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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE BOBRICK CORPORATION

6901 TUJUNGA AVENUE
NORTH HOLLYWOOD, CA 91605

2b Employer Identification Number (EIN) 95-2500371

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

2d Business code (see instructions) 424210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/15/2018	TUAN HO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	630
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	507
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	493
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	93
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	586
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	587
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	579
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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 2S 2T 3D

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

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). . . . . [X] Yes [ ] No

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

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

VANGUARD

23-1945930

(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 50 62 63 64	SERVICE PROVIDER	27167	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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

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	10304902

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK INTRNATL EQUITY INDX 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	2396190

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK RUSSELL2000 INDX 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)
52-2265233-001	C	4276961

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P 500 INDEX N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3224211-001	C	9342059

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK RUSSELL2000 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)
52-2265233-001	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

SCHEDULE H (Form 5500)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

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)	920394	1025388
(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)	551810	1544358
(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)	1847930	2274563
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	684494	707539
(B) Common	1c(4)(B)	1236122	1284333
(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)	1595335	1591474
(9) Value of interest in common/collective trusts	1c(9)	15443662	26320112
(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)	21437764	16028115
(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	43717511	50775882
	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	43717511	50775882

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)	1025388	
	(B) Participants	2a(1)(B)	2185661	
	(C) Others (including rollovers)	2a(1)(C)	227514	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3438563
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12113	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	28360	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	85626	
	(F) Other	2b(1)(F)	1351	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		127450
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	40724	
	(B) Common stock	2b(2)(B)	30489	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	323205	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		394418
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2125181	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2050974	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		74207
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	349429	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		349429

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1600530
(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)		3167033
c Other income	2c		-7779
d Total income. Add all **income** amounts in column (b) and enter total	2d		9143851
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2032053	
(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)		2032053
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)	53427	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		53427
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2085480
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7058371
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: HOLTHOUSE CARLIN & VAN TRIGT LLP **(2)** EIN: 95-4345526

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			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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 sections 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

HCVT
HOLTHOUSE | CARLIN | VAN TRIGT LLP

Independent Auditor's Report

To the Plan Committee of
The Bobrick Corporation Profit Sharing Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Bobrick Corporation Profit Sharing Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of October 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended October 31, 2017, 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 audits 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, N.A., the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as October 31, 2017 and 2016, and for the year ended October 31, 2017, that the information provided to the plan administrator by the Trustee 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.

Report on Supplemental Schedule

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of October 31, 2017 is required by the Department of Labor's ("DOL") 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 for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Holthouse Carlin + Van Trigt LLP

Camarillo, California
August 15, 2018

THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE,
AND
INDEPENDENT AUDITOR'S REPORT
OCTOBER 31, 2017



THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

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HCVT
HOLTHOUSE | CARLIN | VAN TRIGT LLP

Independent Auditor's Report

To the Plan Committee of
The Bobrick Corporation Profit Sharing Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Bobrick Corporation Profit Sharing Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of October 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended October 31, 2017, 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 audits 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, N.A., the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as October 31, 2017 and 2016, and for the year ended October 31, 2017, that the information provided to the plan administrator by the Trustee 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.

Report on Supplemental Schedule

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of October 31, 2017 is required by the Department of Labor's ("DOL") 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 for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Holthouse Carlin + Van Trigt LLP

Camarillo, California
August 15, 2018

THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

OCTOBER 31, 2017 AND 2016

	2017	2016
Assets:		
Investments, at fair value	$ 48,159,020	$ 41,201,782
Receivables:		
Company contributions	1,025,388	920,394
Participants' contributions	27,265	-
Notes receivable from participants	1,573,403	1,577,264
Total assets	50,785,076	43,699,440
Liabilities	-	-
Net assets available for benefits	$ 50,785,076	$ 43,699,440

See notes to financial statements.

THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED OCTOBER 31, 2017

Additions:		
Company contributions	$	1,025,388
Participants' contributions		2,212,926
Participants' rollover contributions		227,514
Net appreciation of investments		5,183,449
Interest income on notes receivable from participants		85,626
Dividend income on investments		394,245
Interest income on investments		41,997
Total additions		9,171,145
Deductions:		
Benefits paid to participants		2,032,053
Administrative expenses		53,456
Total deductions		2,085,509
Net increase		7,085,636
Net assets available for benefits:		
Beginning of year		43,699,440
End of year	$	50,785,076

See notes to financial statements.

NOTE 1. PLAN DESCRIPTION

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

General

The Plan is a defined contribution plan covering eligible employees of The Bobrick Corporation and its subsidiaries (the "Company" or the "Plan Sponsor"). All eligible employees who have completed two months of service are eligible to participate in the Plan. Employees must complete one year of service to be eligible for Company safe harbor and nonelective contributions. In addition, employees must complete 1,000 of service and be employed on the last day of the Plan year to be eligible for Company nonelective contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may contribute from two percent up to 90 percent of pre-tax annual compensation, subject to certain limitations under the Internal Revenue Code ("IRC"), as defined in the Plan. Eligible employees are enrolled under the automatic enrollment provision at a deferral rate of three percent of eligible compensation. Participants may also contribute amounts representing distributions from other eligible retirement plans, as defined in the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan provides for Company safe harbor contributions and discretionary nonelective contributions. Under the safe harbor arrangement as defined in the Plan, the Company makes contributions equal to three percent of the participant's eligible compensation. The Company made safe harbor contributions of $1,025,388, net of forfeitures of $13,990, for the year ended October 31, 2017. There was no discretionary Company nonelective contribution for the year ended October 31, 2017.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company safe harbor contributions, as well as allocations of the Company's discretionary nonelective contribution, if any, and Plan earnings, and charged with any withdrawals or distributions requested by the participant, investment losses and allocation of administrative expenses, if applicable. 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 vested immediately in their contributions and Company safe harbor contributions plus actual earnings thereon. Vesting in all other Company nonelective contribution portion of their accounts is based on years of service. Participants are vested in Company nonelective contributions at 20 percent after two years of service, and an additional 20 percent each year thereafter until 100 percent vested upon six years of service.

