Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 11/01/2013 and ending 10/31/2014

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
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; include room or suite number (employer, if for a single-employer plan)

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.	07/31/2015	TUAN SI 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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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**	572
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**	444
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	122
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	566
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f	Total. Add lines **6d** and **6e**.	**6f**	572
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	549
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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 Characteristics 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 Characteristics 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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 11/01/2013 and ending 10/31/2014

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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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 37 49 50 52 62 63 64	SERVICE PROVIDER	11125	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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 11/01/2013 and ending 10/31/2014

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 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)
41-6202499-001	C	8137689

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO INTNATL EQTY 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)
52-2265229-001	C	1423681

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO RUSSELL 2000 INDX N35

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	3991872

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

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

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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	
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
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b Name of plan sponsor	**c** EIN-PN
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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

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 11/01/2013 and ending 10/31/2014

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)	771483	837466
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	289639	290885
(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)	2067875	2288805
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	446635	501247
(B) Common	1c(4)(B)	1075100	1178933
(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)	1527020	1671401
(9) Value of interest in common/collective trusts	1c(9)	14645413	13553242
(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)	16302833	18755196
(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	37125998	39077175
	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	37125998	39077175

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)	837466	
	(B) Participants	2a(1)(B)	1523588	
	(C) Others (including rollovers)	2a(1)(C)	3355	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2364409
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	717	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	49317	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	81794	
	(F) Other	2b(1)(F)	1487	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		133315
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	22892	
	(B) Common stock	2b(2)(B)	30508	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	748532	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		801932
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3178680	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3096546	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		82134
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	267498	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		267498

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		392287
(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)		1009967
c Other income	2c		-4257
d Total income. Add all **income** amounts in column (b) and enter total	2d		5047285
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2952789	
(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)		2952789
f Corrective distributions (see instructions)	2f		119338
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)	23981	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		23981
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3096108
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1951177
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
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		2000000
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 11/01/2013 and ending 10/31/2014

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 (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Sobul Primes & Schenkel
Certified Public Accountants
A Professional Corporation

David M. Primes, CPA.CITP
Richard J. Schenkel, CPA
Christopher D. Morris, CPA
Steven H. Levitt, CPA
Jeffrey B. Cameron, CPA
Kyle C. Taylor, CPA
Stephen S. Sobul, Retired

Independent Auditors' Report

To The Bobrick Corporation
Profit Sharing Retirement Plan Committee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Bobrick Corporation Profit Sharing Retirement Plan, which comprise the statements of net assets available for benefits as of October 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the year ended October 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. 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, 2014 and 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplementary schedule of assets held at the end of the year as of October 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statement 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 1, 2015

THE BOBRICK CORPORATION
PROFIT SHARING RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
OCTOBER 31, 2014 AND 2013

	OCTOBER 31,	
	2014	2013
ASSETS		
Investments, at fair value		
Cash equivalents	$ 290,885	$ 289,639
Convertible debentures	2,288,805	2,067,875
Convertible preferred stock	501,247	446,635
Common stock	1,178,933	1,075,100
Common/collective trusts	13,553,242	14,645,413
Mutual funds	18,755,196	16,302,833
Total Investments	36,568,308	34,827,495
Receivables		
Employer contribution	837,466	771,483
Notes receivable from participants	1,648,253	1,466,867
Total Receivables	2,485,719	2,238,350
TOTAL ASSETS	39,054,027	37,065,845
NET ASSETS AVAILABLE FOR BENEFITS	$ 39,054,027	$ 37,065,845

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, 2014

ADDITIONS		
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	$ 1,747,629	
Interest and dividend income	853,453	
Total Investment Income		$ 2,601,082
Interest income from notes receivable from participants		81,794
Contributions		
Employer contributions	837,466	
Participants' contributions	1,523,588	
Participants' rollover comtributions	3,355	
Total Contributions		2,364,409
TOTAL ADDITIONS		5,047,285
DEDUCTIONS		
Deductions from net assets attributed to:		
Expenses		
Benefits paid to participants	3,035,122	
Administrative expenses	23,981	
TOTAL DEDUCTIONS		3,059,103
NET INCREASE		1,988,182
Net assets available for benefits, beginning of year		37,065,845
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR		$ 39,054,027

The Accompanying Notes are an Integral Part of these Financial Statements

THE BOBRICK CORPORATION
PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2014 AND 2013

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's agreement for a more complete description of the Plan's provisions.

