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).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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 BILT HOLDINGS PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/23/1977

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

CUSTOM BILT HOLDINGS, LLC DELAW

13940 MAGNOLIA AVENUE
CHINO, CA 91710

2b Employer Identification Number (EIN) 27-1503756

2c Sponsor's telephone number 909-664-1500

2d Business code (see instructions) 238100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	EUNICE BARRERA
	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 BILT HOLDINGS, LLC DELAW

13940 MAGNOLIA AVENUE
CHINO, CA 91710

3b Administrator's EIN
27-1503756

3c Administrator's telephone number
909-664-1500

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**	163
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**	104
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	52
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	156
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	156
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	131
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 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
CUSTOM BILT HOLDINGS PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CUSTOM BILT HOLDINGS, LLC DELAW

D Employer Identification Number (EIN)
27-1503756

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).. . . . . [X] 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

ALLIANCEBERNSTEIN L.P.

13-4064930

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

AMERICAN CENTURY INVESTMENT SERVICE

44-0640487

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

BLACKROCK INVESTMENTS, INC.

23-2784752

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

DWS INVESTMENTS DISTRIBUTOR, INC.

36-3976708

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

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

FRED ALGER & COMPANY, INCORPORATED

13-2510833

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

NATIXIS DISTRIBUTORS, L.P.

399 BOYLSTON STREET
BOSTON, MA 02116

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

NYLIFE DISTRIBUTORS, LLC

169 LACKAWANNA AVENUE
PARSIPPANY, NJ 07054

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PRUDENTIAL INVESTMENTS LLC

22-3468527

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VICTORY CAPITAL MANAGEMENT

13-2700161

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

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

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

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

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)

STATE STREET CORPORATION

04-1867445

(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?
21 99 28 52 15 64	DIRECTED TRUSTEE/CUSTODIA	0	Yes [X] No [ ]	Yes [X] No [ ]	1168	Yes [ ] No [X]

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

ADP

22-1467904

(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?
37 50 15 64	RECORD KEEPER	1000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ADP BROKER-DEALER

22-3319984

(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?
60 59 49 99 63	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
STATE STREET CORPORATION	99 52 64	1168

(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.
ADP 22-1467904	OTHER FEES INVESTMENT MANAGEMENT FEES PAID INDIRECTLY BY PLAN RECORDKEEPING FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
ALLIANCEBERNSTEIN L.P. 13-4064930	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(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.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
AMERICAN CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(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.
DWS INVESTMENTS DISTRIBUTOR, INC. 36-3976708	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE O3N SMITHFIELD, RI 02917	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00050 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00050 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59 99	0

(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.
FRED ALGER & COMPANY, INCORPORATED 13-2510833	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	99	0

(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.
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00780 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
NATIXIS DISTRIBUTORS, L.P. 399 BOYLSTON STREET BOSTON, MA 02116	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00300 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(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.
NYLIFE DISTRIBUTORS, LLC 169 LACKAWANNA AVENUE PARSIPPANY, NJ 07054	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
PRUDENTIAL INVESTMENTS LLC 22-3468527	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	99	0

(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.
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.00670 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00760 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00620 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00420 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
VICTORY CAPITAL MANAGEMENT 13-2700161	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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

(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

(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

(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

(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

(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

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
CUSTOM BILT HOLDINGS PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CUSTOM BILT HOLDINGS, LLC DELAW

D Employer Identification Number (EIN)
27-1503756

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S & P 500 INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
04-0025081-065	C	64409

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
04-0025081-084	C	9281

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S & P MIDCAP INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
04-0025081-089	C	20629

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA STABLE VALUE FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
04-2675543-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE ASSET ADP85

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
27-3884161-001	C	324982

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

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

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
CUSTOM BILT HOLDINGS PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CUSTOM BILT HOLDINGS, LLC DELAW

D Employer Identification Number (EIN)
27-1503756

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	42823	48979
(9) Value of interest in common/collective trusts	1c(9)	415773	419301
(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)	2610223	1653565
(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	3068819	2121845
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3068819	2121845

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)		
(B) Participants	2a(1)(B)	156670	
(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)		156670
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)	1646	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1646
(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)	33116	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		33116
(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)		3945
(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)		-78499
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		116878
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1062789	
(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)		1062789
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		63
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)	1000	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1063852
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-946974
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ASSURANCE & CONSULTING SPECIALISTS (2) EIN: 20-5609724

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
	4d		X	
e	Was this plan covered by a fidelity bond?			
	4e	X		307000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?			
	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
CUSTOM BILT HOLDINGS PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CUSTOM BILT HOLDINGS, LLC DELAW

D Employer Identification Number (EIN)
27-1503756

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): 57-1198022

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 (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):

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN

Financial Statements
December 31, 2011 and 2010

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INDEPENDENT AUDITORS' REPORT

The Administrative Committee of
CUSTOM BILT HOLDINGS
Profit Sharing 401(K) Plan
Chino, California

We have audited the financial statements of Custom-Bilt Holding Profit Sharing 401(k) Plan #001 (the "Plan") as of December 31, 2011 and 2010 and for the years then ended, as listed in the table of contents. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

Except as discussed in the following paragraph, we conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

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 6, which was certified by State Street Bank & Trust Company (the "Trustee") for the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of 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.

