Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 10/31/2010

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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
THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1967

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
THE BOBRICK CORPORATION

11611 HART STREET
NORTH HOLLYWOOD, CA 91605

2b Employer Identification Number (EIN)
95-2500371

2c Sponsor's telephone number
818-503-1603

2d Business code (see instructions)
424210

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.	08/06/2011	TUAN HO
	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")
THE BOBRICK CORPORATION

11611 HART STREET
NORTH HOLLYWOOD, CA 91605

3b Administrator's EIN
95-2500371

3c Administrator's telephone number
818-503-1603

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**	526
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**	407
b	Retired or separated participants receiving benefits	**6b**	102
c	Other retired or separated participants entitled to future benefits	**6c**	4
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	513
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	515
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	378
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 10/31/2010

A Name of plan
THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE BOBRICK CORPORATION

D Employer Identification Number (EIN)
95-2500371

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 19 21 37 38 59 60 63	SERVICE PROV	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 19 21 37 38 50	BUNDLED SERV	14375	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 19 21 37 38 62	SERVICE PROV	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 10/31/2010

A Name of plan
THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE BOBRICK CORPORATION

D Employer Identification Number (EIN)
95-2500371

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: WELLS FARGO STABLE RETURN FUND G

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
41-6202499-001	C	10402926

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO INTNATL EQTY INDX FND G

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
52-2265229-001	C	1288400

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO RUSSELL 2000 INDX FND N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
94-3316721-001	C	2607350

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)

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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

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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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 10/31/2010

A Name of plan
THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE BOBRICK CORPORATION

D Employer Identification Number (EIN)
95-2500371

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)	749370	
(2) Participant contributions	1b(2)	97017	62995
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1299417	1213201
(2) U.S. Government securities	1c(2)	301590	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1353450	1347369
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	263841	373521
(B) Common	1c(4)(B)	895695	913218
(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)	1286342	1353688
(9) Value of interest in common/collective trusts	1c(9)	14065321	14298676
(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)	8865827	10365255
(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	29177870	29927923
	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	29177870	29927923

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)	3801	
	(B) Participants	2a(1)(B)	1247844	
	(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)		1251645
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32133	
	(B) U.S. Government securities	2b(1)(B)	400	
	(C) Corporate debt instruments	2b(1)(C)	45441	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	80452	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		158426
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	26586	
	(B) Common stock	2b(2)(B)	23214	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	158962	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		208762
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4087578	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4026351	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		61227

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	222634	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		222634
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		847091
	(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)		1195962
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		3945747
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3179334	
	(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)		3179334
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	16360	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		16360
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3195694
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		750053
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: SOBUL, PRIMES & SCHENKEL, CPA, APC **(2)** EIN: 95-3661421

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		1000000
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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 10/31/2010

A Name of plan
THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE BOBRICK CORPORATION

D Employer Identification Number (EIN)
95-2500371

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): 41-6257133

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

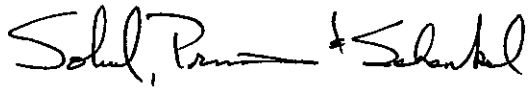
Independent Auditors' Report

To The Bobrick Corporation
Profit Sharing Retirement Plan Committee

We were engaged to audit the accompanying statements of net assets available for benefits of The Bobrick Corporation Profit Sharing Plan as of October 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended October 31, 2010, and the supplementary schedule as of October 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended October 31, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

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



July 12, 2011

THE BOBRICK CORPORATION

PROFIT SHARING RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

OCTOBER 31, 2010 AND 2009

with

REPORT OF INDEPENDENT AUDITORS

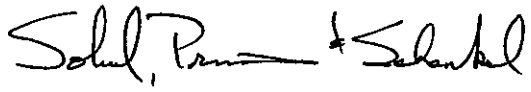
Independent Auditors' Report

To The Bobrick Corporation
Profit Sharing Retirement Plan Committee

We were engaged to audit the accompanying statements of net assets available for benefits of The Bobrick Corporation Profit Sharing Plan as of October 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended October 31, 2010, and the supplementary schedule as of October 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended October 31, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

