

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
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 <u>CHAMBERLIN ROOFING & WATERPROOFING RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1994</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1994</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>CHAMBERLIN CENTRAL SERVICES, LLC</u> <u>7510 LANGTRY LANE</u> <u>HOUSTON, TX 77040</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-2093995</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>713-880-1432</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-2093995</u>	2c Sponsor's telephone number <u>713-880-1432</u>	2d Business code (see instructions) <u>238100</u>	
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2c Sponsor's telephone number <u>713-880-1432</u>					
2d Business code (see instructions) <u>238100</u>					

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.	12/11/2013	SHAWN BUZEK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/11/2013	SHAWN BUZEK
	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

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CHAMBERLIN CENTRAL SERVICES, LLC 7510 LANGTRY LANE HOUSTON, TX 77040	3b Administrator's EIN 20-2093995 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 CHAMBERLIN ROOFING & WATERPROOFING, LTD	4b EIN 76-0107798 4c PN 001	
5 Total number of participants at the beginning of the plan year	5	316
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	313
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	26
d Subtotal. Add lines 6a , 6b , and 6c	6d	339
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	339
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	100
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4
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 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	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>CHAMBERLIN ROOFING & WATERPROOFING RETIREMENT 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 CENTRAL SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>20-2093995</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WPS CORP AND RETIREMENT SERVICES

1700 PACIFIC AVENUE, SUITE 3650
DALLAS, TX 75201

27-3722628

(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	8128	Yes ☒ No ☐	Yes ☒ No ☐	20466	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 ☐

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)

(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	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.
MATRI FINANCIAL SOLUTIONS, INC. 700 17TH STREET SUITE 700 DENVER, CO 80202 20-1591048	18 62 99	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>CHAMBERLIN ROOFING & WATERPROOFING RETIREMENT 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 CENTRAL SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>20-2093995</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	19250	25193
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)	349068	346350
	(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)	38245	35974
	(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)	1697812	1764160
	(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)	28	
(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	2104403	2171677

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	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2104403	2171677
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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)	28548	
(B) Participants	2a(1)(B)	218768	
(C) Others (including rollovers)	2a(1)(C)	509	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		247825
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-241	
(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)	630	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		389
(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)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	392518	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	391331	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1187

		(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)		
(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)		-78180
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		171221

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	95819	
(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)		95819
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)	8128	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8128
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		103947

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		67274
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.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>CHAMBERLIN ROOFING & WATERPROOFING RETIREMENT 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 CENTRAL SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>20-2093995</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 (include any prior year accumulated funding deficiency not waived)	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 or other authority 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. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 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, 2011

CWRS 401(K) PROFIT SHARING PLAN

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BUFFINGTON & COMPANY, P.C.

CERTIFIED PUBLIC ACCOUNTANTS
14811 SAINT MARY'S LANE, SUITE 180
HOUSTON, TEXAS 77079
(281) 920-5455 FAX (281) 920-5456

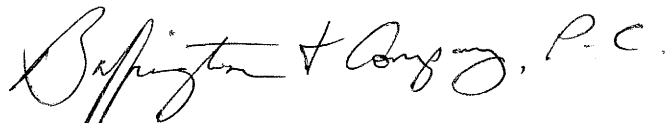
Independent Auditor's Report

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, 2011 and 2010, and for the year ended December 31, 2011, and the supplemental schedule as of December 31, 2011 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, 2011 and 2010, 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 10, 2012

CWRS 401(K) PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments- Certified by Trustee		
Mutual Funds	\$ 1,764,160	\$ 1,697,812
Money market accounts	346,350	349,068
Cash and cash equivalents	25,193	19,250
Receivables-		
Employer's contributions	2,341	2,102
Participants' contributions	17,377	16,145
Notes receivable from participants	<u>35,974</u>	<u>38,245</u>
Total Assets	<u>\$ 2,191,395</u>	<u>\$ 2,122,622</u>
LIABILITIES		
Total Liabilities	\$ -	\$ -
Net Assets Available for Benefits	<u>\$ 2,191,395</u>	<u>\$ 2,122,622</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, 2011