In our opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had we performed procedures with respect to the information summarized in Note 6, the financial statements referred to above present fairly, in all material respects, the financial status of Custom-Bilt Holding Profit Sharing 401(k) Plan as of December 31, 2011 and 2010, and the changes in its financial status for the year ended December 31, 2011, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the accompanying index are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, except for the effects on the Schedule of Assets (Held At End Of Year), of such adjustments, if any, as might have been determined to be necessary had we performed procedures with respect to the information summarized in Note 6 as described in the second preceding paragraph, the information is fairly stated in all material respects in relation to the financial statements as a whole..

Assurance & Consulting Specialists, Inc.

Panorama City, California
October 11, 2012

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

ASSETS	2011	2010
INVESTMENTS, AT FAIR VALUE AS DETERMINED BY QUOTED MARKET PRICE (Notes 4 and 5)		
Mutual funds	$ 1,653,565	$ 2,610,223
Value of interest in common/collective trusts	419,301	415,773
Total Investments	2,072,866	3,025,996
RECEIVABLES:		
Note receivable – participants	48,979	42,823
Participants' contributions	-	6,611
Total Receivables	49,979	49,434
Total Assets	2,121,841	3,075,430
LIABILITIES		
Deemed distributions payable	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,121,845	$ 3,075,430

The accompanying notes are an integral part of these financial statements

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2011

ADDITIONS	
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Interest	$ 1,646
Dividends	36,395
Net increase in fair value of investments (Note 5)	(77,834)
	(39,793)
Contributions:	
Participants	149,997
Total additions	110,204
DEDUCTONS	
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Distributions to participants	1,062,789
Deemed distributions	-
Administrative expenses	1,000
Total deductions	1,063,789
Net decrease in net assets available for benefits	(953,585)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	3,075,430
End of year	$ 2,121,845

The accompanying notes are an integral part of these financial statements

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 1 - DESCRIPTION OF PLAN

The following description of the Custom-Bilt Holdings (the "Company") Profit Sharing 401(K) Plan (the "Plan") provided only general information. Readers should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a Defined Contribution Plan covering all permanent employees of the Company who have completed one year of employment. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees of the Company may choose to enroll in the Plan after they meet the eligibility requirements and have completed at least 1,000 hours of service in a consecutive twelve-month period with the Company.

Tax Status
The Internal Revenue Service (IRS) has determined and informed the Plan's administrator, Automated Data Processing Retirement Services (ADP), by a letter dated November 6, 2001, that by using ADP non-standardized prototype plan, the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Contributions
Each year, participants may contribute up to 15% of pretax annual compensation, as defined in the Plan. Participant regular contributions were limited to $16,500 for 2011 and 2010. Participants may also contribute/transfer amounts representing distributions from other qualified plans into the Plan upon meeting the Plan eligibility requirements. The Company may also make discretionary profit sharing contributions, determined annually. No discretionary contributions were elected to be made for the years ending December 31, 2011. All prior and future employer contributions were/are to be invested in the same manner that a participant directs his/her investments.

Participant Accounts
Each participant's account is credited with (a) the participant's contribution, (b) the Company's contribution, (c) Plan earnings and charged with (a) forfeitures of terminated participants' non-vested accounts and (b) an allocation of administrative expenses. Earnings, net of investment fees charged by the Trustee, are allocated by funds based on the ratio of a participant's account invested in a particular fund, to all participants' investments in that fund. The benefit to which a participant is entitled is the benefit that can be provided from the participants' vested account.

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 1 - DESCRIPTION OF PLAN (CONT'D)

Vesting
Participants are immediately vested in their individual contributions plus actual earnings thereon. Participants are vested in the allocation of the Company's contributions, based on years of service. A participant becomes 10% vested after each of the first and second years of service. Participants then vest 20% each year thereafter and are 100% vested after the sixth year of service. Participants become 100% vested upon death or disability.

Payment of Benefits
On termination of employment by the Company, a participant will receive a lump-sum distribution equal to the value of the participant's vested interest in his/her account, less applicable income tax withholding, or the participant may elect a direct rollover into a different qualified plan. Effective March 28, 2005, the Plan was amended to lower the provision for non-elective distributions for terminated participants from $5,000 to $1,000. A participant may withdraw elective contributions while still employed if he/she has attained the age of 59 ½ or has incurred an immediate financial hardship. Financial hardship withdrawals are subject to certain limitations. Income tax penalties may apply to withdrawals or distributions prior to age 59 ½. Benefits and recorded when paid.

Notes Receivable - Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the individual participant's account and bear interest at rates ranging from 4.25% to 6.75%, which is commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratable through bi-weekly payroll deductions. The Plan's management determined that there was not allowance for loan loss necessary, based on historical data.

Administrative Expenses
The Company has elected, during 2011 and in prior years to pay certain administrative costs of maintaining the Plan. Such costs include, but are not limited to, legal and accounting fees, investment advisor fees and trust and custodial fees. The Company is not obligated to pay these costs in the future and may at its discretion, elect to have the Plan pay these costs.