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



July 12, 2011

THE BOBRICK CORPORATION

PROFIT SHARING RETIREMENT PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

OCTOBER 31, 2010 AND 2009

	OCTOBER 31,	
	2010	2009
ASSETS		
Investments, at fair value		
Cash equivalents and certificates of deposit	$ 1,213,201	$ 1,299,417
United States government securities	-	301,590
Convertible debentures	1,347,369	1,353,450
Convertible preferred stock	913,218	263,841
Common stock	373,521	895,695
Common/collective trusts	14,298,676	14,065,321
Mutual funds	10,365,255	8,865,827
Total Investments	28,511,240	27,045,141
Receivables		
Employer's contribution	-	749,370
Participants' contributions	62,995	97,017
Notes receivable from participants	1,353,688	1,286,342
Total Receivables	1,416,683	2,132,729
TOTAL ASSETS	29,927,923	29,177,870
NET ASSETS AVAILABLE FOR BENEFITS	$ 29,927,923	$ 29,177,870

The Accompanying Notes are an Integral Part of these Financial Statements

THE BOBRICK CORPORATION

PROFIT SHARING RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED OCTOBER 31, 2010

ADDITIONS		
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	$ 2,326,914	
Interest and dividend income	286,736	
Total Investment Income		$ 2,613,650
Interest income from notes receivable from participants		80,452
Contributions		
Employer contributions	3,801	
Participants contributions	1,247,844	
Total Contributions		1,251,645
TOTAL ADDITIONS		3,945,747
DEDUCTIONS		
Deductions from net assets attributable to:		
Expenses		
Benefits paid to participants	3,179,334	
Administrative expenses	16,360	
TOTAL DEDUCTIONS		3,195,694
NET INCREASE		750,053
Net assets available for benefits, beginning of year		29,177,870
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR		$ 29,927,923

The Accompanying Notes are an Integral Part of these Financial Statements

THE BOBRICK CORPORATION
PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2010 AND 2009

NOTE 1 - DESCRIPTION OF PLAN

The following description of The Bobrick Corporation Profit Sharing Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General Information

The Plan is fully participant-directed defined contribution plan designed for the benefit of the employees of The Bobrick Corporation and its subsidiaries (the "Company"). The Plan was established on November 1, 1967 and subsequently amended. The Plan consists of two components. The first component permits certain employees to defer compensation pursuant to section 401(k) of the Internal Revenue Code. The second component permits the Company to make an additional contribution to the Plan based on net income, as defined in accordance with the Plan, for the benefit of certain eligible employees, whether or not those employees have elected to participate in the deferred compensation component of the Plan.

The Plan is subject to the provisions of The Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by The Bobrick Corporation Profit Sharing Retirement Plan Committee (the "Committee"), which is composed of certain officers and directors of the Company. The Plan's trustee, Wells Fargo Bank, holds and administers the contributions to the Plan and invests and reinvests the Plan's assets at the direction of the participants.

(b) Eligibility

Employees are eligible to participate in the Plan upon completing 60 consecutive days of service during which they must have worked at least 320 hours of service.

(c) Employee Contributions

Each participant may defer from 1% up to 90% of their annual compensation not exceeding $16,500 for the calendar year 2010, and higher amounts as may be prescribed by the Internal Revenue Service in future years as well as catch up contributions. Participants may also elect to defer from 1% up to 90% of their Christmas Stocking Dividend.

Participants are allowed to change the contribution amount and to suspend or resume contributions at any time upon written notice to the Company. They may also change their investment options daily using the internet or touch-tone phone.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

(d) Employer Contributions

For each Plan year, the Company may make Safe Harbor Nonelective Employer Contributions ("Safe Harbor Contributions"). The entry date for the purpose of sharing in the Safe Harbor Contribution is the first day of each Plan year and the first day of the seventh month of each Plan year following the day the participant has completed one year (1,000 hours) of service. Under this arrangement, the Company would be required, without regard to whether the employee makes an elective contribution, to make a contribution to the Plan equal to at least 3% of the employee's compensation, which excludes compensation prior to that person's entry date as described above. The maximum limit for the Safe Harbor Contributions for the Plan year ended October 31, 2010 was $245,000.

The Company is required to give written notice to all eligible participants of its election to make Safe Harbor Contributions before the beginning of each Plan year. Eligible participants will receive their allocation of the Safe Harbor Contribution without regard to any last day of employment or hour of service requirement that may apply to other types of contributions.

