557,570
Alliance/Bern Exchange Reserves- A	Money market fund,	2,877 Shares		2,877
Calamos Growth Fund Cl -A	Mutual fund,	5,362 Shares		238,405
AM FDS AMCAP Fund- A	Mutual fund,	10,311 Shares		171,162
Oppenheimer Intl Bond Fd- N	Mutual fund,	26,320 Shares		167,921
Oppenheimer Global Fund - N	Mutual fund,	2,906 Shares		153,498
AM FDS Growth Fd of America - R2	Mutual fund,	4,718 Shares		126,006
ABN AMRO Mid Cap Fund- N	Mutual fund,	4,218 Shares		110,035
AM FDS Growth Fd of America - A	Mutual fund,	3,195 Shares		87,306
Calvert Income Fund- A	Mutual fund,	4,362 Shares		67,387
AM FDS AMCAP Fund - R2	Mutual fund,	4,052 Shares		65,040
AIM Mid Cap Core Equity Fund	Mutual fund,	2,970 Shares		62,229
MFS Value Fund - A	Mutual fund,	2,587 Shares		53,741
Davis NY Venture Fund- A	Mutual fund,	992 Shares		30,741
Allegiant Small Cap Value- A	Mutual fund,	2,752 Shares		26,144
AIM Small Cap Growth Fund- A	Mutual fund,	604 Shares		13,666
Baron Small Cap Fund	Mutual fund,	599 Shares		11,539
J Hancock Classic Value Fund - R	Mutual fund,	733 Shares		10,582
Columbia Acorn Fund- Z	Mutual fund,	342 Shares		8,433
Pimco Total Return Fund- A	Mutual fund,	734 Shares		7,928
Oppenheimer Global Fund - A	Mutual fund,	140 Shares		7,421
AM FDS Growth Fd of America - R4	Mutual fund,	265 Shares		7,190
AM FDS Wash Mutual Investors - R4	Mutual fund,	275 Shares		6,764
First Eagle Overseas Fund- A	Mutual fund,	344 Shares		6,697
DWS Core Fixed Income Fund -S	Mutual fund,	691 Shares		6,188
Heartland Value Fund	Mutual fund,	116 Shares		4,212
AllianzNFJ Small Cap Value - A	Mutual fund,	155 Shares		3,596
AM FDS Income Fd of America- R2	Mutual fund,	230 Shares		3,537
American Beacon Small Cap Value	Mutual fund,	219 Shares		3,396
AM FDS Wash Mutual Investors - R2	Mutual fund,	114 Shares		2,796
Wells Fargo Adv Govt Securities- Invs	Mutual fund,	216 Shares		2,309
Loans at 4.25% to 6.00%				16,650
Cash				34,883
			\$ -	\$ 2,077,849

See independent auditor's report.

IMPORTANT FORM 5500 SCHEDULE C DISCLOSURES

April 2010

Dear Customers,

On November 16, 2007, the Department of Labor's Employee Benefits Security Administration (EBSA) finalized revisions to Form 5500, including Schedule C, for service provider information effective for plan years beginning on or after January 1, 2009. These changes modify the information required to be reported regarding plan service arrangements.

Generally, plan sponsors of retirement plans with more than 100 participants, will be required to report payments to service providers who received directly or indirectly, \$5000 or more in compensation based on services provided to the plan.

This letter is to help you better understand what is required by the revisions and how MG Trust is prepared to help you provide the necessary reporting information to your clients.

How Will MG Trust Handle Schedule C Reporting?

As you know, the plan sponsor is responsible for completing the Form 5500, as well as monitoring the reportable Schedule C compensation paid to plan service providers. The following disclosures are being provided in order to assist you, and your clients, with these new reporting requirements.

Direct Compensation

Schedule C defines Direct Compensation as payments made directly by the plan for services rendered to the plan. Direct payments by the plan would include: payments by the plan out of a plan account, charges to plan forfeiture accounts and fee recapture accounts, charges to a plan's trust account before allocations are made to individual participant accounts and direct charges to plan participant individual accounts. Direct Compensation paid to MG Trust from *plan* assets is reported on account statements. Please note that payments made by the plan sponsor for services which are not reimbursed by the plan are not subject to Schedule C reporting even if the sponsor paid for services rendered to the plan.

Indirect Compensation

Schedule C instructions define Indirect Compensation as compensation received from sources other than directly from the plan or plan sponsor. This may include:

- Fees and expense reimbursement payments from mutual funds, collective investment funds, insurance company pooled separate accounts, and other separately managed accounts in which the fees charged against the fund or account are reflected in the value of the plan's investment (such as sub-transfer agent fees, shareholder servicing fees, and 12b-1 distribution fees)
- Finder's Fees
- Float revenue
- Brokerage Commissions

Eligible Indirect Compensation

If indirect compensation can be classified as Eligible Indirect Compensation (EIC) there is a simpler reporting requirement on Schedule C. EIC includes the indirect compensation listed above for which the plan sponsor has received written materials that disclose:

- The existence of the indirect compensation
- Services provided or the purpose for the compensation
- The amount of the compensation or the formula used to calculate the compensation
- The identity of the person or party paying and receiving the compensation

Float Revenue

MG Trust maintains various deposit accounts at FDIC insured institutions to facilitate transactions for retirement plans. MG Trust receives earnings for the short-term period that the funds are held in its general deposit account.