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

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 1 - DESCRIPTION OF PLAN (CONT'D)

Forfeited Accounts
Forfeited amounts from the terminated participants' unvested account balances may be used to first pay administrative costs of the Plan, with any remaining amount of forfeiture allocated to participants as additional employer discretionary contributions, on an annual basis. During 2011, forfeited non-vested accounts from profit sharing contributions totaled $0.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements are prepared using the accrual method of accounting.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair market value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Purchases and sale of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend basis. Market volatility of equity based investments can be expected to substantially impact the value of such investments at any given time.

Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at the end of the year.

Risks and uncertainties
The Plan invests in various investment securities. Investment securities and 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 valued of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statement of net assets available for benefit.

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

New accounting Pronouncements

In April 2009, the FASB issued FSP 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* . FSP 157-4 superseded FSP 157-3 and, while emphasizing that the objective of fair value measurement described in SFAS No. 157 remains unchanged, provided additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to normal market activity for the asset or liability. FSP 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly, and on defining major categories of debt and equity securities in meeting the disclosure requirements of SFAS No. 157. FSP 157-4 is effective for reporting periods ending after June 15, 2009.

In September 2010, the FASB Emerging Issues Task Force issued ASU No. 2010-25: *Reporting Loans to Participants by Defined Contribution Pension Plans.* The ASU amendments apply to any defined contribution pension plan that allows participant loans. The amendments in this ASU require that (1) for reporting purposes, participant loans shall be classified as notes receivable from participants, and not as investments, (2) notes receivable should be segregated from plan investments, (3) participant loans shall be measured at their unpaid principal balance plus any accrued and unpaid interest, and (4) the fair value disclosures required for investments under ASC Topic 825-10-50-10 through 50-16, *Financial Instruments*, are not required for participant loans. The amendments in this update are effective for fiscal years ending after December 15, 2010.

Note 3 - TRANSMITTAL OF CONTRIBUTIONS

The Plan conforms to regulations requiring that employee contributions to the Plan be credited to the participants' accounts no later than the 15th business day of the month following the month in which the participants' contributions are withheld from the employee pay or the earliest date that the cash designated for employee contributions can be identified. During 2011, the Plan complied with this requirement.

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 4 - INVESTMENTS

The following presents investments at December 31, 2011 and 2010 which represent 5% or more of the Plan's assets:

Investments at Fair Value as Determined by Quoted Market Price:

	2011	2010
SSGA Stable Value Fund	$ *	$ 333,929
INVESCO Stable Asset ADP85	324,982	*
T. Rowe Price Retirement 2020	295,224	631,551
T. Rowe Price Retirement 2030	143,818	283,397
T. Rowe Price Retirement 2040	191,582	193.,640
T. Rowe Price Retirement 2010	296,384	776,528

* *Balance was less than 5% of total Plan asset balance at December 31, 2011 and 2010*

During the year ended December 31, 2011, the Plan's investments (including bought, sold, and held during the year ended December 31, 2011) decreased in value through net realized and unrealized losses by $77,834 as follows:

Value of interest in common/collective trusts	$ 23,145
Registered investment companies (mutual funds)	(100,979)
Net decline in fair value	$ (77,834)

Note 5 - FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, establishes a single authoritative definition of fair value, sets a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its assets and liabilities into Level 1 (securities values using quoted market prices from active markets for identical assets), Level 2 (securities not traded on an active market for which observable market inputs are readily available), and Level 3 (securities valued based on no significant observable inputs). Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value, as well as the general classification pursuant to the valuation hierarchy.

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 5 - FAIR VALUE MEASUREMENTS (CONT'D)

Mutual Funds
Shares of mutual funds are valued based on quoted market prices of the fund in active markets and classified within Level 1 of the hierarchy.

Stable Value Collective Funds
The stable value collective funds is stated at fair value and then adjusted to contract value. Fair value of the SVCF is measured as the net asset value (NAV) per unit based on the fair value of the underlying investments (primarily guaranteed investment contracts and synthetic investment contracts), and contract value is the principle plus accrued interest. The investments in SVCF are classified within Level 3 of the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement as of the reporting date. The following table summarizes the valuation of financial instruments measured at fair value on a recurring basis in the financial statements at December 31, 2011 and 2010.

		Fair value measurements at December 31, 2011 using		
		Quoted prices in active markets for identical assets	Significant other observable inputs	Significant unobservable inputs
	Total	Level 1	Level 2	Level 3
Common/collective trust funds	$ 419,301	-	-	419,301
Mutual funds	1,653,565	1,653,565	-	-
Total	$ 2,072,866	1,653,565	-	419,301

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 5 - FAIR VALUE MEASUREMENTS (CONT'D)

		Fair value measurements at December 31, 2010 using		
	Total	Quoted prices in active markets for identical assets Level 1	Significant other observable inputs Level 2	Significant unobservable inputs Level 3
Common/collective trust funds	$ 415,773	-	-	415,773
Mutual funds	2,610,223	2,610,223	-	-
Total	$ 3,025,996	2,610,223	-	415,773

The following table summarizes the change in fair value of assets and liabilities measured at fair value on a recurring basis using unobservable inputs (Level 3) for the year ended December 31, 2011, including the additional requirement to classify securities by major category defined as the major security type classifications within ASC 320.