(e) Investment Income or Loss

Investment income or loss is allocated among participants based upon each participant's pro rata share of the total participant accounts.

(f) Participant Accounts

Each participant's account is credited with the participant's contribution, allocation of the Company's contribution and the Plan earnings, including any unrealized appreciation or depreciation on investment assets.

(g) Participant Vesting

Participants are immediately vested in their voluntary contributions and the Company's Safe Harbor Contributions, plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 20% vested after two years of credited service. Vesting increases 20% each following year until fully vested after six years.

All participants become fully vested in their nonelective employer contribution accounts when they attain normal retirement age or at the time of their total disability or death regardless of the number of years of service.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

(h) Payment of Benefits

Upon termination of service, participants may elect to receive their accrued benefit distribution in one of the following ways:

(1) Lump Sum

A single sum payment from the participant account.

(2) Direct Transfer

A direct transfer to an individual retirement account as described in Section 408(a) of the Code or an individual retirement annuity as described in Section 408(b) of the Code, an annuity plan as described in Section 403(a) of the Code, or another "qualified" trust as described in Section 401(a) of the Code that accepts transfers.

(3) Partial Direct Transfer

A partial direct transfer, provided that the participant elects to directly transfer at least $500 of his or her vested accrued benefits.

(i) Plan Termination

Although the Company has not expressed any intent to discontinue the Plan or its contributions thereto, the Company has the right to do so at any time subject to the Plan provisions. In the event of termination, all participation will terminate on the Plan year end following such termination and the equity of all participants will be distributed as soon as possible thereafter.

(j) Forfeitures

Forfeitures are used to reduce future employer contributions. There were no forfeitures used to reduce employer contributions for the current Plan year.

(k) Participant Loans

Participants may borrow from their fund accounts up to $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance of that participant's account and bear interest ranging from 4.0% to 9.5% per annum, which is commensurate with local prevailing rates. Participants may have up to two loans outstanding at any time. Principal and interest are paid ratably through payroll deductions. On October 31, 2010 and 2009, the outstanding participant loans amounted to $1,353,688 and $1,286,342, respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with the accounting principles generally accepted in the United States of America.

(b) Administration Costs

The cost of legal, accounting and other services necessary to administer the Plan, as well as the internal cost to compile the participant data, are paid by the Company.

(c) Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend rate. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Loans to participants are valued at the amount of unpaid principal, which approximates fair value.

(d) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

(d) 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 the reported amounts of net assets available for benefits and the changes therein. Actual results may differ from those estimates.

(e) Concentration of Credit Risk

The Plan has exposure to credit risk to the extent that its investment are subject to market fluctuations that may materially affect the value of the investment balances.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(f) Payment of Benefits

Benefits are recorded when paid.

(g) Non-discrimination Testing

The Plan failed the discrimination test for the year ended October 31, 2010 due to excess employee contribution of $22,847. The Plan will reimburse these excess contributions to its participants during the year ended October 31, 2011.

(h) Subsequent Events

In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through June 30, 2011, the date the financial statements were available to be

(i) Reclassifications

Certain reclassifications have been made to the prior year financial statements in order for them to be in conformity with the current year presentation.

NOTE 3 - INVESTMENTS

(a) Information Prepared and Certified By Custodian

The Plan's assets are invested with Wells Fargo Bank (the custodian).

The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the custodian as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The fair value of investments and the related investment gains for the year ended October 31, 2010 and 2009 as reported by the custodian are as follows:

	2010	2009
Investments	$ 28,511,240	$ 27,045,141
Net investment gains	$ 2,613,650	$ 2,465,489

NOTE 3 - INVESTMENTS (CONTINUED)

(b) The following presents investments that represent 5% or more of the Plan's net assets available for benefits:

	October 31, 2010	October 31, 2009
Wells Fargo Advantage Dow Jones Target 2020 - 144,094 and 138,651 shares, respectively	$ 1,969,771	$ 1,706,795
Wells Fargo Advantage Dow Jones Target 2030 - 141,460 and 130,960 shares, respectively	1,970,551	1,591,162
Wells Fargo Advantage Index Fund - 96,523 and 103,759 shares, respectively	4,225,794	3,965,662
Wells Fargo Collective Russell 2000 Index Fund - 154,555 and 151,215 shares, respectively	2,607,350	2,021,738
Wells Fargo Collective Stable Return Fund - 218,599 and 237,662 shares, respectively	10,402,925	10,966,216

