Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

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
TOM MALLOY CORPORATION PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 11/01/1989

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

636 E. ROSECRANS AVE
LOS ANGELES, CA 90059

2b Employer Identification Number (EIN) 95-2674327

2c Sponsor's telephone number 310-327-5554

2d Business code (see instructions) 532400

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.	08/13/2012	KEVIN MALLOY
	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")
TOM MALLOY CORPORATION

636 E. ROSECRANS AVE
LOS ANGELES, CA 90059

3b Administrator's EIN
95-2674327

3c Administrator's telephone number
310-327-5554

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**	169
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**	177
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	177
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	177
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	96
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:
2F 3D 2J

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)		**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan
TOM MALLOY CORPORATION PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
95-2674327

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)	33064	8543
(2) Participant contributions	1b(2)	10390	4205
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2057087	4563805
(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)	3674087	1370231
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2107613	2442090
(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	7882241	8388874
	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	7882241	8388874

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)	138592	
	(B) Participants	2a(1)(B)	222624	
	(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)		361216
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	29827	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	243952	
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	19	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		273798
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	70509	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		70509
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		705523
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	198890	
(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)		198890
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		198890
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		506633
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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

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

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

(1) Name: CHARLES MCDONOUGH ACCOUNTANCY CORP (2) EIN: 95-2820500

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan
TOM MALLOY CORPORATION PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
95-2674327

Part I Distributions

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

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

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

EIN(s): 95-4291415

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):

TOM MALLOY CORPORATION
PROFIT SHARING PLAN

Financial Statements
With Report Of
Certified Public Accountants

For the Years Ended October 31, 2011 and 2010

TOM MALLOY CORPORATION
PROFIT SHARING PLAN

Financial Statements

October 31, 2011 and 2010

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CHARLES McDONOUGH ACCOUNTANCY CORPORATION

Gregory G. Wilson, C.P.A.

Del Amo Financial Center
21515 Hawthorne Boulevard, Suite 580
Torrance, California 90503

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July 20, 2012

Plan Administrative Committee
Tom Malloy Corporation
Profit Sharing Plan
636 E. Rosecrans Ave.
Los Angeles, CA 90059

We have audited the accompanying statements of net assets available for plan benefits of the Tom Malloy Corporation Profit Sharing Plan as of October 31, 2011 and 2010 and the related statement of changes in net assets available for plan benefits for the years then ended, and the supplemental schedule as of and for the year ended October 31, 2011. These financial statements and schedule are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements and schedule based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements and schedule 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 audit provides a reasonable basis for our opinion.

In our opinion, the financial statements and supplemental schedule referred to above present fairly in all material respects, the net assets available for plan benefits of the Tom Malloy Corporation Profit Sharing Plan as of October 31, 2011 and 2010, and changes in net assets available for plan benefits for the years then ended in conformity with generally accepted accounting principles.

Charles McDonough Acctg. Corp.

Charles McDonough Accountancy Corporation

TOM MALLOY CORPORATION PROFIT SHARING PLAN

Statement of Net Assets Available for Plan Benefits

As of October 31, 2011 and 2010

ASSETS	2011	2010
Investments at Fair Value:		
Shares of Registered Investment Companies	$ 2,442,090	$ 2,107,613
Loans to Non-Participants	1,370,231	3,674,087
Total Investments	3,812,321	5,781,700
Receivables:		
Employer's Contribution	8,543	33,064
Employee's Contribution	4,205	10,390
Total Receivables	12,748	43,454
Cash	4,563,805	2,057,087
Total Assets	$ 8,388,874	$ 7,882,241
LIABILITIES AND NET ASSETS		
Net Assets Available for Plan Benefits	8,388,874	7,882,241
Total Liabilities and Net Assets	$ 8,388,874	$ 7,882,241

See Accompanying Notes and Auditor's Report

TOM MALLOY CORPORATION PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Plan Benefits

For the Years Ended October 31, 2011 and 2010

	2011	2010
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Earnings on Investments - 401K Plan	$ 19,587	$ 13,294
Earnings on Investments - Profit Sharing Plan	254,192	323,321
Net Appreciation (Depreciation) In Fair Value of Investments	70,509	252,865
	344,288	589,480
Less Investment Expenses	0	(50)
Net Investment Income (Loss)	344,288	589,430
Contributions:		
Employers's	138,592	115,816
Participants	222,624	191,720
Rollovers	0	172,366
Total Contributions	361,216	479,902
Other Income	19	5,261
Total Additions	705,523	1,074,593
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants - Profit Sharing Plan	141,712	41,550
Benefits Paid to Participants - 401k Plan	57,178	20,578
Total Deductions	198,890	62,128
NET INCREASE (DECREASE) IN NET ASSETS	506,633	1,012,465
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	7,882,241	6,869,776
End of Year	$ 8,388,874	$ 7,882,241

