

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan DIVERSIFIED ROOFING/PEAK CONSTRUCTION/VALLEY SUPPLY 401(K) PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 09/01/1998
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) DIVERSIFIED ROOFING CORPORATION 2015 WEST MOUNTAIN VIEW ROAD PHOENIX, AZ 85021	2b	Employer Identification Number (EIN) 86-0599690
		2c	Sponsor's telephone number 602-870-8322
		2d	Business code (see instructions) 812990

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.	10/15/2010	WILLIAM J. MORONEY
	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")

DIVERSIFIED ROOFING CORPORATION

2015 WEST MOUNTAIN VIEW ROAD
PHOENIX, AZ 85021**3b** Administrator's EIN

86-0599690

3c Administrator's telephone number

602-870-8322

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**

326

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**

161

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

57

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

218

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

218

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**

12

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 2K 3D 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)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☐

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) ☐

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)

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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 DIVERSIFIED ROOFING/PEAK CONSTRUCTION/VALLEY SUPPLY 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. DIVERSIFIED ROOFING CORPORATION	D Employer Identification Number (EIN) 86-0599690	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METLIFE INSURANCE COMPANY OF CONNECTICUT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	939569	0	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
2005	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MORGAN STANLEY SMITH BARNEY LLC
2000 WESTCHESTER AVENUE
PURCHASE, NY 10577

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2005			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	13327
c	Additions: (1) Contributions deposited during the year	7c(1)	2674
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	1064
	(4) Transferred from separate account	7c(4)	22113
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	25851
d	Total of balance and additions (add b and c(6)).	7d	39178
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	38854
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	324
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	39178
f	Balance at the end of the current year (subtract e(5) from d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 DIVERSIFIED ROOFING/PEAK CONSTRUCTION/VALLEY SUPPLY 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DIVERSIFIED ROOFING CORPORATION	D Employer Identification Number (EIN) 86-0599690	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	225	
(2) Participant contributions	1b(2)	3290	
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(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)	665743	671046
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	13326	23629
(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	682584	694675

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	682584	694675
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1997	
(B) Participants	2a(1)(B)	50136	
(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)		52133

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)		
(F) Other	2b(1)(F)	1063	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1063
(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)		95983
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		149179

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	120116	
(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)		120116
f Corrective distributions (see instructions)	2f		14800
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)		
(3) Investment advisory and management fees	2i(3)	2172	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2172
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		137088

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12091
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: JAMES B WENDT

(2) EIN: 86-0518418

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.).....	☒		9806
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.).....		☒	
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.)		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		50000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☒		
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>DIVERSIFIED ROOFING/PEAK CONSTRUCTION/VALLEY SUPPLY 401(K) 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>DIVERSIFIED ROOFING CORPORATION</u>	D Employer Identification Number (EIN) <u>86-0599690</u>

Part I	Distributions
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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>04-3581074</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)
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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): _____

JAMES B. WENDT
CERTIFIED PUBLIC ACCOUNTANT
745 EAST MARYLAND AVENUE, SUITE 114
PHOENIX, ARIZONA 85014

October 4, 2010

To the Administrative Committee
Diversified Roofing/ Peak Construction/ Valley Supply 401(k) Plan

I have conducted a DOL limited-scope audit of the financial statements of Diversified Roofing/ Peak Construction/ Valley Supply 401(k) Plan for the year ended December 31, 2009 and have issued my report thereon dated October 4, 2010. As permitted by 29 CR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 8 to those financial statements. Because of the information I did not audit, I am unable to, and have not expressed an opinion on those financial statements and schedules taken as a whole. Professional standards require that I provide you with information about my responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of my audit. I have communicated such information to you in our engagement letter dated July 9, 2010. Professional standards require that I communicate to you the following information related to my audit.

Significant audit findings

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Diversified Roofing/ Peak Construction/ Valley Supply 401(k) Plan are described in Note 2 of the financial statements. No new accounting policies were adopted and the application of the existing policies was not changed during the year ended December 31, 2009. I noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions that have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. I am pleased to report that no disagreements arose during the course of our audit.