(a) General Information

The Plan is a 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 "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 custodian, 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 or 1,000 hours in a 12 month period.

(c) Employee Contributions

Each participant may defer from 2% up to 100% of their annual compensation not exceeding $17,500 for the calendar year 2014, and higher amounts as may be prescribed by the Internal Revenue Service in future years as well as catch up contributions.

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.

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 and 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 compensation limit for the Safe Harbor Contributions for the Plan year ended October 31, 2014 was $260,000.

The Company made a discretionary employer contribution of $837,466 for the Plan year ended October 31, 2014.

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, if applicable, 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 (defined as the anniversary date following the participant's 64th birthday) 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 forfeitures of $3,173 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 4.25% 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, 2014 and 2013, the outstanding participant loans amounted to $1,648,253 and $1,466,867, 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 date. 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.

(e) 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.

(f) Concentration of Credit Risk

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(g) Payment of Benefits

Benefits are recorded when paid.

(h) Non-discrimination Testing

The Plan passed the discrimination test for the year ended October 31, 2014.

(i) Date of Management's Review

In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through July 1, 2015, the date the financial statements were available to be issued.

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 years ended October 31, 2014 and 2013 as reported by the custodian are as follows:

	2014	2013
Investments	$ 36,568,308	$ 34,827,495
Net investment gains	$ 2,601,082	$ 4,403,893

NOTE 3 - INVESTMENTS (CONTINUED)

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

	October 31, 2014	October 31, 2013
Wells Fargo Advantage Dow Jones Target 2010 - 126,986 and 119,037 shares, respectively	$ 1,725,740	$ 1,617,712
Wells Fargo Advantage Dow Jones Target 2020 - 189,308 and 193,978 shares, respectively	2,945,627	3,029,941
Wells Fargo Advantage Dow Jones Target 2030 - 202,725 and 178,308 shares, respectively	3,476,726	3,004,494
Wells Fargo Advantage Index Fund - 120,464 and 111,613 shares, respectively	7,960,290	6,579,622
Wells Fargo Collective Russell 2000 Index Fund - 135,441 and 123,465 shares, respectively	3,991,872	3,375,675
Wells Fargo Collective Stable Return Fund - 158,192 and 195,662 shares, respectively	8,137,689	9,925,178

During the current year ended October 31, 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated by $1,747,629 as follows:

Mutual funds	$ 1,005,700
Common/collective trusts	392,298
Cash equivalents and certificates of deposit	(57)
Corporate bonds and convertible debentures	237,682
Common stock	102,743
Convertible preferred stock	9,263
	$ 1,747,629

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, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, 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 values of mutual funds are based on quoted net asset values in the active market where the funds are traded. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing prices 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, 2014 and 2013:

		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, 2014			
Mutual funds:			
Index funds	$ 13,375,843	$ 13,375,843	$ -
Fixed income funds	9,863,429	9,863,429	-
Balanced funds	9,069,166	9,069,166	-

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

	Fair Value	Fair Value Measurements at Reporting Date Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Fair Value Measurements at Reporting Date Using: Significant Unobservable Inputs (Level 3)
October 31, 2014 (continued)			
Common stock:			
Consumer	$ 243,750	$ 243,750	$ -
Energy	231,334	231,334	-
Financial	329,002	329,002	-
Healthcare	24,419	24,419	-
Industrial	42,494	42,494	-
Materials	133,797	133,797	-
Utilities	174,137	174,137	-
Corporate bonds and convertible debentures	2,288,805	2,288,805	-
Convertible preferred stock	501,247	501,247	-
Cash equivalents and certificates of deposit	290,885	290,885	-
Notes receivable from participants	1,648,253	-	1,648,253
Total assets at fair value	$ 38,216,561	$ 36,568,308	$ 1,648,253
October 31, 2013			
Mutual funds:			
Index funds	$ 11,299,857	$ 11,299,857	$ -
Fixed income funds	11,611,969	11,611,969	-
Balanced funds	8,105,499	8,105,499	-