During the current year ended October 31, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in $2,326,914 as follows:

Mutual funds	$ 1,195,962
Common/collective trusts	847,091
Cash equivalents and certificates of deposit	8,027
Corporate bonds and convertible debentures	186,488
Common stock	44,316
Convertible preferred stock	45,030
	$ 2,326,914

NOTE 4 - FAIR VALUE MEASUREMENTS

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

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Level 3 Fair Value Measurements

Loans to plan participants are valued at amortized cost which approximates fair value.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of October 31, 2010 and 2009:

		Fair Value Measurements at Reporting Date Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
October 31, 2010			
Mutual funds:			
Index funds	$ 8,121,544	$ 8,121,544	$ -
Fixed income funds	11,254,698	11,254,698	
Balanced funds	5,287,688	5,287,688	

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurements at Reporting Date Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Common stock:			
Energy	226,352	226,352	
Financial	230,694	230,694	
Materials	146,503	146,503	
Services	62,216	62,216	
Technology	139,839	139,839	
Utilities	107,614	107,614	
Corporate bonds and convertible debentures	1,347,369	1,347,369	
Convertible preferred stock	373,521	373,521	
Cash equivalents and certificates of deposit	1,213,201	1,213,201	
Notes receivable from participants	1,353,688	-	1,353,688
Total assets at fair value	$ 29,864,927	$ 28,511,239	$ 1,353,688
October 31, 2009			
Mutual funds:			
Index funds	$ 7,064,767	$ 7,064,767	$ -
Fixed income funds	11,775,030	11,775,030	
Balanced funds	4,091,351	4,091,351	

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurements at Reporting Date Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Common stock:			
Energy	245,159	245,159	
Financial	237,379	237,379	
Materials	110,083	110,083	
Services	65,936	65,936	
Technology	113,827	113,827	
Utilities	123,311	123,311	
Corporate bonds and convertible debentures	1,353,450	1,353,450	
Convertible preferred stock	263,841	263,841	
Cash equivalents and certificates of deposit	1,299,417	1,299,417	
U.S. Government securities	301,590	301,590	
Notes receivable from participants	1,286,342	-	1,286,342
Total assets at fair value	$ 28,331,483	$ 27,045,141	$ 1,286,342

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the investment contract with the insurance company for the years ended October 31, 2010 and 2009:

October 31, 2010	
Beginning Balance	$ 1,286,342
Total gains or losses included in changes in net assets available for benefits	-
Purchases, issuances, sales, and settlements (net):	67,346
Ending balance	$ 1,353,688

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

October 31, 2009	
Beginning Balance	$ 1,233,190
Total gains or losses included in changes in net assets available for benefits	-
Purchases, issuances, sales, and settlements (net):	53,153
Ending balance	$ 1,286,343

NOTE 5 - TAX STATUS

The Plan obtained its latest determination on April 19, 2010, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code ("IRC"). The plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently in compliance with the applicable requirements of the IRC.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of pooled separate accounts and short term investment fund accounts managed by Wells Fargo Bank. Wells Fargo Bank is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