MG Trust, or its affiliates, may retain as additional compensation: any earnings with respect to amounts credited to non-interest bearing accounts, which includes moneys during the period between the time the moneys are received by MG Trust and actually forwarded to the investment provider. This compensation is generally determined daily and calculated on the basis of the then-current Federal Funds Rate (the "Formula"). The earnings paid to MG Trust are considered "float." Float that is earned by MG Trust is EIC for Schedule C purposes. We are providing you the above Formula instead of an amount or estimated amount as permissible for reporting purposes.

Administrative Fee Reimbursement and Fee Collection Services

MG Trust or an affiliate may facilitate the collection of revenue payments or administrative fee payments available from mutual funds or other investment funds (the "Fees") for the services provided by MG Trust or its affiliates or designees, the Third Party Administrator, Bank or Trust Company. (These Fees are outlined in the "Indirect Compensation" section of this letter). The actual dollar amount depends on each mutual fund or other investment fund's payment of Fees under its agreement with MG Trust's affiliate. MG Trust may retain a portion of the Fees as determined by the TPA or Bank based on their instructions and as specified in the TPA or Bank's service agreement with MG Trust and its affiliates. For any questions regarding Fee retention, please refer your specific questions to your TPA or Bank. Specific amounts of retained compensation are provided to the TPA or Bank by MG Trust's affiliate through its invoice provided under the services agreement.

Additional Schedule C Information

You will need the following information to complete Schedule C:

Matrix Financial Solutions, Inc.
700 17th Street, Suite 300
Denver, CO 80202
Tax Identification Number: 20-1591048

Bank of America Merrill Lynch Program

For any of your clients who participate in the Bank of America Merrill Lynch *ML Connect* Program, please note that Merrill Lynch is providing disclosures directly to each plan sponsor. In addition, Merrill Lynch is providing MG Trust with an electronic copy of the data which will be made available as needed for any of your applicable plan accounts.

For more information regarding the expanded Form 5500 Schedule C reporting requirements, please refer to the Department of Labor website at www.dol.gov/ebsa/faqs/faq_scheduleC.html.

Should you have any additional questions with regard to the information we have provided, please contact your Account Executive at (877) 610-3822.

Regards,

MG Trust Company, LLC

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

CWRS 401(k) Profit Sharing Plan

Employer Identification Number

76-0107798

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
	ALLIANCE/BERN EXCHANGE RESRVS	2877.425 SH 1.00 PER SH	0	2,877
	AMERICAN FUNDS MONEY MARKET A	557570.160 SH 1.00 PER SH		557,570
	ABN AMRO MID CAP FD-N	4217.532 SH 26.09 PER SH	0	110,035
	AIM MID CAP CORE EQUITY FD-A	2970.340 SH 20.95 PER SH		62,229
	AIM SMALL CAP GROWTH FD-A	603.599 SH 22.64 PER SH		13,666
	ALLEGiant SMALL CAP VALUE-A	2752.017 SH 9.50 PER SH		26,144
	ALLIANZ NFJ SMALL CAP VALUE-A	155.077 SH 23.19 PER SH		3,596
	AM FDS AMCAP FUND-A	10310.992 SH 16.60 PER SH		171,162
	AM FDS AMCAP FUND- R2	4052.359 SH 16.05 PER SH		65,040
	AM FDS GROWTH FD OF AMERICA A	3194.516 SH 27.33 PER SH		87,306
	AM FDS GROWTH FD OF AMERICA-R2	4717.562 SH 26.71 PER SH		126,006
	AM FDS GROWTH FD OF AMERICA-R4	265.218 SH 27.11 PER SH		7,190
	AM FDS INCOME FD OF AMERICA-R2	230.137 SH 15.37 PER SH		3,537
	AM FDS WASH MUTUAL INVESTOR-R2	114.489 SH 24.42 PER SH		2,796
	AM FDS WASH MUTUAL INVESTOR-R4	275.409 SH 24.56 PER SH		6,764
	AMERICAN BEACON SMALL CAP VALU	219.097 SH 15.50 PER SH		3,396
	BARON SMALL CAP FUND	599.119 SH 19.26 PER SH		11,539
	CALAMOS GROWTH FUND CL A	5362.224 SH 44.46 PER SH		238,405
	CALVERT INCOME FD-A	4361.598 SH 15.45 PER SH		67,387
	COLUMBIA ACORN FUND-Z	341.673 SH 24.68 PER SH		8,433
	DAVIS NEW YORK VENTURE FD-A	992.279 SH 30.98 PER SH		30,741
	DWS CORE FIXED INCOME FUND-S	690.607 SH 8.96 PER SH		6,188
	FIRST EAGLE OVERSEAS FD-A	344.126 SH 19.46 PER SH		6,697
	HEARTLAND VALUE FUND	116.430 SH 36.18 PER SH		4,212
	J HANCOCK CLASSIC VALUE FD-R1	732.838 SH 14.44 PER SH		10,582
	MFS VALUE FUND-A	2587.439 SH 20.77 PER SH		53,741
	OPPENHEIMER GLOBAL FD-A	139.992 SH 53.01 PER SH		7,421
	OPPENHEIMER GLOBAL FD-N	2905.509 SH 52.83 PER SH		153,498
	OPPENHEIMER INTL BOND FD-N	26319.927 SH 6.384 PER SH		167,921
	PIMCO TOTAL RETURN-A	734.115 SH 10.80 PER SH		7,928
	WELLS FARGO ADV GOVT SECURITIE	216.167 SH 10.68 PER SH		2,309
	CASH			34,883
	PARTICIPANT LOANS			16,650
	TOTAL			2,077,849