See Accompanying Notes and Auditor's Report

TOM MALLOY CORPORATION
PROFIT SHARING PLAN

Notes to Financial Statements

October 31, 2011 and 2010

NOTE 1 - DESCRIPTION OF PLAN

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

General - The Plan is a defined contribution Profit Sharing and 401(k) plan covering all employees who have one year of service and are age twenty-one or older. Employees with 6 months of service are eligible for elective deferrals in the 401(K) plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – For the 401(K) plan, participants may contribute up to the maximum contribution limit as allowed by the Internal Revenue Service of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. On September 8, 2005, the Board of Directors approved for the plan to be amended to a Safe Harbor 401(k) plan, effective on November 1, 2005. The amendments will also allow employees of Grand Metals, Inc. to participate in the 401(k) plan with all benefits of employee deferrals and employer profit sharing and matching contributions.

The Company's Safe Harbor Matching plan contributes 100% of the elective deferral that does not exceed 3% of base compensation that a participant contributes to the plan, plus 50% of the elective deferral that exceeds 3% of compensation but does not exceed 5% of compensation. No matching contribution for employee catch-up deferrals. Contributions in the 401(K) plan are invested in a portfolio of investments of mutual funds as directed by Participants, while investments of the Profit Sharing plan are directed by the Company. Contributions are subject to certain limitations.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. With Safe Harbor matching plan, participants are 100% vested for 401(K) matching contributions.

Participant Loans - Participants may borrow from their funds' accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the vested portion of their accounts balances. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant's Notes fund. Loans must be paid back within 5 years unless being used for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local bank interest rates. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits - On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or monthly installments over a set period of time. For termination of service due to other reasons, a participant may elect to receive the value of the vested value of his or her account as a lump-sum distribution. For 401K hardship distributions, participants can request up to 100% of their employee's contribution account only.

Forfeited Accounts – At October 31, 2011 and 2010, forfeited non-vested account's balance was $-0- and $70, respectively. Forfeitures are applied to reduce future employer's contributions to the Plan.

Administrative Expenses - Management fees are netted against earnings and allocated to participants based on account balances as defined in the Plan. Other administrative expenses including legal, accounting, auditing and fiduciary bonding fees are absorbed by the Company.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

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

Estimates:

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of Benefits:

Benefits are recorded when paid.

Investment Valuation:

As defined in SFAS No. 157, 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. In determining fair value, the Organization utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated or generally unobservable inputs and minimize the use of unobservable inputs. Based on the examination of the inputs used in the valuation techniques, the Organization is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values.

Notes to Financial Statements Continued:

Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 – Quoted market prices in active markets for identical assets or liabilities. **Mutual fund investments** are classified in Level 1. The value is determined based on quoted prices in active markets for identical securities.

Level 2 – Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3 – Includes significant inputs to the valuation methodology that are unobservable and may include assumptions about market participant assumptions. **Non-participants' loans** are valued at their outstanding balance, which approximates fair value and are classified as Level 3 of the fair value hierarchy. There is no market (quoted prices or observable inputs) for non-participants' loans, and as such the valuation includes significant inputs based on assumptions about market participant assumptions.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The following table presents the financial instruments carried at fair value as of October 31, 2011, by the SFAS 157 valuation hierarchy, as described above.

	Level 1	Level 3	Total
Mutual Funds	$ 2,442,090	$ -0-	$ 2,442,090
Non-Participant Loans	-0-	1,370,231	1,370,231
Total assets at fair value	$ 2,442,090	$ 1,370,231	$ 3,812,321

The table below sets forth a summary of changes in the fair value of the Plan's investments Level 3 for the year ended October 31, 2011.

	Non Participant Loans
Balance, beginning of year	$ 3,674,087
Purchases, sales, issuances, gain (losses) and settlements (net)	(2,303,856)
Balance, end of year	$ 1,370,231

Subsequent Events:

For the year-ended October 31, 2011, the Plan has evaluated subsequent events for potential recognition and disclosure through July 20, 2012, the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

The Plan's investments are stated at fair 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. Purchase 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 date. The Plan's investments are held by Invesco Investment Services Inc. as of October 31, 2011.

