Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CUSTOM ALUMINUM PRODUCTS, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1973

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

414 DIVISION STREET
SOUTH ELGIN, IL 60177

2b Employer Identification Number (EIN)
36-2581274

2c Sponsor's telephone number
847-717-5001

2d Business code (see instructions)
332900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	JOHN SCHUMAN
	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")
CUSTOM ALUMINUM PRODUCTS, INC.

414 DIVISION STREET
SOUTH ELGIN, IL 60177

3b Administrator's EIN
36-2581274

3c Administrator's telephone number
847-717-5001

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**	242
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**	204
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	8
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	213
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	213
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	84
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CUSTOM ALUMINUM PRODUCTS, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CUSTOM ALUMINUM PRODUCTS, INC.

D Employer Identification Number (EIN)
36-2581274

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	6111	11270
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14182	0
(2) Participant contributions	1b(2)	19109	0
(3) Other	1b(3)	5750	4057
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	626794	598023
(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)	4507467	5177597
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5179413	5790947
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	323
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	323
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5179413	5790624

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)	118097	
(B) Participants	2a(1)(B)	202378	
(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)		320475
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)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	194128	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		194128
(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)		329081
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		843684
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	232473	
(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)		232473
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		232473
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		611211
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: BROOK WEINER LLC (2) EIN: 36-3996792

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		7528
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CUSTOM ALUMINUM PRODUCTS, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CUSTOM ALUMINUM PRODUCTS, INC.

D Employer Identification Number (EIN)
36-2581274

Part I Distributions

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

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

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

EIN(s): 75-3182674

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

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

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

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

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CUSTOM ALUMINUM PRODUCTS, INC EMPLOYEES' 401(k) AND PROFIT SHARING PLAN

AUDITED FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2010 AND 2009



BROOKWEINER L.L.C.℠

Certified Public Accountants • Business Consultants

TABLE OF CONTENTS

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009	2
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2010 and 2009	3
Notes to Financial Statements	4 - 9
Supplementary Information	
Schedule of Reportable Transactions for the Year Ended December 31, 2010	10
Schedule of Assets Held for Investment Purposes as of December 31, 2010	11 - 12

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Custom Aluminum Products, Inc. Employees'
401(k) and Profit Sharing Plan
South Elgin, Illinois

We were engaged to audit the statements of net assets available for benefits of the Custom Aluminum Products, Inc. Employees' 401(k) and Profit Sharing Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the year then ended and supplemental schedules for the year ended December 31, 2010 and 2009. 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 us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note F, which was certified by MG Trust Company, LLC, the trustee of the Plan, expect for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from the trustee with respect to the information summarized in Note F, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

BrookWeiner LLC

Chicago, Illinois
August 29, 2011

CUSTOM ALUMINUM PRODUCTS, INC
EMPLOYEES' 401(k) AND PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2010	December 31, 2009
INVESTMENTS, AT FAIR VALUE		
Cash	11,270	6,111
Mutual funds	$ 5,775,620	$ 5,134,261
Total investments	5,786,890	5,140,372
RECEIVABLES		
Participant contributions	-	14,182
Employer contributions	-	19,109
Accrued dividends	4,057	5,750
Total receivables	4,057	39,041
TOTAL ASSETS	5,790,947	5,179,413
LIABILITIES		
Refund of excess contributions	323	-
TOTAL LIABILIITES	323	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,790,624	$ 5,179,413

See Notes To Financial Statements and Independent Auditors' Report

CUSTOM ALUMINUM PRODUCTS, INC
EMPLOYEES' 401(k) AND PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31, 2010	2009
ADDITIONS		
Investment Income:		
Interest and dividends	$ 194,128	$ 159,260
Net appreciation in fair value of investments	329,081	595,373
	523,209	754,633
Contributions:		
Participant contributions	202,378	207,525
Employer contributions	118,097	124,837
	320,475	332,362
Total additions	843,684	1,086,995
DEDUCTIONS		
Payments to participants	232,473	305,587
NET INCREASE	611,211	781,408
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING	5,179,413	4,398,005
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	$ 5,790,624	$ 5,179,413

See Notes To Financial Statements and Independent Auditors' Report

NOTE A – PLAN DESCRIPTION

General

The Custom Aluminum Products, Inc. Employees' 401(k) and Profit Sharing Plan (the Plan) is a defined contribution plan sponsored by Custom Aluminum Products, Inc (the Company). Employees are eligible to participate after attaining the age of 21 and completing one year of service of 1,000 hours or more with the Company (as defined by the Plan).