	Balance at December 31, 2010	Total realized/ unrealized gains and interest	Purchase, issuances and sales (net)	Transfers, expenses and benefit payments	Balance at December 31, 2011
Common/collective trust funds	$ 415,773	26,423	358,129	(381,024)	$ 419,301
Total	$ 415,773	26,423	358,129	(381,024)	$ 419,301

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 6 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

All information included in the accompanying financial statements and supplementary schedule were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee. Assets held at December 31, 2011, certified by the Trustee are as follows:

	Market Value
Invesco Stable Asset ADP85	324,982
SSGA Russell Small Cap Index	9,281
SSGA S&P Mid Cap Index	20,629
SSGA S&P 500 Index Fund	64,409
T. Rowe Price Ret 2020	295,224
T. Rowe Price Ret 2030	143,818
T. Rowe Price Ret 2040	191,582
T. Rowe Price Ret 2010	296,384
T. Rowe Price Ret 2050	30,212
T. Rowe Price Ret Inc.	-
Alger Cap Appr Instit - I	92,424
DWS LgCap Value Fund - A	37,057
Amer Heritage Fund - A	82,485
Jennison Nat'l Rec A	54,103
Vaughan Nelson Sm Cp Val A	1,768
Fidelity Advisor Sm Cap	23,481
Mainstay ICap Intl R	1,503
Oppenheimer Glb. Strat Inc A	4,943
Allianceber Intl Gr Fd - A	28,799
PIMCO Tot. Ret. Fund - A	91,590
Allianz NFJ SmCap Value - A	41,929
Victory Div Stock Fd	69,105
Victory Est Value Fd A	34,605
Fidelity Advisor Lev Co Stk	40,486
Janus Forty Fund S	47,991
Blackrock Global Alloc A	-
Janus Overseas Fd S	44,076
Total Pooled Investment Trusts	$ 2,072,866
Participant Loans	$ 48,979
Total Participant Loans	$ 48,979

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 6 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (CONT'D)

The Trustee also certified, to the best of their knowledge, the completeness of accuracy of $38,041 of interest and dividends and $77,834 in net realized and unrealized net losses.

Note 7 - RELATED PARTY TRANSACTIONS

The Plan's sponsor absorbs the Plan's auditing fees and substantially all third-party plan administrator fees. These costs are not material to the Plan.

Note 8 - SUBSEQUENT EVENTS

Subsequent events were evaluated through October 11, 2012, which is the date that the financial statements were available to be issued.

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

Name of plan sponsor Custom Bilt Holdings, LLC Delaware	Employer identification Number 27-1503756
Name of Plan Custom Bilt Holdings Profit Sharing 401(k) Plan	Three-digit Plan Number 001

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

(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
*	Invesco Stable Asset ADP85	Common/Collective Fund	324,982	324,982
*	SSGA Russell Small Cap Index	Common/Collective Fund	7,182	9,281
*	SSGA S&P Mid Cap Index	Common/Collective Fund	16,586	20,629
*	SSGA S&P 500 Index Fund	Common/Collective Fund	47,406	64,409
	T. Rowe Price Ret 2020	Registered Investment Company	213,668	295,224
	T. Rowe Price Ret 2030	Registered Investment Company	107,050	143,818
	T. Rowe Price Ret 2040	Registered Investment Company	136,381	191,582
	T. Rowe Price Ret 2010	Registered Investment Company	230,402	296,384
	T. Rowe Price Ret 2050	Registered Investment Company	23,296	30,212
	T. Rowe Price Ret Inc	Registered Investment Company	-	-
	Alger Cap Appr Instit - I	Registered Investment Company	61,891	92,424
	DWS LgCap Value Fund - A	Registered Investment Company	28,177	37,057
	Amer Heritage Fund - A	Registered Investment Company	52,096	82,485
	Jennison Nat'l Rec A	Registered Investment Company	39,240	54,103
	Vaughan Nelson Sm Cp Val A	Registered Investment Company	2,104	1,768
	Fidelity Advisor Sm Cap	Registered Investment Company	20,414	23,481
	Mainstay ICap Intl R	Registered Investment Company	1,567	1,503
	Oppenheimer Glb. Strat Inc A	Registered Investment Company	4,908	4,943
	Allianceber Intl Gr Fd - A	Registered Investment Company	26,064	28,799
	PIMCO Tot. Ret. Fund - A	Registered Investment Company	89,987	91,590
	Allianz NFJ SmCap Value - A	Registered Investment Company	30,303	41,929
	Victory Div Stock Fd	Registered Investment Company	52,197	69,105
	Victory Est Value Fd A	Registered Investment Company	26,152	34,605
	Fidelity Advisor Lev Co Stk	Registered Investment Company	27,558	40,486
	Blackrock Global Alloc A	Registered Investment Company	-	-
	Janus Overseas Fd S	Registered Investment Company	50,592	44,077
	Janus Fourty Fund - S	Registered Investment Company	41,976	47,991
*	Participant Loans	4.25% - 6.75%		48,979

* Denotes parties in interest.