ADDITIONS:

Additions to net assets attributed to-

Investment income

Net depreciation in fair value of investments \$ (76,966)

Interest and dividends 389

(76,577)

Contributions:

Employer 28,787

Participants 220,510

249,297

Total Additions 172,720

DEDUCTIONS:

Deductions from net assets attributed to-

Benefits paid to participants 95,819

Expenses, administrative fees 8,128

Total Deductions 103,947

Increase in Net Assets 68,773

NET ASSETS AVAILABLE FOR PLAN BENEFITS:

Beginning of Period 2,122,622

End of Period \$ 2,191,395

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.

Loans to Participants - 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, 2010). Interest and principal are repaid through monthly payroll deductions.

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

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, 2011, forfeited, non-vested amounts totaled \$5,854. These accounts may be used to reduce future employer contributions. In addition at December 31, 2011, there were unvested balances in the plan totaling \$4,687.

2. *SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES*

Date of Management's Review – Subsequent events were evaluated through October 10, 2012, which is the date that the financial statements were available to be issued.

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.

Basis of Accounting- The plan financial statements are prepared on the accrual basis of accounting.

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.

Notes Receivable from Participants- Loans to participant are reported at the unpaid principal balance plus accrued, unpaid interest.

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

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.

	<u>Fair Value</u>	Quoted Prices In Active Markets (Level 1)
<u>December 31, 2011-</u>		
Mutual funds	\$ 1,764,160	\$ 1,764,160
Money Market Funds	<u>346,350</u>	<u>346,350</u>
TOTALS	<u>\$2,110,510</u>	<u>\$2,110,510</u>
 <u>December 31, 2010-</u>		
Mutual Funds	\$1,697,812	\$1,697,812
Money market funds	<u>349,068</u>	<u>349,068</u>
TOTALS	<u>\$ 2,046,880</u>	<u>\$2,046,880</u>

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

3. *FAIR VALUE MEASUREMENTS (Continued)*

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.

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, 2011.

<u>Investment</u>	<u>Market Value</u>
<i>Money Market Fund-</i>	
American Funds Cash Management Trust of America- A, 339,991 shares	\$ 339,991
<i>Mutual Fund -</i>	
Calamos Growth Fund, Class A, 5,914 shares	274,372
American Funds AMCAP Fund- A, 9,354 shares	176,134
Oppenheimer International Bond Fund- N, 27,470 shares	170,041

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

4. *INVESTMENTS (Continued)*

Oppenheimer Global Fund- N, 3,387 shares	182,448
American Funds Growth Fund of America- R2, 5,441 shares	152,773
ABN AMRO Mid Cap Fund- N, 4,703 shares	139,169
American Funds AMCAP fund- R2, 6,827 shares	123,359

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 2011 the Plan's investments decreased in value by \$76,604 as follows:

Dividends from mutual funds	\$ 389
Realized losses on sales of mutual funds	1,187
Unrealized appreciation (depreciation) in the value of mutual funds	(78,180)
Total net change in value of investments	\$(76,604)

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

5. *NOTES RECEIVABLE FROM PARTICIPANTS*

The following is a summary of participant loans for the years ended December 31, 2011 and 2010:

	<u>Total Loans</u>
<i>Year Ended December 31, 2011-</i>	
Beginning balances	\$ 38,245
New loans	8,526
Loan repayments, net of interest	(6,292)
Deemed distributions to terminated employees	(4,505)
Ending Balances	\$ <u>35,974</u>

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

5. *NOTES RECEIVABLE FROM PARTICIPANTS (Continued)*

Year Ended December 31, 2010-

Beginning balances	\$ 16,650
New loans	31,900
Loan repayments, net of interest	(6,757)
Deemed distributions to terminated employees	(<u>3,548</u>)
Ending Balances	\$ <u>38,245</u>

6. *PLAN DISTRIBUTIONS*

The Plan made benefit distributions of \$95,819 for the plan year ended December 31, 2011. Distributions made to terminated participants totaled \$52,011. Distributions to employees including corrective distributions to satisfy the Plan's requirements for excess contributions by highly compensated employees totaled \$43,808.