Contributions

Contributions to the Plan, under the profit sharing component, are determined at the discretion of the Company and are made within the time permitted by the Internal Revenue Code. Contributions are allocated among participants based upon the participant's earnings (as defined in the Plan).

Employees participating under the salary deferral contribution component in the Plan may elect to contribute to the Plan up to 100% of their compensation (as defined by the Plan), subject to an annual maximum limitation of $16,500 in both 2010 and 2009, respectively. In addition, certain participants were eligible to make "catch-up" contributions of up to $5,500 in both 2010 and 2009, respectively. The contributions are not currently subject to federal and state income taxes but are taxed upon distribution to participants. The Company may make a matching contribution of up to 100% of the first 4% contributed by each employee. In addition, the Company may make a profit sharing contribution which is allocate to participants based on the ratio of their compensation to total compensation.

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers twenty-eight mutual funds as investment options for participants.

Participant Accounts

A separate account is maintained for each participant aggregating allocated Company contributions, participant contributions and investment earnings. Participants vest immediately in their salary deferral contributions and earnings, thereon. Participants become vested in Company contributions over a six year period. Forfeitures of non-vested Company contributions are used to reduce Company plan expenses and then Company contributions.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution potion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

Forfeitures

Forfeitures of non-vested Company contributions are used to reduce future Company contributions. At December 31, 2010 there were $364 of forfeitures that have not yet been applied to reduce the Company's contributions.

NOTE A – PLAN DESCRIPTION (Continued)

Administrative Expenses

Certain expenses incurred in the administration of the Plan are paid directly by the Company.

Payment of Benefits

Upon the earlier of normal retirement, death, disability or termination of the Plan, the full value of a participant's separate account is payable to the participant or his beneficiaries. Benefits distributable under the Plan, for any reason, are paid at the discretion of the Plan administrator by a lump-sum distribution in cash, or a life annuity.

Plan Termination

While the Company expects to continue the Plan, it reserves the right to amend or terminate the Plan at any time. In the event of a termination or partial termination, the rights of all participants in their account balances will be non-forfeitable.

Amendments

The Company reserves the right to amend the Plan at any time.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Contributions

Contributions to the Plan are recorded on the accrual basis of accounting. The Company may make a contribution to the Plan, for a given plan year, at any time prior to when the Company files its federal income tax return for the year. Contributions from participants are recorded in the period the Company makes payroll deductions from plan participants.

Valuation of Investments

The Plan's investments are stated at quoted market prices which approximate fair value. Purchases and sales of securities are recorded on a trade-date basis.

Investment Transactions and Income

In accordance with the Plan's policy of stating investments at fair value, the net change in unrealized appreciation or depreciation is reflected in the statement of changes in assets available for benefits. Realized gains or losses on investment transactions are recorded as the difference between the proceeds received and the cost.

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

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

available for benefits at the date of the financial statements and the reported amounts of changes in assets available for benefits during the reporting periods. Actual results could differ from those estimates.

Date of Management's Review

Subsequent events were evaluated through August 29, 2011, which is the date the financial statements were available to be issued.

NOTE C – INVESTMENTS

The following table presents the fair value of the Plan's investments. Investments that represent five percent or more of the Plan's assets at year-end are separately identified.

	2010	2009
Fidelity Cash Reserves	$ 597,964	$ 626,794
Eaton Vance Large Cap Value Inst	360,503	356,289
Oppenheimer Rising Dividend A	528,401	490,864
PIMCO Total Return Fund A	1,399,939	1,991,720
Vanguard Morgan Growth Inv	389,799	403,734
MFS Value Fund	-	143,818
Total Return Bond Fund I	713,669	-
Aggregate total of investments under 5% of current value of Plan assets	1,785,345	1,121,042
Total Mutual Funds	$ 5,775,620	$ 5,134,261

During 2010 and 2009, the Plan's investments in mutual funds (including investments bought, sold as well as held during the year) increased in market value by $329,081 and $595,373 respectively.