I have requested certain representations from management that are included in the management representation letter dated October 4, 2010.

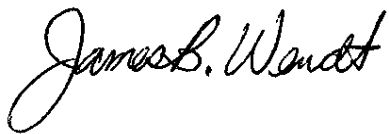
To the Administrative Committee
October 4, 2010
Page 2

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with me to determine that the consultant has all the relevant facts. To my knowledge, there were no such consultations with other accountants.

I generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditor. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to my retention.

This information is intended solely for the use of the Plan's administrative committee, and management of Diversified Roofing/ Peak Construction/ Valley Supply 401(k) Plan and is not intended to be and should not be used by anyone other than these specified parties.

Sincerely yours,

A handwritten signature in black ink, reading "James B. Wandt". The signature is written in a cursive style with a large, stylized "J" and "W".

PART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
American Fnds Gbl Grth-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	6,309.05	7,107.83
American Fnds Grth-CL 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	14,438.13	13,358.93
American Fnds Grth-Inc 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	7,124.09	6,874.98
Barclays Cap Aggrgate Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	93,461.58	102,255.41
BlackRock Legacy Lcap	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	26.09	34.18
Blackrock Agg Gr Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,501.72	2,212.88
Clarion GI Real Estate	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	3,263.81	2,688.47
Fidelity VIP Contrafund-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,762.81	2,850.03
Fidelity VIP Mid Cap 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	6,477.61	6,692.06
Fixed Account	VALUE OF FUNDS HELD IN INSURANCE COMPANY GENERAL ACCOUNT	22,926.42	23,626.55
Franklin Sml-Mid Cap Gr-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	741.43	732.35
Janus Asp Enterprise Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	1,039.49	1,072.05
Janus Forty	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	8,546.15	8,498.42
Jennison Growth Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	1,080.95	1,156.41
Lazard Mid Cap Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	891.18	770.33
Legg CBridge Var SmCp Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	625.42	547.24
Legg CBridge Var LCap Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	41,761.82	39,310.34
Legg CBridge Var Aggr Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	68,172.58	59,890.53
Legg ClBridge VarApp Prt	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	723.76	687.89
Legg Mason Corp Bond Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	1,269.16	1,421.90
Legg Mason Sm Cap Value	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	1,689.16	2,008.37
Legg Wstrn Var AdjRateInc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	238.94	219.93
Legg Wstrn Var DivStrat	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	107.87	112.64
Legg WstrnAst Var MM Prt	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	147,030.70	149,817.36
Lord Abbett Bnd Deb Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	344.92	390.03
Lord Abbett Grwth And Inc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	3.95	2.95
MFS Total Return Port.	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,850.69	2,864.01
MFS Value Portfolio	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,621.74	2,477.42
MetLife Agg Alloc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	6,103.41	5,324.13
MetLife Mod Alloc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	628.82	561.26
MetLife Mod-Agg Alloc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	15,122.18	13,483.78
MetLife Stock Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	132,412.95	112,560.56
Morgan Stanley EAFE Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	92,629.96	70,367.48
Russell 2000 Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	53,530.51	45,793.48
T Rowe Price Small Cap Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	1,009.57	1,062.95
Templeton Dev Mkts Sec-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	795.82	821.75
Templeton Foreign Secur-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,115.37	2,219.65
Third Ave Small Cap Value	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	4,908.15	4,627.91
VanKmp Comstock Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	802.66	1,024.88
Western Asset Mgmt US Gov	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	875.47	924.92

DIVERSIFIED ROOFING/ PEAK CONSTRUCTION/ VALLEY SUPPLY 401(K) PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION

DECEMBER 31, 2009 AND 2008

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JAMES B. WENDT
CERTIFIED PUBLIC ACCOUNTANT
745 EAST MARYLAND AVENUE, SUITE 114
PHOENIX, ARIZONA 85014

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
Diversified Roofing/ Peak Construction/ Valley Supply 401(k) Plan
Phoenix, Arizona

I was engaged to audit the financial statements of Diversified Roofing/ Peak Construction/ Valley Supply 401(k) Plan as of December 31, 2009 and 2008 and for the years ended December 31, 2009 and 2008, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

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 me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by MetLife Insurance Company of Connecticut and by The Hartford Life Insurance Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. I have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustees 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 I did not audit, I am unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustees, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are 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.