See independent auditors' report.

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN

Financial Statements
December 31, 2011 and 2010

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INDEPENDENT AUDITORS' REPORT

The Administrative Committee of
CUSTOM BILT HOLDINGS
Profit Sharing 401(K) Plan
Chino, California

We have audited the financial statements of Custom-Bilt Holding Profit Sharing 401(k) Plan #001 (the "Plan") as of December 31, 2011 and 2010 and for the years then ended, as listed in the table of contents. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

Except as discussed in the following paragraph, we conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

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 6, which was certified by State Street Bank & Trust Company (the "Trustee") for the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of 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.

In our opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had we performed procedures with respect to the information summarized in Note 6, the financial statements referred to above present fairly, in all material respects, the financial status of Custom-Bilt Holding Profit Sharing 401(k) Plan as of December 31, 2011 and 2010, and the changes in its financial status for the year ended December 31, 2011, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the accompanying index are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, except for the effects on the Schedule of Assets (Held At End Of Year), of such adjustments, if any, as might have been determined to be necessary had we performed procedures with respect to the information summarized in Note 6 as described in the second preceding paragraph, the information is fairly stated in all material respects in relation to the financial statements as a whole..

Assurance & Consulting Specialists, Inc.

Panorama City, California
October 11, 2012

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

ASSETS	2011	2010
INVESTMENTS, AT FAIR VALUE AS DETERMINED BY QUOTED MARKET PRICE (Notes 4 and 5)		
Mutual funds	$ 1,653,565	$ 2,610,223
Value of interest in common/collective trusts	419,301	415,773
Total Investments	2,072,866	3,025,996
RECEIVABLES:		
Note receivable – participants	48,979	42,823
Participants' contributions	-	6,611
Total Receivables	49,979	49,434
Total Assets	2,121,841	3,075,430
LIABILITIES		
Deemed distributions payable	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,121,845	$ 3,075,430

The accompanying notes are an integral part of these financial statements

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2011

ADDITIONS	
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Interest	$ 1,646
Dividends	36,395
Net increase in fair value of investments (Note 5)	(77,834)
	(39,793)
Contributions:	
Participants	149,997
Total additions	110,204
DEDUCTONS	
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Distributions to participants	1,062,789
Deemed distributions	-
Administrative expenses	1,000
Total deductions	1,063,789
Net decrease in net assets available for benefits	(953,585)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	3,075,430
End of year	$ 2,121,845

The accompanying notes are an integral part of these financial statements

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 1 - DESCRIPTION OF PLAN

The following description of the Custom-Bilt Holdings (the "Company") Profit Sharing 401(K) Plan (the "Plan") provided only general information. Readers should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a Defined Contribution Plan covering all permanent employees of the Company who have completed one year of employment. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees of the Company may choose to enroll in the Plan after they meet the eligibility requirements and have completed at least 1,000 hours of service in a consecutive twelve-month period with the Company.

Tax Status
The Internal Revenue Service (IRS) has determined and informed the Plan's administrator, Automated Data Processing Retirement Services (ADP), by a letter dated November 6, 2001, that by using ADP non-standardized prototype plan, the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Contributions
Each year, participants may contribute up to 15% of pretax annual compensation, as defined in the Plan. Participant regular contributions were limited to $16,500 for 2011 and 2010. Participants may also contribute/transfer amounts representing distributions from other qualified plans into the Plan upon meeting the Plan eligibility requirements. The Company may also make discretionary profit sharing contributions, determined annually. No discretionary contributions were elected to be made for the years ending December 31, 2011. All prior and future employer contributions were/are to be invested in the same manner that a participant directs his/her investments.

Participant Accounts
Each participant's account is credited with (a) the participant's contribution, (b) the Company's contribution, (c) Plan earnings and charged with (a) forfeitures of terminated participants' non-vested accounts and (b) an allocation of administrative expenses. Earnings, net of investment fees charged by the Trustee, are allocated by funds based on the ratio of a participant's account invested in a particular fund, to all participants' investments in that fund. The benefit to which a participant is entitled is the benefit that can be provided from the participants' vested account.

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 1 - DESCRIPTION OF PLAN (CONT'D)

Vesting
Participants are immediately vested in their individual contributions plus actual earnings thereon. Participants are vested in the allocation of the Company's contributions, based on years of service. A participant becomes 10% vested after each of the first and second years of service. Participants then vest 20% each year thereafter and are 100% vested after the sixth year of service. Participants become 100% vested upon death or disability.