7. *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.

8. *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, 2011:

Net assets per Schedule H of Form 5500	\$ 2,171,677
Contributions Receivable, not recorded on Form 5500	<u>19,718</u>
Net Assets available for plan benefits per the financial statements	\$ <u>2,191,395</u>

The following is a reconciliation of income and expenses per the financial statements for the year ended December 31, 2011, to Schedule H, Part II of Form 5500:

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

8. *RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500*
(Continued)

Net income (loss) per Schedule H of Form 5500	\$ 67,274
---	-----------

Contributions Receivable, not recorded on Form 5500-	
--	--

Beginning of year	(18,219)
-------------------	----------

End of year	<u>19,718</u>
-------------	---------------

Increase in Net Assets Available for Plan Benefits per the financial statements	<u>\$ 68,773</u>
--	------------------

9. *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).

10. *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.

11. *SUBSEQUENT EVENT*

On January 24, 2012, the Company executed documents to join the Associated General Contractors Houston Chapter Multi Employer 401(K) Plan. In February 2012 all assets of the CWRS 401(K) Profit Sharing Plan were transferred to the new plan.

CWRS 401(K) PROFIT SHARING PLAN
SCHEDULE OF ASSETS
December 31, 2011

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,	339,991 Shares	\$	\$ 339,991
Alliance/Bern Exchange Reserves- A	Money market fund,	6,359 Shares		6,359
Calamos Growth Fund Cl -A	Mutual fund,	5,914 Shares		274,372
Oppenheimer Global Fund - N	Mutual fund,	3,387 Shares		182,448
AM FDS AMCAP Fund- A	Mutual fund,	9,354 Shares		176,134
Oppenheimer Intl Bond Fd- N	Mutual fund,	27,470 Shares		170,041
AM FDS Growth Fd of America - R2	Mutual fund,	5,441 Shares		152,773
ABN AMRO Mid Cap Fund- N	Mutual fund,	4,703 Shares		139,169
AM FDS AMCAP Fund - R2	Mutual fund,	6,827 Shares		123,359
AM FDS Growth Fd of America - A	Mutual fund,	2,744 Shares		78,836
MFS Value Fund - A	Mutual fund,	3,107 Shares		69,545
Calvert Income Fund- A	Mutual fund,	4,242 Shares		66,986
Invesco Mid Cap Core Equity Fund-A	Mutual fund,	3,127 Shares		65,733
PNC Multi-Factor Small Cap Value- A	Mutual fund,	3,372 Shares		39,423
Davis NY Venture Fund- A	Mutual fund,	950 Shares		30,891
Baron Small Cap Fund	Mutual fund,	924 Shares		21,187
Heartland Value Fund	Mutual fund,	548 Shares		20,988
Invesco Small Cap Growth Fund- A	Mutual fund,	691 Shares		19,150
J Hancock Classic Value Fund - R	Mutual fund,	1,072 Shares		16,534
DWS Core Fixed Income Fund -S	Mutual fund,	1,545 Shares		14,942
Pimco Total Return Fund- A	Mutual fund,	1,332 Shares		14,474
Columbia Acorn Fund- Z	Mutual fund,	474 Shares		13,052
AM FDS Wash Mutual Investors - R4	Mutual fund,	387 Shares		10,956
AM FDS Growth Fd of America - R4	Mutual fund,	357 Shares		10,173
Oppenheimer Global Fund - A	Mutual fund,	184 Shares		9,964
First Eagle Overseas Fund- A	Mutual fund,	481 Shares		9,795
American Beacon Small Cap Value	Mutual fund,	445 Shares		8,256
AM FDS Income Fd of America- R2	Mutual fund,	442 Shares		7,344
AM FDS Wash Mutual Investors - R2	Mutual fund,	228 Shares		6,424
AllianzNFJ Small Cap Value - A	Mutual fund,	215 Shares		5,986
Wells Fargo Adv Govt Securities- Invs	Mutual fund,	464 Shares		5,225
Cash				25,193
			\$ -	\$ 2,135,703

See independent auditor's report.