The information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the custodian for the years ending October 31, 2011 and 2010. At October 31, 2011, the Money Mkt Z fund at Invesco represented 7.4% of the Plan net assets, comparing to October 31, 2010, there was no mutual fund at Invesco that held 5% or more of the Plan net assets.

The Plan is also lending money to third parties as investment tools.

- On March 08, 2004, a loan of $1,300,000 was made to **Kristina Dyer** at 8% interest rate for 7 years, with the maturity date in April 2011. On March 29, 2011, at borrower's request, the note was extended with a new maturity date of July 1, 2011. At October 31, 2011 and 2010, the principal balance was $1,192,907 and $1,211,142, respectively.

- On August 17, 2006, a loan of $1,000,000 was made to **Phillip & Jackie Bor** at 7.5% interest rate for 7 years, with the maturity date in August 2013. On September 14, 2011, the loan balance was paid off. At October 31, 2011 and 2010, the loan principal balance was $-0- and $748,397, respectively.

- On March 31, 2008, a loan of $910,000 was made to **Banner Health #7691**, dba Banner Baywood Medical Center, at 9% interest rate for 5 years, with maturity date in June 2013. On May 31, 2011, the loan balance was paid off. At October 31, 2011 and 2010, the loan principal balance was $-0- and $335,342, respectively.

- On June 4, 2009, a new loan of $1,500,000 was made to **Banner Health #578**, dba Banner Baywood Medical Center, at 9% interest rate per annum. Loan will mature on December 25, 2012. Unpaid interest was accrued at October 31. At October 31, 2011 and 2010, the unpaid interest was $43,359 and $7,949, and the loan balance was $177,324 and $879,205, respectively.

- On October 14, 2010, a loan of $500,000 was made to **Lifeclinic International, Inc.** at 18% interest rate per annum, with maturity date on March 31, 2011. Loan was paid off on August 31, 2011. At October 31, 2011 and 2010, the loan principal balance was $-0- and $500,000, respectively.

Notes to Financial Statements Continued:

The following table presents the fair values of investments representing *five percent or more* (see schedule H) of the Plan's net assets at October 31, 2011 and 2010.

	2011	2010
Investments at Estimated Fair Value:		
Invesco – Money Mkt Z	$ 621,224	$ 316,105
Kristina Dyer, 8% int, matures 4/01/2011	1,192,907	1,211,142
Phillip & Jackie Bor, 7.5% int, matures 8/17/2013	-0-	748,398
Banner Health 7691, 9% int, matures 6/15/2013	-0-	335,342
Banner Health 578, 9% int, matures 12/25/2012	177,324	879,205
Lifeclinic International, Inc., 18% int, matures 3/31/11	-0-	500,000
	$1,991,455	$3,990,192

NOTE 4 – CONTRIBUTION RECEIVABLE

At October 31, 2011 and October 31, 2010, total contribution receivable was $12,748 and $43,454, respectively.

	2011	2010
Employer's Contributions	$ 8,543	$ 33,064
Employees' Contributions	4,205	10,390
	$ 12,748	$ 43,454

NOTE 5 - 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 percent vested in their accounts.

NOTE 6 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated February 9, 1995, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The latest IRS approval letter was dated March 11, 2011.