Payment of Benefits
On termination of employment by the Company, a participant will receive a lump-sum distribution equal to the value of the participant's vested interest in his/her account, less applicable income tax withholding, or the participant may elect a direct rollover into a different qualified plan. Effective March 28, 2005, the Plan was amended to lower the provision for non-elective distributions for terminated participants from $5,000 to $1,000. A participant may withdraw elective contributions while still employed if he/she has attained the age of 59 ½ or has incurred an immediate financial hardship. Financial hardship withdrawals are subject to certain limitations. Income tax penalties may apply to withdrawals or distributions prior to age 59 ½. Benefits and recorded when paid.

Notes Receivable - Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the individual participant's account and bear interest at rates ranging from 4.25% to 6.75%, which is commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratable through bi-weekly payroll deductions. The Plan's management determined that there was not allowance for loan loss necessary, based on historical data.

Administrative Expenses
The Company has elected, during 2011 and in prior years to pay certain administrative costs of maintaining the Plan. Such costs include, but are not limited to, legal and accounting fees, investment advisor fees and trust and custodial fees. The Company is not obligated to pay these costs in the future and may at its discretion, elect to have the Plan pay these costs.

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

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 1 - DESCRIPTION OF PLAN (CONT'D)

Forfeited Accounts
Forfeited amounts from the terminated participants' unvested account balances may be used to first pay administrative costs of the Plan, with any remaining amount of forfeiture allocated to participants as additional employer discretionary contributions, on an annual basis. During 2011, forfeited non-vested accounts from profit sharing contributions totaled $0.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements are prepared using the accrual method of accounting.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair market value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Purchases and sale of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend basis. Market volatility of equity based investments can be expected to substantially impact the value of such investments at any given time.

Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at the end of the year.

Risks and uncertainties
The Plan invests in various investment securities. Investment securities and 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 valued of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statement of net assets available for benefit.

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

New accounting Pronouncements

In April 2009, the FASB issued FSP 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* . FSP 157-4 superseded FSP 157-3 and, while emphasizing that the objective of fair value measurement described in SFAS No. 157 remains unchanged, provided additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to normal market activity for the asset or liability. FSP 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly, and on defining major categories of debt and equity securities in meeting the disclosure requirements of SFAS No. 157. FSP 157-4 is effective for reporting periods ending after June 15, 2009.

In September 2010, the FASB Emerging Issues Task Force issued ASU No. 2010-25: *Reporting Loans to Participants by Defined Contribution Pension Plans.* The ASU amendments apply to any defined contribution pension plan that allows participant loans. The amendments in this ASU require that (1) for reporting purposes, participant loans shall be classified as notes receivable from participants, and not as investments, (2) notes receivable should be segregated from plan investments, (3) participant loans shall be measured at their unpaid principal balance plus any accrued and unpaid interest, and (4) the fair value disclosures required for investments under ASC Topic 825-10-50-10 through 50-16, *Financial Instruments*, are not required for participant loans. The amendments in this update are effective for fiscal years ending after December 15, 2010.

Note 3 - TRANSMITTAL OF CONTRIBUTIONS

The Plan conforms to regulations requiring that employee contributions to the Plan be credited to the participants' accounts no later than the 15th business day of the month following the month in which the participants' contributions are withheld from the employee pay or the earliest date that the cash designated for employee contributions can be identified. During 2011, the Plan complied with this requirement.

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 4 - INVESTMENTS

The following presents investments at December 31, 2011 and 2010 which represent 5% or more of the Plan's assets:

Investments at Fair Value as Determined by Quoted Market Price:

	2011	2010
SSGA Stable Value Fund	$ *	$ 333,929
INVESCO Stable Asset ADP85	324,982	*
T. Rowe Price Retirement 2020	295,224	631,551
T. Rowe Price Retirement 2030	143,818	283,397
T. Rowe Price Retirement 2040	191,582	193.,640
T. Rowe Price Retirement 2010	296,384	776,528

* *Balance was less than 5% of total Plan asset balance at December 31, 2011 and 2010*

During the year ended December 31, 2011, the Plan's investments (including bought, sold, and held during the year ended December 31, 2011) decreased in value through net realized and unrealized losses by $77,834 as follows:

Value of interest in common/collective trusts	$ 23,145
Registered investment companies (mutual funds)	(100,979)
Net decline in fair value	$ (77,834)

Note 5 - FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, establishes a single authoritative definition of fair value, sets a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its assets and liabilities into Level 1 (securities values using quoted market prices from active markets for identical assets), Level 2 (securities not traded on an active market for which observable market inputs are readily available), and Level 3 (securities valued based on no significant observable inputs). Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value, as well as the general classification pursuant to the valuation hierarchy.

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 5 - FAIR VALUE MEASUREMENTS (CONT'D)

Mutual Funds
Shares of mutual funds are valued based on quoted market prices of the fund in active markets and classified within Level 1 of the hierarchy.

Stable Value Collective Funds
The stable value collective funds is stated at fair value and then adjusted to contract value. Fair value of the SVCF is measured as the net asset value (NAV) per unit based on the fair value of the underlying investments (primarily guaranteed investment contracts and synthetic investment contracts), and contract value is the principle plus accrued interest. The investments in SVCF are classified within Level 3 of the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement as of the reporting date. The following table summarizes the valuation of financial instruments measured at fair value on a recurring basis in the financial statements at December 31, 2011 and 2010.