October 4, 2010

James B. Wendt, CPA

DIVERSIFIED ROOFING/ PEAK CONSTRUCTION/ VALLEY SUPPLY 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Assets		
Investments, at fair value - notes 1, 2, 6 and 8		
Mutual funds	\$ 145,560	\$ 679,070
Cash, in transit to The Hartford	<u>696,112</u>	<u>-</u>
Total investments	<u>841,672</u>	<u>679,070</u>
Receivables		
Employer's contributions - note 1	-	539
Participants' contributions - note 1	<u>938</u>	<u>3,293</u>
Net Assets Available for Benefits	<u>\$ 842,610</u>	<u>\$ 682,902</u>

The notes to financial statements are an integral part of these statements.

DIVERSIFIED ROOFING/ PEAK CONSTRUCTION/ VALLEY SUPPLY 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Additions to net assets attributed to:		
Investment income		
Earnings from investments	\$ 96,838	\$ -
	<u>96,838</u>	<u>-</u>
Receipt of transferred assets due to merger - note 1	<u>136,900</u>	<u>-</u>
Contributions - notes 1		
Participants'	59,938	171,296
Employer's	2,222	14,959
Rollover	<u>-</u>	<u>13,094</u>
	<u>62,160</u>	<u>199,349</u>
Total additions	<u>295,898</u>	<u>199,349</u>
Deductions from net assets attributed to:		
Losses from investments	-	252,004
Distributions to participants - note 1	133,479	81,470
Administrative expenses - note 1	<u>2,711</u>	<u>365</u>
Total deductions	<u>136,190</u>	<u>333,839</u>
Net increase (decrease)	159,708	(134,490)
Net assets available for benefits:		
Beginning of year	<u>682,902</u>	<u>817,392</u>
End of Year	<u>\$ 842,610</u>	<u>\$ 682,902</u>

The notes to financial statements are an integral part of these statements.

DIVERSIFIED ROOFING/ PEAK CONSTRUCTION/ VALLEY SUPPLY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 1: Description of the plan

The following description of the Diversified Roofing/ Peak Construction/ Valley Supply 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General. The Plan is a defined-contribution plan covering substantially all full-time employees of Diversified Roofing, Peak Construction and Valley Supply (jointly referred to as the Company) who have three months of service and have attained the age of twenty-one. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, participants may contribute up to 25 percent of pretax annual compensation, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified plans. Matching contributions are at the discretion of the Company. For the first three months of 2009 and all of 2008, the Company contributed the lesser of 10% of base compensation that a participant contributed to the Plan or \$500.

Participants accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or 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. Participants direct the allocation of the investments in their own account.

Vesting. Participants are immediately vested in their voluntary contributions, plus the earnings thereon. Vesting in the remainder of their account balance is based on years of continuous service, with a participant becoming 100% vested after 6 years of credited service.

Payment of benefits. On termination of service, a participant will receive a lump-sum distribution equal to the value of the participant's account if the amount is \$1,000 or less. If the amount is greater than \$1,000, the participant can elect to receive either a lump sum amount or an installment distribution.

Plan costs. The majority of the annual costs of the Plan are paid by the Company.

Forfeited accounts. At December 31, 2009 and 2008, the forfeited nonvested account totaled \$5,671 and \$5,751, respectively. This account will be used to reduce future employer contributions. There were no such reductions made in 2009 and 2008.

Plan merger. On November 17, 2009, the Board of Directors of Diversified Roofing Company, a controlling party of DV Management Company, Inc., approved a merger of DV Management Company, Inc. Profit Sharing Plan into the Diversified Roofing/ Peak Construction/ Valley Supply 401(k) Plan, effective November 17, 2009. As a result, all investments in mutual funds and cash were transferred from the Profit Sharing Plan into this Plan on that date.