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Schedule H, line 4i - Schedule of Assets, October 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, % of interest, collateral, par or maturity value	(d) Cost	(e) Current Value	Percent
	INVESCO INVESTMENT SERVICES INC.	REAL EST A	N/A	6,210	0.07%
	INVESCO INVESTMENT SERVICES INC.	EURO GRW A	N/A	62,693	0.75%
	INVESCO INVESTMENT SERVICES INC.	US GOVT A	N/A	1,227	0.01%
	INVESCO INVESTMENT SERVICES INC.	SMCAPGRW A	N/A	53,943	0.64%
	INVESCO INVESTMENT SERVICES INC.	DVRSFDIV A	N/A	10,283	0.12%
	INVESCO INVESTMENT SERVICES INC.	DYNAMICS Z	N/A	258,720	3.08%
	INVESCO INVESTMENT SERVICES INC.	ENERGY Z	N/A	17,938	0.21%
	INVESCO INVESTMENT SERVICES INC.	GOLD Z	N/A	15,321	0.18%
	INVESCO INVESTMENT SERVICES INC.	LEISURE Z	N/A	45,726	0.54%
	INVESCO INVESTMENT SERVICES INC.	TECH Z	N/A	2,106	0.03%
	INVESCO INVESTMENT SERVICES INC.	DYNAMICS A	N/A	19,098	0.23%
	INVESCO INVESTMENT SERVICES INC.	ENERGY A	N/A	90,286	1.08%
	INVESCO INVESTMENT SERVICES INC.	GOLD A	N/A	81,264	0.97%
	INVESCO INVESTMENT SERVICES INC.	LEISURE A	N/A	14,737	0.18%
	INVESCO INVESTMENT SERVICES INC.	MONEY MKT Z	N/A	621,224	7.40%
	INVESCO INVESTMENT SERVICES INC.	REAL EST Z	N/A	21,477	0.26%
	INVESCO INVESTMENT SERVICES INC.	EURO GRW Z	N/A	27,951	0.33%
	INVESCO INVESTMENT SERVICES INC.	US GOVT Z	N/A	30,836	0.37%
	INVESCO INVESTMENT SERVICES INC.	SMALL CO A	N/A	1,436	0.02%
	INVESCO INVESTMENT SERVICES INC.	MODC ALL A	N/A	7,649	0.09%
	INVESCO INVESTMENT SERVICES INC.	DIVERSIFIED DIVIDEND Z	N/A	203,256	2.42%
	INVESCO INVESTMENT SERVICES INC.	GLOBAL HEALTH Z	N/A	5,002	0.06%
	INVESCO INVESTMENT SERVICES INC.	SMALLCAP GRW Z	N/A	370,532	4.42%
	INVESCO INVESTMENT SERVICES INC.	BAL-RISK A	N/A	1,180	0.01%
	INVESCO INVESTMENT SERVICES INC.	AMERFRNC A	N/A	88,610	1.06%
	INVESCO INVESTMENT SERVICES INC.	COMSTOCK A	N/A	8,605	0.10%
	INVESCO INVESTMENT SERVICES INC.	CORPBOND A	N/A	113,906	1.36%
	INVESCO INVESTMENT SERVICES INC.	EQTY INC A	N/A	209,904	2.50%
	INVESCO INVESTMENT SERVICES INC.	GRWTHINCMA	N/A	791	0.01%
	INVESCO INVESTMENT SERVICES INC.	VALOPPOR A	N/A	50,178	0.60%
	KRISTINA DYER	NON-PARTICIPANT LOAN, SECURED TRUST DEED, 8% INT., DUE 7/01/2011	1,192,907	1,192,907	14.22%
	BANNER HEALTH 578	NON-PARTICIPANT LOAN, SECURED TRUST DEED, 9% INT., DUE 12/25/2012	177,324	177,324	2.11%
	TOTAL INVESTMENTS			3,812,321	45.44%

See Accompanying Notes and Auditor's Report

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

For the plan year beginning 11/01/2010 and ending 10/31/2011

Name of plan
TOM MALLOY CORPORATION PROFIT SHARING PLAN

Employer Identification Number
95-2674327

Three-digit plan number ► 004

(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
	AIM INVESTMENTS	securities broker dealer		2,642,058
	Various	secured trust deeds non-partic		1,370,231
	Current value provided by the	financial institution		

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

For the plan year beginning 11/01/2010 and ending 10/31/2011

Name of plan
TOM MALLOY CORPORATION PROFIT SHARING PLAN

Employer Identification Number
95-2674327

Three-digit plan number ► 004

(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
	AIM INVESTMENTS	securities broker dealer		
	Various	secured trust deeds non-partic		
	Current value provided by the	financial institution		

Schedule H, line 4j
Schedule of Reportable Transactions.

Name of Employer: TOM MALLOY CORPORATION

Employer identification number: 95-2674327

Plan Year 11/01/2010 to 10/31/2011

Three-digit plan number ▶ 004

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
K DYER	TRUST	1300000				1192907	1192907	
	8.0%							
BANNER HEALTH	MEDICAL EQUIPMENT LEASE	910000				43359	43359	
	9.0%							
	Due date 06/15/13							
BANNER HEALTH	MEDICAL EQUIPMENT LEASE	1500000				133964	133964	
	9.0%							
	Due date 12/25/12							
AIM INVESTMENT	MONEY MARKET	621224				621224	621224	