		Fair value measurements at December 31, 2011 using		
		Quoted prices in active markets for identical assets	Significant other observable inputs	Significant unobservable inputs
	Total	Level 1	Level 2	Level 3
Common/collective trust funds	$ 419,301	-	-	419,301
Mutual funds	1,653,565	1,653,565	-	-
Total	$ 2,072,866	1,653,565	-	419,301

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 5 - FAIR VALUE MEASUREMENTS (CONT'D)

		Fair value measurements at December 31, 2010 using		
	Total	Quoted prices in active markets for identical assets Level 1	Significant other observable inputs Level 2	Significant unobservable inputs Level 3
Common/collective trust funds	$ 415,773	-	-	415,773
Mutual funds	2,610,223	2,610,223	-	-
Total	$ 3,025,996	2,610,223	-	415,773

The following table summarizes the change in fair value of assets and liabilities measured at fair value on a recurring basis using unobservable inputs (Level 3) for the year ended December 31, 2011, including the additional requirement to classify securities by major category defined as the major security type classifications within ASC 320.

	Balance at December 31, 2010	Total realized/ unrealized gains and interest	Purchase, issuances and sales (net)	Transfers, expenses and benefit payments	Balance at December 31, 2011
Common/collective trust funds	$ 415,773	26,423	358,129	(381,024)	$ 419,301
Total	$ 415,773	26,423	358,129	(381,024)	$ 419,301

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 6 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

All information included in the accompanying financial statements and supplementary schedule were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee. Assets held at December 31, 2011, certified by the Trustee are as follows:

	Market Value
Invesco Stable Asset ADP85	324,982
SSGA Russell Small Cap Index	9,281
SSGA S&P Mid Cap Index	20,629
SSGA S&P 500 Index Fund	64,409
T. Rowe Price Ret 2020	295,224
T. Rowe Price Ret 2030	143,818
T. Rowe Price Ret 2040	191,582
T. Rowe Price Ret 2010	296,384
T. Rowe Price Ret 2050	30,212
T. Rowe Price Ret Inc.	-
Alger Cap Appr Instit - I	92,424
DWS LgCap Value Fund - A	37,057
Amer Heritage Fund - A	82,485
Jennison Nat'l Rec A	54,103
Vaughan Nelson Sm Cp Val A	1,768
Fidelity Advisor Sm Cap	23,481
Mainstay ICap Intl R	1,503
Oppenheimer Glb. Strat Inc A	4,943
Allianceber Intl Gr Fd - A	28,799
PIMCO Tot. Ret. Fund - A	91,590
Allianz NFJ SmCap Value - A	41,929
Victory Div Stock Fd	69,105
Victory Est Value Fd A	34,605
Fidelity Advisor Lev Co Stk	40,486
Janus Forty Fund S	47,991
Blackrock Global Alloc A	-
Janus Overseas Fd S	44,076
Total Pooled Investment Trusts	$ 2,072,866
Participant Loans	$ 48,979
Total Participant Loans	$ 48,979

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 6 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (CONT'D)

The Trustee also certified, to the best of their knowledge, the completeness of accuracy of $38,041 of interest and dividends and $77,834 in net realized and unrealized net losses.

Note 7 - RELATED PARTY TRANSACTIONS

The Plan's sponsor absorbs the Plan's auditing fees and substantially all third-party plan administrator fees. These costs are not material to the Plan.

Note 8 - SUBSEQUENT EVENTS

Subsequent events were evaluated through October 11, 2012, which is the date that the financial statements were available to be issued.

CUSTOM BILT HOLDINGS
PROFIT SHARING 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

Name of plan sponsor Custom Bilt Holdings, LLC Delaware	Employer identification Number 27-1503756
Name of Plan Custom Bilt Holdings Profit Sharing 401(k) Plan	Three-digit Plan Number 001

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

(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
*	Invesco Stable Asset ADP85	Common/Collective Fund	324,982	324,982
*	SSGA Russell Small Cap Index	Common/Collective Fund	7,182	9,281
*	SSGA S&P Mid Cap Index	Common/Collective Fund	16,586	20,629
*	SSGA S&P 500 Index Fund	Common/Collective Fund	47,406	64,409
	T. Rowe Price Ret 2020	Registered Investment Company	213,668	295,224
	T. Rowe Price Ret 2030	Registered Investment Company	107,050	143,818
	T. Rowe Price Ret 2040	Registered Investment Company	136,381	191,582
	T. Rowe Price Ret 2010	Registered Investment Company	230,402	296,384
	T. Rowe Price Ret 2050	Registered Investment Company	23,296	30,212
	T. Rowe Price Ret Inc	Registered Investment Company	-	-
	Alger Cap Appr Instit - I	Registered Investment Company	61,891	92,424
	DWS LgCap Value Fund - A	Registered Investment Company	28,177	37,057
	Amer Heritage Fund - A	Registered Investment Company	52,096	82,485
	Jennison Nat'l Rec A	Registered Investment Company	39,240	54,103
	Vaughan Nelson Sm Cp Val A	Registered Investment Company	2,104	1,768
	Fidelity Advisor Sm Cap	Registered Investment Company	20,414	23,481
	Mainstay ICap Intl R	Registered Investment Company	1,567	1,503
	Oppenheimer Glb. Strat Inc A	Registered Investment Company	4,908	4,943
	Allianceber Intl Gr Fd - A	Registered Investment Company	26,064	28,799
	PIMCO Tot. Ret. Fund - A	Registered Investment Company	89,987	91,590
	Allianz NFJ SmCap Value - A	Registered Investment Company	30,303	41,929
	Victory Div Stock Fd	Registered Investment Company	52,197	69,105
	Victory Est Value Fd A	Registered Investment Company	26,152	34,605
	Fidelity Advisor Lev Co Stk	Registered Investment Company	27,558	40,486
	Blackrock Global Alloc A	Registered Investment Company	-	-
	Janus Overseas Fd S	Registered Investment Company	50,592	44,077
	Janus Fourty Fund - S	Registered Investment Company	41,976	47,991
*	Participant Loans	4.25% - 6.75%		48,979