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)
October 31, 2013 (continued)			
Common stock:			
Consumer	$ 215,538	$ 215,538	$ -
Energy	251,360	251,360	-
Financial	328,690	328,690	-
Healthcare	17,266	17,266	-
Industrial	37,751	37,751	-
Materials	81,442	81,442	-
Utilities	143,053	143,053	-
Corporate bonds and convertible debentures	1,998,796	1,998,796	-
Convertible preferred stock	446,635	446,635	-
Cash equivalents and certificates of deposit	289,639	289,639	-
Notes receivable from participants	1,466,867	-	1,466,867
Total assets at fair value	$ 36,294,362	$ 34,827,495	$ 1,466,867

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the notes receivable from participants for the years ended October 31, 2014 and 2013:

October 31, 2014	
Beginning Balance	$ 1,466,867
Total gains or losses included in changes in net assets available for benefits	-
Purchases, issuances, sales, and settlements (net)	181,386
Ending balance	$ 1,648,253

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

October 31, 2013	
Beginning Balance	$ 1,421,013
Total gains or losses included in changes in net assets available for benefits	-
Purchases, issuances, sales, and settlements (net)	45,854
Ending balance	$ 1,466,867

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 custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500:

	October 31,	
	2014	2013
Net assets available for benefits per the financial statements	$ 39,054,027	$ 37,065,845
Deemed distributions of participant loans in default included in Notes receivable from participants	23,148	60,153
Net assets available for benefits per the Form 5500	$ 39,077,175	$ 37,125,998

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of the benefits paid to participants per the financial statements to the Form 5500:

	Year Ended October 31, 2014
Benefits paid to participants per the financial statements	$ 3,035,122
Deemed distributions of participant loans in default included in Notes receivable from participants	37,005
Benefits paid to participants per the Form 5500	$ 3,072,127

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, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
CASH EQUIVALENTS			
Wells Fargo Short Term Investment Fund			$ 290,885
TOTAL CASH EQUIVALENTS			290,885
CONVERTIBLE DEBENTURES			
Air Lease Corp.	$8,000, 3.875%, due 12/01/2018		11,594
Akorn Inc.	$3,000, 3.50%, due 6/1/2016		15,267
American Realty Capital Properties	$17,000, 3.75%, due 12/15/2020		15,594
Ares Capital Corp.	$17,000, 5.75%, due 2/1/2016		17,924
Biomarin Pharmaceutical	$10,000, 0.75%, due 10/15/2018		11,510
Biomarin Pharmaceutical	$20,000, 1.50%, due 10/15/2020		23,526
Bristow Group Inc.	$16,000, 3.00%, due 6/15/2038		18,301
Brookdale Senior Living	$8,000, 2.75%, due 6/15/2018		10,538
Cadence Design Systems Inc.	$5,000, 2.625%, due 6/1/2015		11,930
Chesapeake Energy Corp.	$39,000, 2.75%, due 11/15/2035		39,836
Cobalt International Energy Inc.	$26,000, 3.125%, due 5/15/2024		20,773
Concur Technologies Inc.	$11,000, 0.50%, due 6/15/2018		14,493
Continental Airlines, Inc.	$7,000, 4.5%, due 1/15/2015		19,649
Cubist Pharmaceuticals	$29,000, 1.125%, due 9/1/2018		33,259
DDR Corp.	$16,000, 1.75%, due 11/15/2040		19,689
Deutsche Bank AG London	$23,000, 0.125%, 12/20/2019		24,206
Electronic Arts Inc.	$19,000, 0.75%, due 7/15/2016		25,728
Endo Pharmaceuticals Holdings Inc.	$3,000, 1.75%, due 4/15/2015		6,865
Fidelity National Title Group Inc.	$8,000, 4.25%, due 8/15/2018		13,177
Ford Motor Company	$13,000, 4.25%, due 11/15/2016		21,664
Forest City Enterprises	$18,000, 4.25%, due 8/15/2018		20,457
GBS Prospect Energy Corporation	$11,000, 5.70%, due 3/15/2018		11,340
General Electric Capital Corp.	$70,000, due 11/14/2027		69,188
Gilead Sciences Inc.	$10,000, 1.625%, due 5/1/2016		49,269
Goldman Sachs Group Inc.	$50,000, 5.625%, due 1/15/2017		55,067
Hawaiian Holdings Inc.	$11,000, 5.00%, due 3/15/2016		24,580
Healthsouth Corp.	$10,000, 2.00%, due 12/1/2043		11,577
Helix Energy Solutions	$14,000, 3.25%, due 3/15/2032		17,786
Hologic Inc.	$20,000, 2.00%, due 3/1/2042		21,842
Hologic Inc.	$17,000, 2.00%, due 12/15/2037		21,325
Hornbeck Offshore Services, Inc.	$18,000, 1.50%, due 9/1/2019		17,213
Iconix Brand Group Inc.	$7,000, 2.50%, due 6/1/2016		9,470
Illumina Inc.	$7,000, 0.25%, due 3/15/2016		16,142
Intel Corp.	$40,000, 3.25%, due 8/1/2039		66,675
Jarden Corp.	$10,000, 1.875%, due 9/15/2018		14,772
JDS Uniphase Corp.	$20,000, 0.625%, due 8/15/2033		20,526
Lam Research Corporation	$15,000, 0.50%, due 5/15/2016		19,975