SUPPLEMENTAL SCHEDULE PROVIDED

PURSUANT TO THE DEPARTMENT OF LABOR RULES AND REGULATIONS

THE BOBRICK CORPORATION

PROFIT SHARING RETIREMENT PLAN

SCHEDULE 1 - ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2010

Identity of issue, borrower, lessor, or similar party	Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
CASH EQUIVALENTS			
Wells Fargo Short Term Investment Fund			$ 393,603
CERTIFICATES OF DEPOSIT			
American Express Bank	$90,000, 3.3%, due 6/10/2013		95,676
American Express Centurion Bank	$85,000, 2.85%, due 6/11/2012		88,439
CIT Bank	$90,000, 3.5%, due 5/6/2014		98,126
Discover Bank	$90,000, 3.4%, due 11/13/2013		96,908
GMAC Bank (Midvale Utah)	$90,000, 4.55%, due 1/10/2011		90,992
Midfirst Bank	$90,000, 3.05%, due 5/14/2012		94,065
NCB FSB Hillsboro (Ohio)	$85,000, 3.15%, due 6/12/2013		89,988
Sallie Mae Bank	$70,000, 2.35%, due 5/13/2011		71,498
Sallie Mae Bank Murray (Utah)	$90,000, 3%, due 6/11/2012		93,906
TOTAL CERTIFICATES OF DEPOSIT			819,598
TOTAL CASH EQUIVALENTS AND CERTIFICATES OF DEPOSIT			1,213,201
CONVERTIBLE DEBENTURES			
Allstate LF GLB FN Trust	$90,000, 5.375%, due 4/30/2013		102,023
Goldman Sachs Group Inc.	$90,000, 5%, due 1/15/2011		92,100
Wachovia Corporation	$90,000, 5.25%, due 8/1/2014		98,912
AAR Corp.	$24,000, 1.75%, due 1/1/2026		24,375
AGCO Corp.	$20,000, 1.25%, due 12/15/2036		24,544
Allegheny Technologies	$10,000, 4.25%, due 6/1/2014		14,890
Alliance Data SRA CUM	$12,000, 1.75%, due 8/1/2013		12,188
American Medical Systems	$20,000, 4%, due 9/15/2041		25,927
Amerigroup Corp.	$12,000, 2%, due 5/15/2012		13,881
Arvinmeritor, Inc.	$7,000, 4.625%, due 3/1/2026		7,911
Avis Budget Group Inc.	$7,000, 3.5%, due 10/1/2014		7,389
Boston PPTYS Ltd.	$20,000, 3.75%, due 5/15/2036		22,746
CACI International, Inc.	$22,000. 2.125%, due 5/1/2014		25,039
Cameron Intl Corp.	$6,000, 2.5%, due 6/15/2026		7,804
Cephalon Inc.	$30,000, 2.5%, due 5/1/2014		35,663
Continental Airlines, Inc.	$10,000, 4.5%, due 1/15/2015		17,408
Continental Airlines, Inc.	$15,000, 5%, due 6/15/2023		22,915
Covanta Holding Corp.	$7,000, 3.25%, due 6/1/2014		8,014
Danaher Corp Zero CPN	$16,000, due 1/22/2021		21,399
Endo Pharmaceut Hldgs IN	$11,000, 1.75%, due 4/15/2015		15,079
Ford Motor Company	$25,000, 4.25%, due 11/15/2016		43,927
Gilead Sciences Inc.	$20,000, 0.5%, due 5/1/2011		21,500

THE BOBRICK CORPORATION

PROFIT SHARING RETIREMENT PLAN

SCHEDULE 1 - ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2010

Identity of issue, borrower, lessor, or similar party	Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
CONVERTIBLE DEBENTURES (CONTINUED)			
Health Care REIT Inc.	$10,000, 3%, due 11/30/2029		11,300
KKR Financial Holdings	$21,000, 7.5%, due 1/15/2017		28,184
Linear Technology Corp.	$20,000, 3%, due 5/1/2027		21,000
MF Global	$20,000, 9%, due 6/20/2038		24,880
Microchip Technology Inc.	$13,000, 2.125%, due 12/15/2037		15,022
Micron Technology, Inc.	$26,000, 1.875%, due 5/30/2014		25,098
Molson Coors	$13,000, 2.5%, due 7/30/2013		14,675
Newmont Mining Corp.	$27,000, 3%, due 2/15/2012		37,634
Newpark Resources, Inc.	$14,000, 4%, due 10/1/2017		12,975
Omnicom Group, Inc.	$30,000, due 7/1/2038		30,675
Peabody Energy Corp.	$25,000, 4.75%, due 12/15/2041		30,167
SAKS Incorporated	$30,000, 2%, due 3/15/2024		31,389
Salix Pharmaceuticals Lt	$13,000, 2.75%, due 5/15/2015		14,658
SanDisk Corp.	$31,000, 1%, due 5/15/2013		29,244
SBA Communications Corp.	$21,000, 1.875%, due 5/1/2013		23,428
ST Mary Land & Exploration	$13,000, 3.5%, due 4/1/2027		13,899
Steel Dynamics Inc.	$17,000, 5.125%, due 6/15/2014		19,900
Stillwater Mining Company	$23,000, 1.875%, due 3/15/2028		24,608
Symantec Corp.	$16,000, 1%, due 6/14/2013		18,000
Tech Data Corp.	$22,000, 2.75%, due 12/15/2026		22,999
Teva Pharmaceutical Fin Co	$50,000, 1.75%, due 2/1/2026		56,281
Textron Inc.	$11,000, 4.5%, due 5/1/2013		19,264
UAL Corp.	$25,000, 4.5%, due 6/28/2021		27,168
UAL Corp.	$2,000, 6%, due 10/15/2029		7,030
US Steel Corp.	$13,000, 4%, due 5/15/2014		20,016
Valeant Pharmaceuticals Intl.	$8,000, 4%, due 5/20/2011		16,968
Vertex Pharmaceuticals	$24,000, 3.5%, due 10/1/2015		25,274
Volcano Corp.	$12,000, 2.875%, due 9/1/2015		13,209
Intel Corp.	$25,000, 3.25%, due 8/1/2039		29,859
Intel Game Technology	$15,000, 3.25%, due 5/1/2014		16,931
TOTAL CONVERTIBLE DEBENTURES			1,347,369
COMMON STOCK			
BP PLC	1,258 shares		51,326
Vale SA	726 shares		21,044
Alcoa Inc.	7,195.28 shares		94,546
Chesapeake Energy Corp.	2,663 shares		57,734
Chevron Corporation	1,420 shares		117,292
Energizer Holdings, Inc.	1,870 shares		139,839
Entergy Corp.	564 shares		42,035