NOTE D – FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

NOTE D – FAIR VALUE MEASUREMENTS (Continued)

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010.

Mutual funds: Valued at the closing net asset value (NAV) of shares held by the Plan at year end.

Common/Collective Trusts: Based on the sum of participant contributions to the trusts, plus interest and transfers, less any amounts distributed, any transfers from the trusts, and premium tax, if applicable.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual funds	5,177,656	-	-	5,177,656
Cash and cash equivalents	-	609,234	-	609,234
Total assets at fair value	5,177,656	609,234	-	5,786,890

NOTE D – FAIR VALUE MEASUREMENTS (Continued)

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds	5,134,261	-	-	5,134,261
Cash and cash equivalents	-	6,111	-	6,111
Total assets at fair value	5,134,261	6,111	-	5,140,372

NOTE E – INCOME TAX STATUS

The Plan was prepared in compliance with the requirements of ERISA and all other subsequent income tax acts. The Plan obtained its latest determination letter on April 10, 1996, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan has adopted the provisions of FASB ASC 740, which clarifies the accounting for uncertainty in income taxes. In accordance with these provisions, a tax position is recognized as a benefit only if it is more than 50% likely that the tax position would be upheld in a tax examination. No tax benefit is recorded for tax positions that are 50% or less likely to be upheld in a tax examination. The adoption had no effect on the financial statements.

The Plan recognized interest and penalties related to unrecognized tax benefits as interest and income tax expense, respectively. As of December 31, 2010 and, 2009 the Plan had no amounts accrued for interest or penalties.

The Plan does not expect the total amount of unrecognized tax benefits to significantly change in the next twelve months.

The Plan files tax returns in the U.S federal jurisdiction. The Plan is no longer subject to U.S federal tax examinations by tax authorities for years before 2008.

NOTE F – FINANCIAL DATA CERTIFIED BY THE ASSET CUSTODIANS (Unaudited)

The Plan administrator has received, from the asset custodian, certifications of the financial information and data as of and for the years ended December 31, 2010 and 2009, in accordance with Section 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 investments held by the asset custodian amounting to $5,786,890 and $5,140,372, as of December 31, 2010 and 2009, respectively, reflected in the accompanying statement of net assets available for benefits and

NOTE F – FINANCIAL DATA CERTIFIED BY THE ASSET CUSTODIANS (Continued)

the gain from investments held by the Asset Custodians amounting to $329,081 and $595,373 and interest and dividends from investments held by the asset custodian amounting to $194,128 and $159,260 for the years ended December 31, 2010 and 2009, respectively, reflected in the accompanying statement of changes in net assets available for benefits, were derived from the financial information certified by the asset custodian.

NOTE G – RISKS AND UNCERTAINTIES

The Plan invests in various investments 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.

SUPPLEMENTARY INFORMATION

CUSTOM ALUMINUM PRODUCTS, INC.
EMPLOYEES' 401(K) AND PROFIT SHARING PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEARS ENDED DECEMBER 31, 2010

FEIN 36-2581274
Plan Number 001

Description Of Asset	Identity of Party Involved	Purchase Price	Selling Price	Current Value of Asset	Net Gain or (Loss)	Number of Transaction

There were no reportable transactions during the Plan year.

See Independent Auditors' Report

CUSTOM ALUMINUM PRODUCTS, INC.
EMPLOYEES' 401(K) AND PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEARS ENDED DECEMBER 31, 2010

Employee Identification Number 36-2581274
Plan Number 001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Cash	Noninterest-bearing cash	#	$ 11,270
	Fidelity cash reserves	Interest-bearing cash	#	597,964
	Mutual Funds - Per Attached Schedule	Miscellaneous Mutual Funds	#	5,177,656
				$ 5,786,890

* Column (a) is blank as there were no parties-in-interest.

\# Cost information not required for participant directed plans.