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan

Chamberlin Roofing & Waterproofing Retirement Plan

Employer Identification Number

20-2093995

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	6359.240 SH 1.00 PER SH	0	6,359
	AMERICAN FUNDS MONEY MARKET A	339990.897 SH 1.00 PER SH		339,991
	ABN AMRO MID CAP FD-N	4703.235 SH 29.59 PER SH	0	139,169
	ALLIANZ NFJ SMALL CAP VALUE-A	215.190 SH 27.82 PER SH		5,987
	AM FDS AMCAP FUND-A	9353.916 SH 18.83 PER SH		176,134
	AM FDS AMCAP FUND- R2	6826.754 SH 18.07 PER SH		123,359
	AM FDS GROWTH FD OF AMERICA A	2744.040 SH 28.73 PER SH		78,836
	AM FDS GROWTH FD OF AMERICA-R	5440.627 SH 28.08PER SH		152,773
	AM FDS GROWTH FD OF AMERICA-R4	356.712 SH 28.52 PER SH		10,173
	AM FDS INCOME FD OF AMERICA-R2	441.853 SH 16.62 PER SH		7,344
	AM FDS WASH MUTUAL INVESTOR-R2	228.464 SH 28.12 PER SH		6,424
	AM FDS WASH MUTUAL INVESTOR-R4	387.149 SH 28.30 PER SH		10,956
	AMERICAN BEACON SMALL CAP VALU	445.080 SH 18.55 PER SH		8,256
	BARON SMALL CAP FUND	924.004 SH 22.93 PER SH		21,187
	CALAMOS GROWTH FUND CL A	5914.459 SH 46.39 PER SH		274,371
	CALVERT INCOME FD-A	4242.288 SH 15.79 PER SH		66,986
	COLUMBIA ACORN FUND-Z	473.573 SH 27.56 PER SH		13,052
	DAVIS NEW YORK VENTURE FD-A	950.479 SH 32.50 PER SH		30,891
	DWS CORE FIXED INCOME FUND-S	1545.210 SH 9.67 PER SH		14,942
	FIRST EAGLE OVERSEAS FD-A	481.067 SH 20.36 PER SH		9,794
	HEARTLAND VALUE FUND	547.837 SH 38.31 PER SH		20,988
	INVESCO MID CAP CORE EQUITY FD	3127.149 SH 21.02 PER SH		65,733
	INVESCO SMALL CAP GROWTH FD-A	691.075 SH 27.71 PER SH		19,150
	J HANCOCK CLASSIC VALUE FD-R1	1071.542 SH 15.43 PER SH		16,534
	MFS VALUE FUND-A	3107.453 SH 22.38 PER SH		69,545
	OPPENHEIMER GLOBAL FD-A	184.384 SH 54.04 PER SH		9,965
	OPPENHEIMER GLOBAL FD-N	3386.824 SH 53.87 PER SH		182,448
	OPPENHEIMER INTL BOND FD-N	27470.222 SH 6.19 PER SH		170,041
	PIMCO TOTAL RETURN-A	1331.543 SH 10.87 PER SH		14,474
	PNC MULTI-FACTOR SMALL CAP VAL	3372.390 SH 11.69 PER SH		39,423
	WELLS FARGO ADV GOVT SECURITIE	464.024 SH 11.26 PER SH		5,225
	CASH			25,193
	PARTICIPANT LOANS			35,974
	TOTAL			2,171,677