THE BOBRICK CORPORATION
PROFIT SHARING RETIREMENT PLAN
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OCTOBER 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
CONVERTIBLE DEBENTURES (CONTINUED)			
Lam Research Corporation	$14,000, 1.25%, due 5/15/2018		$ 19,663
Level 3 Communications	$4,000, 7.00%, due 3/15/2015		6,866
Liberty Interactive LLC	$15,000, 0.75%, due 3/30/2043		20,616
Macquarie Infrastructure	$18,000, 2.875%, due 7/15/2019		20,447
Medicines Company	$13,000, 1.375%, due 6/1/2017		14,683
Meritor Inc	$4,000, 7.875%, due 3/1/2026		5,995
Merrill Lynch & Co Inc. Med Term Note	$50,000, 5.30%, due 9/30/2015		52,080
MGIC Investment Corp.	$9,000, 2.00%, due 4/1/2020		12,868
MGM Resorts International	$22,000, 4.25%, due 4/15/2015		28,257
Microchip Technology Inc.	$17,000, 2.125%, due 12/15/2037		29,026
Micron Technology Inc.	$13,000, 1.625%, due 2/15/2033		39,386
Micron Technology Inc.	$42,000, 3.00%, due 11/15/2043		54,604
Molina Healthcare Inc.	$17,000, 1.125%, due 1/15/2020		22,167
Morgan Stanley	$100,000, 4.10%, due 1/26/2015		101,889
Mylan Inc.	$10,000, 3.75%, due 9/15/2015		40,248
Novellus Systems Inc.	$10,000, 2.625%, due 5/15/2041		22,677
Nuvasive	$10,000, 2.75%, due 7/1/2017		12,110
Old Republic International Corp.	$18,000, 3.75%, due 3/15/2018		20,921
Omnicare Inc.	$53,000, 3.25%, due 12/15/2035		56,831
Omnicare Inc.	$22,000, 3.50%, due 2/15/2044		25,250
On Semiconductor Corp.	$20,000, 2.625%, due 12/15/2026		22,223
Pacira Pharmaceuticals	$3,000, 3.25%, due 2/1/2019		11,252
Portfolio Recovery Associates, Inc.	$10,000, 3.00%, due 8/1/2020		12,088
Priceline.Com, Incorporated	$15,000, 0.35%, due 6/15/2020		17,026
Prologis Inc.	$28,000, 3.25%, due 3/15/2015		30,741
Radian Group Inc.	$12,000, 3.00%, due 11/15/2017		18,774
Regeneron Pharmaceutical	$5,000, 1.875%, due 10/1/2016		23,342
Royal Gold Inc.	$17,000, 2.875%, due 6/15/2019		17,121
RPM International Inc.	$10,000,2.25%, due 12/15/2020		11,104
RTI International Metals	$21,000, 1.625%, due 10/15/2019		20,110
Salesforce.Com Inc.	$44,000, 0.25%, due 4/1/2018		51,957
Salix Pharmaceuticals Ltd Delaware	$17,000,1.50%, due 3/15/2019		38,017
SanDisk Corp.	$15,000, 1.5%, due 8/15/2017		28,519
Seacor Holdings, Inc.	$9,000, 2.50%, due 12/15/2027		10,182
Spirit Realty Capital	$18,000, 2.875%, due 5/15/2019		18,006
Standard Pacific Corp.	$9,000, 1.25%, 8/1/2032		10,204
Starwood Property Trust	$11,000, 4.00%, due 1/15/2019		11,961
Starwood Property Trust	$14,000, 4.55%, due 3/1/2018		14,964
Stillwater Mining Company	$11,000, 1.75%, due 10/15/2032		12,562
Stone Energy Corp.	$19,000, 1.75%, due 3/1/2017		17,654
Sunpower Corp.	$8,000, 0.75%, due 6/1/2018		11,275
Take-Two Interactive SOF	$8,000, 1.75%, due 12/1/2016		11,698