See Independent Auditors' Report

Custom Aluminum Products, Inc. Employees' 401(k) and Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Mutual Funds
December 31, 2010

FEIN 36-2581274
Plan Number 001

(a) *	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	AMERICAN FUNDS CAAP WLD. GROWTH INCOME R3	Value Of Interest In Registered Investment Companies	#	13,670
	AMERICAN FUNDS EUROPACIFIC GROWTH R3	Value Of Interest In Registered Investment Companies	#	92,295
	BERWYN FUND	Value Of Interest In Registered Investment Companies	#	50,237
	BROWN CAPITAL MGMT SMALL COMPANY INST	Value Of Interest In Registered Investment Companies	#	70,211
	EATON VANCE LARGE CAP VALUE INST	Value Of Interest In Registered Investment Companies	#	360,503
	ESSEX/MANAGERS AMG AM/MICRO CAP GRTH A	Value Of Interest In Registered Investment Companies	#	70,350
	FIRST AMERICAN MID CAP INDEX A	Value Of Interest In Registered Investment Companies	#	31,869
	FRANKLIN U.S GOV. SEC.A	Value Of Interest In Registered Investment Companies	#	25,750
	GOLDMAN SACHS INT'S REAL ESTATE A	Value Of Interest In Registered Investment Companies	#	43,204
	HARBOR INTERNATIONA GROWTH INST	Value Of Interest In Registered Investment Companies	#	214,066
	INVESCO/AIM REAL ESTATE A	Value Of Interest In Registered Investment Companies	#	127,319
	LAZARD EMERGING MARKETS EQUITY INST	Value Of Interest In Registered Investment Companies	#	123,166
	MFS CORE GROWTH CLASS A	Value Of Interest In Registered Investment Companies	#	10,541
	MFS INTERNATIONAL VALUE FUND - A	Value Of Interest In Registered Investment Companies	#	197,351
	MSF VALUE FUND - A	Value Of Interest In Registered Investment Companies	#	154,039
	MUNDER MID-CAP CORE GROWTH A	Value Of Interest In Registered Investment Companies	#	13,455
	OBERWEIS EMERGING GROWTH PORTFOLIO	Value Of Interest In Registered Investment Companies	#	27
	OPPENHEIMER COMMOD STRAT TOTAL RETURN A	Value Of Interest In Registered Investment Companies	#	162,863
	OPPENHEIMER RISING DIVIDEND A	Value Of Interest In Registered Investment Companies	#	528,401
	PIMCO TOTAL RETURN FUND A	Value Of Interest In Registered Investment Companies	#	1,399,939
	T.ROWE PRICE PERSONAL STRAT BALANCED	Value Of Interest In Registered Investment Companies	#	126,086
	T.ROWE PRICE SMALL CAP VALUE	Value Of Interest In Registered Investment Companies	#	91,723
	TOTAL RETURN BOND FUND I	Value Of Interest In Registered Investment Companies	#	713,669
	VANGUARD 500 INDEX	Value Of Interest In Registered Investment Companies	#	13,135
	VANGUARD INTERMEDIATE BOND FUND	Value Of Interest In Registered Investment Companies	#	23,343
	VANGUARD MORGAN GROWTH INV	Value Of Interest In Registered Investment Companies	#	389,799
	VICTORY DIVERSIFIED STOCK FUND - A	Value Of Interest In Registered Investment Companies	#	80,921
	WESTCORE SM CAP VALUE FD INST	Value Of Interest In Registered Investment Companies	#	49,724
				5,177,656

* Column (a) is blank as there were no parties-in-interest.

\# Cost information not required for participant directed plans.

CUSTOM ALUMINUM PRODUCTS, INC.
EMPLOYEES' 401(K) AND PROFIT SHARING PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEARS ENDED DECEMBER 31, 2010

FEIN 36-2581274
Plan Number 001

Description Of Asset	Identity of Party Involved	Purchase Price	Selling Price	Current Value of Asset	Net Gain or (Loss)	Number of Transaction

There were no reportable transactions during the Plan year.

See Independent Auditors' Report

CUSTOM ALUMINUM PRODUCTS, INC.
EMPLOYEES' 401(K) AND PROFIT SHARING PLAN
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YEARS ENDED DECEMBER 31, 2010

Employee Identification Number 36-2581274
Plan Number 001

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	Mutual Funds - Per Attached Schedule	Miscellaneous Mutual Funds	#	5,177,656
				$ 5,786,890

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See Independent Auditors' Report

Custom Aluminum Products, Inc. Employees' 401(k) and Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Mutual Funds
December 31, 2010

FEIN 36-2581274
Plan Number 001

(a) *	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
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