DIVERSIFIED ROOFING/ PEAK CONSTRUCTION/ VALLEY SUPPLY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 2: Summary of significant accounting policies

Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment valuation

The Plan's investments are stated at fair market value.

Estimates by management

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 the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Payment of benefits

Benefits are recorded when paid.

Date of management's review

Subsequent events were evaluated through October 4, 2010, which is the date the financial statements were available to be issued.

Note 3: Plan termination

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, participants will become 100% vested in their accounts.

Note 4: Tax status

The Company has adopted a standardized 401(k) pension plan sponsored by ING Institutional Plan Services, LLC, the third party administrator of the Plan. The Internal Revenue Service has determined and informed ING, by a letter dated June 5, 2002, that the Plan and the related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan continues to operate in compliance with the applicable requirements of the IRC.

Note 5: Reconciliation of financial statements to Form 5500

There were no material differences noted between the financial statements of the Plan and the Plan's 2009 Form 5500.

DIVERSIFIED ROOFING/ PEAK CONSTRUCTION/ VALLEY SUPPLY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 6: Fair value measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair value measurements using:	
	Fair Value	Level 1	Level 2
<u>December 31, 2009</u>			
Mutual funds	\$ 145,560	\$ -	\$ 145,560
Total	<u>\$ 145,560</u>	<u>\$ -</u>	<u>\$ 145,560</u>
<u>December 31, 2008</u>			
Mutual funds	\$ 679,070	\$ -	\$ 679,070
Total	<u>\$ 679,070</u>	<u>\$ -</u>	<u>\$ 679,070</u>

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 is used only when Level 1 or Level 2 inputs are not available.

Level 2 Fair Value Measurements

The Plan's mutual fund investments for the year ended December 31, 2009 are administered by and certified by The Hartford Life Insurance Company. The Plan's mutual fund investments for the year ended December 31, 2008 are administered by and certified by MetLife Insurance Company of Connecticut.

Note 7: Risks and uncertainties

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

DIVERSIFIED ROOFING/ PEAK CONSTRUCTION/ VALLEY SUPPLY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 8: Investments

The following investment information, included in the accompanying financial statements and supplemental schedules, was obtained from the data that has been prepared and certified to be complete and accurate by The Hartford Life Insurance Company for the year ended December 31, 2009. The Plan's mutual fund and cash investments are part of various groups of mutual funds as determined by the Plan's Administrative Committee. Upon initial enrollment in the Plan, a participant directs the allocation of contributions among the various mutual funds designated by the Plan's administrative committee. The mutual funds held at year end were as follows:

	<u>2009</u>
The Hartford Small Company	\$ 1,933
The Hartford Capital Appreciation	5,083
Pimco Total Return	3,205
Goldman Sachs Small Cap	2,158
Goldman Sachs Large Cap Value	5,350
Oppenheimer International Bond	3,219
Blackrock Global Allocation	*87,220
The Hartford Inflation Plus	3,200
Franklin High Income	3,248
Goldman Sachs Small Mid Cap Growth	2,518
MFS International Value	5,816
Ivy Large Capital Growth	5,084
Prudential Jennison 20/20 Focus	5,123
American Funds Europacific Growth	5,886
Goldman Sachs Government Income	3,197
Perkins Mid Cap Value	2,145
JPMorgan Prime Money Market	<u>1,175</u>
	145,560
 Cash in transit from MetLife	 <u>696,112</u>
	 <u><u>\$ 841,672</u></u>

* Exceeds 5% of net assets available for benefits.