* Denotes parties in interest.

See independent auditors' report.

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PlanName1 **EIN:** 27-1503756

Plan Sponsor's Name CUSTOM BILT HOLDINGS, LLC DELAW **PN:** 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
	DWS LARGE CAP VALUE FUND-A	REGISTERED INVESTMENT COMPANY		37,057
	JENNISON NATURAL RESOURCES - A	REGISTERED INVESTMENT COMPANY		54,103
	T. ROWE PRICE RETIRE 2050 - R	REGISTERED INVESTMENT COMPANY		30,212
	AMERCENT HERITAGE FUND - A	REGISTERED INVESTMENT COMPANY		82,485
	VAUGHAN NELSON SM CP VAL FD-A	REGISTERED INVESTMENT COMPANY		1,768
	MAINSTAY ICAP INTERNATIONAL R2	REGISTERED INVESTMENT COMPANY		1,503
	OPPENHEIMER GLBL STRAT INC A	REGISTERED INVESTMENT COMPANY		4,943

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CUSTOM BILT HOLDINGS PROFIT SHARING 401(K) PLAN **EIN:** 27-1503756

Plan Sponsor's Name CUSTOM BILT HOLDINGS, LLC DELAW **PN:** 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
	FIDELITY ADVISOR SMALL CAP - T	REGISTERED INVESTMENT COMPANY		23,481
	PIMCO TOTAL RETURN FUND - A	REGISTERED INVESTMENT COMPANY		91,590
	ALLIANZ NFJ SMALL-CAP VALUE -A	REGISTERED INVESTMENT COMPANY		41,929
	VICTORY DIVERSIFIED STOCK FD-A	REGISTERED INVESTMENT COMPANY		69,105
	VICTORY ESTABLISHED VALUE - A	REGISTERED INVESTMENT COMPANY		34,605
	ALGER CAPITAL APPR INSTIT - I	REGISTERED INVESTMENT COMPANY		92,424
	BLACKROCK GLOBAL ALLOCATION A	REGISTERED INVESTMENT COMPANY		0

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CUSTOM BILT HOLDINGS PROFIT SHARING 401(K) PLAN **EIN:** 27-1503756

Plan Sponsor's Name CUSTOM BILT HOLDINGS, LLC DELAW **PN:** 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
	JANUS FORTY FUND - S	REGISTERED INVESTMENT COMPANY		47,991
	JANUS OVERSEAS FUND - S	REGISTERED INVESTMENT COMPANY		44,077
	ALLIANCEBER INTL GR FD - A	REGISTERED INVESTMENT COMPANY		28,799
	T.ROWE PRICE RETIREMENT 2020-R	REGISTERED INVESTMENT COMPANY		295,224
	T.ROWE PRICE RETIREMENT 2030-R	REGISTERED INVESTMENT COMPANY		143,818
	T.ROWE PRICE RETIREMENT 2040-R	REGISTERED INVESTMENT COMPANY		191,582
	FIDELITY ADVISOR LEV CO STK -T	REGISTERED INVESTMENT COMPANY		40,486

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CUSTOM BILT HOLDINGS PROFIT SHARING 401(K) PLAN **EIN:** 27-1503756

Plan Sponsor's Name CUSTOM BILT HOLDINGS, LLC DELAW **PN:** 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
	T. ROWE PRICE RETIREMENT INC-R	REGISTERED INVESTMENT COMPANY		0
	T.ROWE PRICE RETIREMENT 2010-R	REGISTERED INVESTMENT COMPANY		296,384
	PARTICIPANT LOANS	INTEREST RATES (4.25% TO 6.75%)		48,979
	SSGA S & P 500 INDEX FUND	COMMON/COLLECTIVE TRUST		64,409
	SSGA RUSSELL SMALL CAP INDEX	COMMON/COLLECTIVE TRUST		9,281
	SSGA S & P MIDCAP INDEX	COMMON/COLLECTIVE TRUST		20,629
	INVESCO STABLE ASSET ADP85	COMMON/COLLECTIVE TRUST		324,982