THE BOBRICK CORPORATION

PROFIT SHARING RETIREMENT PLAN

SCHEDULE 1 - ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2010

Identity of issue, borrower, lessor, or similar party	Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
COMMON STOCK (CONTINUED)			
Hecla Mng Co	460 shares		3,169
McDonalds Corp.	800 shares		62,216
MetLife Inc.	415 shares		16,737
Plum Creek Timber Company, Inc.	3,600 shares		132,624
PNM Res Inc.	1,000 shares		11,915
Prudential Financial, Inc.	1,029 shares		54,105
Nextera Energy, Inc.	975 shares		53,664
State Street Corp.	652 shares		27,228
Temple Inland, Inc.	1,339 shares		27,744
TOTAL COMMON STOCK			913,218
PREFERRED CONVERTIBLE SECURITIES			
AMG CAP TR	330 shares		15,055
Apache Corp.	355 shares		21,095
Archer Daniels Midland Co.	330 shares		14,263
Bank of America Corp.	22 shares		21,541
Citigroup Inc.	355 shares		43,843
El Paso Corp.	12 shares		13,308
Fifth Third Bancorp	85 shares		11,390
Ford Motor Co.	875 shares		43,488
Great Plains Energy	370 shares		23,680
Hecla Mining	325 shares		23,400
Huntington Bancs	7 shares		7,525
Mylan Inc.	26 shares		31,337
PPL Corporation	435 shares		24,547
Vale Capital Ltd.	150 shares		14,089
Wells Fargo & Company	35 shares		35,000
XL Company Switzerland	230 shares		7,558
XL Company Switzerland	750 shares		22,402
TOTAL PREFERRED CONVERTIBLE SECURITIES			373,521
COMMON/COLLECTIVE TRUSTS			
Wells Fargo International Equity Index Fund G	98,351 shares		1,288,400
Wells Fargo Collective Russell 2000 Index Fund	154,555 shares		2,607,350
Wells Fargo Collective Stable Return Fund	218,599 shares		10,402,926
TOTAL COMMON/COLLECTIVE TRUSTS			14,298,676

The Accompanying Notes are an Integral Part of these Financial Statements

THE BOBRICK CORPORATION

PROFIT SHARING RETIREMENT PLAN

SCHEDULE 1 - ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2010

Identity of issue, borrower, lessor, or similar party	Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
MUTUAL FUNDS			
Wells Fargo Advantage Dow Jones Target 2010	66,080 shares		851,773
Wells Fargo Advantage Dow Jones Target 2020	144,094 shares		1,969,771
Wells Fargo Advantage Dow Jones Target 2030	141,460 shares		1,970,551
Wells Fargo Advantage Dow Jones Target 2040	32,087 shares		486,760
Wells Fargo Advantage Dow Jones Target 2050	96,480 shares		860,606
Wells Fargo Advantage Index Fund - Admin #88	96,523 shares		4,225,794
TOTAL MUTUAL FUNDS			10,365,255
NOTES RECEIVABLE FROM PARTICIPANTS			
Various due dates, interest 4% to 9.5%			1,353,688
TOTAL ASSETS HELD FOR INVESTMENT			$ 29,864,928