DIVERSIFIED ROOFING/ PEAK CONSTRUCTION/ VALLEY SUPPLY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 8: Investments, continued

The following investment information, included in the accompanying financial statements, was obtained from the data that has been prepared and certified to be complete and accurate by MetLife Insurance Company of Connecticut for the year ended December 31, 2008. The activity of the Plan for the year ended December 31, 2009 was, also, certified to be complete and accurate by MetLife Insurance Company of Connecticut. However, the Plan's assets were sold and the resulting cash was transferred to The Hartford Life Insurance Company, the new asset custodian, on December 31, 2009 and received by Hartford on January 4, 2010. The Plan's mutual fund and cash investments are part of various groups of mutual funds as determined by the Plan's Administrative Committee. Upon initial enrollment in the Plan, a participant directs the allocation of contributions among the various mutual funds designated by the Plan's administrative committee. The mutual funds held at year end were as follows:

	<u>2008</u>
American Global Fund CI 2	\$ 12,239
American Growth-In CI 2	14,432
American Growth Fund CI 2	8,792
Blackrock Aggressive Growth	1,509
Clarion Global Real Estate	10,399
Fidelity VIP Mid Cap	3,887
Fidelity Contra Fund	1,834
Fixed Account	13,327
Franklin Small-Mid Cap Growth	399
Janus Forty Portfolio	5,287
Legg Mason Equity Index	6,259
Legg Mason Invest Grade Bond	1,438
Legg Mason Small Cap Value	1,259
Legg Mason Var Large Cap Growth	27,923
Legg Mason Var Money Market	*107,942
LB (R) Aggregate Bond Index	*124,783
LMPV Aggressive Growth	*40,148
MetLife Conservative-Moderate Alloc	8,396
MetLife Moderate-Aggressive Allocation	20,005
MetLife Aggressive Allocation	6,615
MetLife Stock Index	*110,271
Morgan Stanley EAFE(R) Index	*71,910
MFS Total Return	8,185
MFS Value Portfolio	2,592
Russell 2000 Index	*47,139
Templeton Foreign Securities Fund	1,667
Templeton Developing Markets	9,741
Third Ave Small Cap Value	2,765
West As Mgt US Govt	1,681
22 and 17 Miscellaneous mutual funds	<u>6,246</u>
	<u>\$ 679,070</u>

* Exceeds 5% of net assets available for benefits.

DIVERSIFIED ROOFING/ PEAK CONSTRUCTION/ VALLEY SUPPLY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 9: Related party transactions

Certain Plan investments are shares of mutual funds managed by The Hartford Life Insurance Company and by MetLife Insurance Company. The Hartford and MetLife are the trustees as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

DIVERSIFIED ROOFING/ PEAK CONSTRUCTION/ VALLEY SUPPLY 401(K) PLAN

SUPPLEMENTAL INFORMATION

DECEMBER 31, 2009

DIVERSIFIED ROOFING/ PEAK CONSTRUCTION/ VALLEY SUPPLY 401(K) PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2009

Employer Identification Number: 86-0599690
Plan Number: 001

<u>(a)</u>	<u>(b) Identity of Issue</u>	<u>(c) Description of Issue</u>	<u>(e) Current Value</u>
	Mutual funds - participant directed		
*	The Hartford Small Company	Mutual fund	\$ 1,933
*	The Hartford Capital Appreciation	Mutual fund	5,083
	Pimco Total Return	Mutual fund	3,205
	Goldman Sachs Small Cap	Mutual fund	2,158
	Goldman Sachs Large Cap Value	Mutual fund	5,350
	Oppenheimer International Bond	Mutual fund	3,219
	Blackrock Global Allocation	Mutual fund	87,220
*	The Hartford Inflation Plus	Mutual fund	3,200
	Franklin High Income	Mutual fund	3,248
	Goldman Sachs Small Mid Cap Growth	Mutual fund	2,518
	MFS International Value	Mutual fund	5,816
	Ivy Large Capital Growth	Mutual fund	5,084
	Prudential Jennison 20/20 Focus	Mutual fund	5,123
	American Funds Europacific Growth	Mutual fund	5,886
	Goldman Sachs Government Income	Mutual fund	3,197
	Perkins Mid Cap Value	Mutual fund	2,145
	JPMorgan Prime Money Market	Mutual fund	<u>1,175</u>
			145,560
	Cash, in transit from MetLife	Cash	<u>696,112</u>
			<u>\$ 841,672</u>