THE BOBRICK CORPORATION
PROFIT SHARING RETIREMENT PLAN
SCHEDULE 1 - ASSETS (HELD AT END OF YEAR)
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Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
CONVERTIBLE DEBENTURES (CONTINUED)			
Teleflex Inc.	$7,000, 3.875%, due 8/1/2017		$ 13,175
Tesla Motors Inc.	$46,000, 0.25%, due 3/1/2019		44,266
Tesla Motors Inc.	$9,000, 1.5%, due 6/1/2018		18,180
The Greenbrier Companies	$7,000, 3.50%, due 4/1/2018		12,358
The Priceline Group Inc.	$15,000, 1.00%, due 3/15/2018		20,775
Trinity Industries Inc.	$9,000, 3.875%, due 6/1/2036		14,298
UBS AG Jersey Branch	$30,000, 4.00%, due 4/22/2020		30,161
United Therapeutics Corp.	$4,000, 1.00%, due 9/15/2016		10,955
US Steel Corp.	$9,000, 2.75%, due 4/1/2019		15,174
Verint Systems Inc.	$12,000, 1.50%, due 6/1/2021		13,454
Verisign Inc.	$15,000, 3.25%, due 8/15/2037		27,000
WebMD Health Corp.	$11,000, 2.50%, due 1/31/2018		11,379
Wellpoint Inc.	$21,000, 2.75%, due 10/15/2042		36,942
Wesco International Inc.	$2,000, 6.00%, due 9/15/2029		5,844
Westpac Banking Corp.	$100,000, 2.60%, due 6/15/2016		103,493
Workday Inc.	$7,000, 0.75%, due 7/15/2018		9,242
Wright Medical Group Inc.	$13,000, 2.00%, due 8/15/2017		17,832
Xilinx, Inc.	$9,000, 2.625%, due 6/15/2017		14,186
TOTAL CONVERTIBLE DEBENTURES			2,288,805
PREFERRED CONVERTIBLE SECURITIES			
Alcoa Inc. 5.375% Pfd	500 shares		26,050
American Tower Corp. 5.25% Pfd	103 shares		11,341
AMG Capital Trust II	340 shares		20,889
Bank of America Corp.	42 shares		48,069
Bunge Ltd.	110 shares		12,225
Centerpoint Energy Inc.	495 shares		31,278
Chesapeake Energy Corp. 5.75% Pfd	45 shares		51,750
Crown Castle Intl Corp.	137 shares		14,057
Dominion Resources Inc. 6.125% Pfd	535 shares		30,431
Exelon Corp. 6.50% Pfd	335 shares		17,648
Health Care REIT Inc. 6.50% Pfd	350 shares		21,707
Huntington Bancs 8.50% Pfd	8 shares		10,560
Keycorp	160 shares		20,914
Nextera Energy Inc. 5.889% Pfd	490 shares		31,012
Sanchez Energy Corp. 4.875% Pfd	85 shares		4,136
Stanley Black & Decker 4.75% Pfd	130 shares		17,528
Tyson Foods Inc. 4.75% Pfd	450 shares		22,572
United Tech Corp. 7.50% Pfd	320 shares		18,978
Wells Fargo & Company	56 shares		67,422
Weyerhaeuser Co. 6.375% Pfd	405 shares		22,680