The Accompanying Notes are an Integral Part of these Financial Statements

THE BOBRICK CORPORATION

PROFIT SHARING RETIREMENT PLAN

SCHEDULE 1 - ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2010

Identity of issue, borrower, lessor, or similar party	Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
CASH EQUIVALENTS			
Wells Fargo Short Term Investment Fund			$ 393,603
CERTIFICATES OF DEPOSIT			
American Express Bank	$90,000, 3.3%, due 6/10/2013		95,676
American Express Centurion Bank	$85,000, 2.85%, due 6/11/2012		88,439
CIT Bank	$90,000, 3.5%, due 5/6/2014		98,126
Discover Bank	$90,000, 3.4%, due 11/13/2013		96,908
GMAC Bank (Midvale Utah)	$90,000, 4.55%, due 1/10/2011		90,992
Midfirst Bank	$90,000, 3.05%, due 5/14/2012		94,065
NCB FSB Hillsboro (Ohio)	$85,000, 3.15%, due 6/12/2013		89,988
Sallie Mae Bank	$70,000, 2.35%, due 5/13/2011		71,498
Sallie Mae Bank Murray (Utah)	$90,000, 3%, due 6/11/2012		93,906
TOTAL CERTIFICATES OF DEPOSIT			819,598
TOTAL CASH EQUIVALENTS AND CERTIFICATES OF DEPOSIT			1,213,201
CONVERTIBLE DEBENTURES			
Allstate LF GLB FN Trust	$90,000, 5.375%, due 4/30/2013		102,023
Goldman Sachs Group Inc.	$90,000, 5%, due 1/15/2011		92,100
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American Medical Systems	$20,000, 4%, due 9/15/2041		25,927
Amerigroup Corp.	$12,000, 2%, due 5/15/2012		13,881
Arvinmeritor, Inc.	$7,000, 4.625%, due 3/1/2026		7,911
Avis Budget Group Inc.	$7,000, 3.5%, due 10/1/2014		7,389
Boston PPTYS Ltd.	$20,000, 3.75%, due 5/15/2036		22,746
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Cameron Intl Corp.	$6,000, 2.5%, due 6/15/2026		7,804
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Gilead Sciences Inc.	$20,000, 0.5%, due 5/1/2011		21,500

THE BOBRICK CORPORATION

PROFIT SHARING RETIREMENT PLAN

SCHEDULE 1 - ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2010

Identity of issue, borrower, lessor, or similar party	Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
CONVERTIBLE DEBENTURES (CONTINUED)			
Health Care REIT Inc.	$10,000, 3%, due 11/30/2029		11,300
KKR Financial Holdings	$21,000, 7.5%, due 1/15/2017		28,184
Linear Technology Corp.	$20,000, 3%, due 5/1/2027		21,000
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Micron Technology, Inc.	$26,000, 1.875%, due 5/30/2014		25,098
Molson Coors	$13,000, 2.5%, due 7/30/2013		14,675
Newmont Mining Corp.	$27,000, 3%, due 2/15/2012		37,634
Newpark Resources, Inc.	$14,000, 4%, due 10/1/2017		12,975
Omnicom Group, Inc.	$30,000, due 7/1/2038		30,675
Peabody Energy Corp.	$25,000, 4.75%, due 12/15/2041		30,167
SAKS Incorporated	$30,000, 2%, due 3/15/2024		31,389
Salix Pharmaceuticals Lt	$13,000, 2.75%, due 5/15/2015		14,658
SanDisk Corp.	$31,000, 1%, due 5/15/2013		29,244
SBA Communications Corp.	$21,000, 1.875%, due 5/1/2013		23,428
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Steel Dynamics Inc.	$17,000, 5.125%, due 6/15/2014		19,900
Stillwater Mining Company	$23,000, 1.875%, due 3/15/2028		24,608
Symantec Corp.	$16,000, 1%, due 6/14/2013		18,000
Tech Data Corp.	$22,000, 2.75%, due 12/15/2026		22,999
Teva Pharmaceutical Fin Co	$50,000, 1.75%, due 2/1/2026		56,281
Textron Inc.	$11,000, 4.5%, due 5/1/2013		19,264
UAL Corp.	$25,000, 4.5%, due 6/28/2021		27,168
UAL Corp.	$2,000, 6%, due 10/15/2029		7,030
US Steel Corp.	$13,000, 4%, due 5/15/2014		20,016
Valeant Pharmaceuticals Intl.	$8,000, 4%, due 5/20/2011		16,968
Vertex Pharmaceuticals	$24,000, 3.5%, due 10/1/2015		25,274
Volcano Corp.	$12,000, 2.875%, due 9/1/2015		13,209
Intel Corp.	$25,000, 3.25%, due 8/1/2039		29,859
Intel Game Technology	$15,000, 3.25%, due 5/1/2014		16,931
TOTAL CONVERTIBLE DEBENTURES			1,347,369
COMMON STOCK			
BP PLC	1,258 shares		51,326
Vale SA	726 shares		21,044
Alcoa Inc.	7,195.28 shares		94,546
Chesapeake Energy Corp.	2,663 shares		57,734
Chevron Corporation	1,420 shares		117,292
Energizer Holdings, Inc.	1,870 shares		139,839
Entergy Corp.	564 shares		42,035