THE BOBRICK CORPORATION
PROFIT SHARING RETIREMENT PLAN
SCHEDULE 1 - ASSETS (HELD AT END OF YEAR)
OCTOBER 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
PREFERRED CONVERTIBLE SECURITIES (CONTINUED)			
TOTAL PREFERRED CONVERTIBLE SECURITIES			$ 501,247
COMMON STOCK			
Alcoa Inc.	7,528.72 shares		126,181
Archer Daniels Midland Co.	378 shares		17,766
BP PLC - ADR	1,258 shares		54,673
Chesapeake Energy Corp.	2,663 shares		59,065
Chevron Corporation	890 shares		106,756
Core Laboratories	46 shares		6,441
Energizer Holdings, Inc.	1,190 shares		145,954
Entergy Corp.	564 shares		47,387
Ford Motor Company	355 shares		5,046
Hecla Mining Co.	460 shares		1,003
Kansas City Southern	245 shares		30,084
McDonalds Corp.	800 shares		74,984
MetLife Inc.	757 shares		41,060
Mylan Labs	456 shares		24,419
Nextera Energy, Inc.	975 shares		97,715
Plum Creek Timber Company, Inc.	3,600 shares		147,636
PNM Res Inc.	1,000 shares		29,035
Prudential Financial, Inc.	1,029 shares		91,108
Seventy Seven Energy Inc.	190 shares		2,483
SM Energy Co.	34 shares		1,914
State Street Corp.	652 shares		49,200
United Continental Holdings, Inc.	235 shares		12,410
Vale SA	726 shares		6,613
TOTAL COMMON STOCK			1,178,933
COMMON/COLLECTIVE TRUSTS			
Wells Fargo Stable Return Fund	158,192 shares		8,137,689
WF/BlackRock International Equity Index Fund	84,459 shares		1,423,681
WF/BlackRock Russell 2000 Index Fund	135,441 shares		3,991,872
TOTAL COMMON/COLLECTIVE TRUSTS			13,553,242
MUTUAL FUNDS			
Wells Fargo Advantage Dow Jones Target 2010	126,986 shares		1,725,740
Wells Fargo Advantage Dow Jones Target 2020	189,308 shares		2,945,627
Wells Fargo Advantage Dow Jones Target 2030	202,725 shares		3,476,726

THE BOBRICK CORPORATION
PROFIT SHARING RETIREMENT PLAN
SCHEDULE 1 - ASSETS (HELD AT END OF YEAR)
OCTOBER 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
MUTUAL FUNDS (CONTINUED)			
Wells Fargo Advantage Dow Jones Target 2040	75,443 shares		$ 1,491,515
Wells Fargo Advantage Dow Jones Target 2050	102,602 shares		1,155,298
Wells Fargo Advantage Index Fund - Admin #88	120,464 shares		7,960,290
TOTAL MUTUAL FUNDS			18,755,196
NOTES RECEIVABLE FROM PARTICIPANTS			
Various due dates, interest 4% to 9.5%			1,648,253
TOTAL ASSETS HELD FOR INVESTMENT			$ 38,216,561

The Accompanying Notes are an Integral Part of these Financial Statements