THE BOBRICK CORPORATION

PROFIT SHARING RETIREMENT PLAN

SCHEDULE 1 - ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2010

Identity of issue, borrower, lessor, or similar party	Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
COMMON STOCK (CONTINUED)			
Hecla Mng Co	460 shares		3,169
McDonalds Corp.	800 shares		62,216
MetLife Inc.	415 shares		16,737
Plum Creek Timber Company, Inc.	3,600 shares		132,624
PNM Res Inc.	1,000 shares		11,915
Prudential Financial, Inc.	1,029 shares		54,105
Nextera Energy, Inc.	975 shares		53,664
State Street Corp.	652 shares		27,228
Temple Inland, Inc.	1,339 shares		27,744
TOTAL COMMON STOCK			913,218
PREFERRED CONVERTIBLE SECURITIES			
AMG CAP TR	330 shares		15,055
Apache Corp.	355 shares		21,095
Archer Daniels Midland Co.	330 shares		14,263
Bank of America Corp.	22 shares		21,541
Citigroup Inc.	355 shares		43,843
El Paso Corp.	12 shares		13,308
Fifth Third Bancorp	85 shares		11,390
Ford Motor Co.	875 shares		43,488
Great Plains Energy	370 shares		23,680
Hecla Mining	325 shares		23,400
Huntington Bancs	7 shares		7,525
Mylan Inc.	26 shares		31,337
PPL Corporation	435 shares		24,547
Vale Capital Ltd.	150 shares		14,089
Wells Fargo & Company	35 shares		35,000
XL Company Switzerland	230 shares		7,558
XL Company Switzerland	750 shares		22,402
TOTAL PREFERRED CONVERTIBLE SECURITIES			373,521
COMMON/COLLECTIVE TRUSTS			
Wells Fargo International Equity Index Fund G	98,351 shares		1,288,400
Wells Fargo Collective Russell 2000 Index Fund	154,555 shares		2,607,350
Wells Fargo Collective Stable Return Fund	218,599 shares		10,402,926
TOTAL COMMON/COLLECTIVE TRUSTS			14,298,676

The Accompanying Notes are an Integral Part of these Financial Statements

THE BOBRICK CORPORATION

PROFIT SHARING RETIREMENT PLAN

SCHEDULE 1 - ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2010

Identity of issue, borrower, lessor, or similar party	Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
MUTUAL FUNDS			
Wells Fargo Advantage Dow Jones Target 2010	66,080 shares		851,773
Wells Fargo Advantage Dow Jones Target 2020	144,094 shares		1,969,771
Wells Fargo Advantage Dow Jones Target 2030	141,460 shares		1,970,551
Wells Fargo Advantage Dow Jones Target 2040	32,087 shares		486,760
Wells Fargo Advantage Dow Jones Target 2050	96,480 shares		860,606
Wells Fargo Advantage Index Fund - Admin #88	96,523 shares		4,225,794
TOTAL MUTUAL FUNDS			10,365,255
NOTES RECEIVABLE FROM PARTICIPANTS			
Various due dates, interest 4% to 9.5%			1,353,688
TOTAL ASSETS HELD FOR INVESTMENT			$ 29,864,928

The Accompanying Notes are an Integral Part of these Financial Statements