NOTE 1. PLAN DESCRIPTION (Continued)

Forfeitures

Forfeitures of Company contributions may be used to pay Plan administrative expenses or to reduce future Company contributions. During the year ended October 31, 2017, forfeitures of $1,406 were utilized to reduce the 2016 Company safe harbor contributions. As of October 31, 2017, forfeitures of $13,990 are available for future use and were used in the 2018 Plan year to reduce the 2017 Company safe harbor contributions.

Payment of Benefits

On termination of service for any reason, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Installment payments are allowed for required minimum distributions only, as defined in the Plan.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America, primarily from data provided by Wells Fargo Bank, N.A. (the "Trustee").

Recent Accounting Pronouncement

In May 2015, the FASB issued Accounting Standards Update No. 2015-07 ("ASU 2015-07"), *Fair Value Measurement: Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*. ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value per share as a practical expedient. ASU 2015-07 is effective for plan years beginning after December 15, 2016 and requires retrospective application. Early adoption is permitted and, accordingly, the amendment was retrospectively applied resulting in the removal of the Plan's investments for which fair value is measured using the net asset value per share practical expedient from the fair value hierarchy level classification as of October 31, 2017 and 2016.

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 assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's 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.

Investments are valued daily. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an 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.

Concentration of Risk

The Plan's investments have exposure to risk to the extent that the investments are subject to market and interest rate fluctuations that may materially affect the value of the investment balances.

Administrative Expenses

Certain administrative expenses incidental to the administration of the Plan, including fees of the Trustee and independent public accountants may be paid by the Plan. Administrative expenses not paid by the Company are paid by the Plan.

Most investment options have fees which reduce the overall return on assets. The net appreciation of investments is reflected net of these fees.

Benefits Payable to Participants

Benefits are recorded when paid.

Fair Value

The Plan accounts for its financial instruments using a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value measurement hierarchy is based on three levels of inputs, of which the first two are considered observable and the last unobservable. The three levels of the fair value hierarchy are the following:

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

- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are inactive; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value (Continued)

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 is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2017 and 2016.

Mutual Funds – This category consists of publicly traded funds of registered investment companies. The net asset value ("NAV") of the mutual fund's shares is quoted on the exchange where the fund is actively traded and therefore classified as Level 1 within the valuation hierarchy.

Short-Term Fund – This category consists of a short-term investment fund that is valued at the NAV of shares held by the Plan at year end. The fund attempts to stabilize the NAV of its shares at $1.00 by valuing the portfolio securities using the amortized cost method. The fund calculates a market-based NAV per share on a periodic basis. The fund does not guarantee that its NAV will always remain at $1.00 per share. Shares can be redeemed on a same day basis but only directly from the fund. Such transactions do not constitute an active market. Therefore, the short-term fund is classified as a Level 2.

Common Collective Trusts ("CCT") – The CCT are valued at the NAV of units of a bank collective trust. The NAV, as provided by the funds' trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The CCT do not have any unfunded commitments relating to their investments, or any significant restrictions on redemptions. Participant-directed redemptions can be made on any business day and do not have a redemption notice period.

Common Stocks – Common stocks are valued at the closing price reported on the active market on which the individual securities are traded and therefore classified as Level 1 within the valuation hierarchy.

Corporate Bonds – Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings, and classified as Level 2 within the valuation hierarchy.

Preferred/Convertible Securities – Preferred stock is valued as a perpetuity. The fair value is determined using the stock's par value, the preferred dividend rate and the required rate of return, and classified as Level 1 and Level 2 within the valuation hierarchy.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value (Continued)

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

	Investments at Fair Value as of October 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 16,028,115	$ -	$ -	$ 16,028,115
Short-term fund	-	1,544,358	-	1,544,358
Common stocks	1,284,329	-	-	1,284,329
Corporate bonds	-	2,274,565	-	2,274,565
Preferred/convertible securities	461,516	246,025	-	707,541
Investments in the fair value hierarchy	$ 17,773,960	$ 4,064,948	$ -	$ 21,838,908
Investments measured at NAV practical expedient				26,320,112
Investments at fair value				$ 48,159,020

	Investments at Fair Value as of October 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 21,437,763	$ -	$ -	$ 21,437,763
Short-term fund	-	551,809	-	551,809
Common stocks	1,236,121	-	-	1,236,121
Corporate bonds	-	1,847,932	-	1,847,932
Preferred/convertible securities	377,018	307,476	-	684,494
Investments in the fair value hierarchy	$ 23,050,902	$ 2,707,217	$ -	$ 25,758,119
Investments measured at NAV practical expedient				15,443,663
Investments at fair value				$ 41,201,782

NOTE 3. FINANCIAL DATA CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the Trustee and was not subjected to any auditing procedures performed by the independent public accountants:

a. Investments, at fair value, and notes receivable from participants as shown in the accompanying statements of net assets available for benefits as of October 31, 2017 and 2016.

b. Net appreciation of investments, dividend and interest income on investments, and interest income on notes receivable from participants as shown in the accompanying statement of changes in net assets available for benefits for the year ended October 31, 2017.

NOTE 3. FINANCIAL DATA CERTIFIED BY THE TRUSTEE (Continued)

c. Investments and participant loans as of October 31, 2017 as listed in the accompanying Schedule H, Line 4i - Schedule of Assets (Held at End of Year).

NOTE 4. NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 less the highest outstanding loan balance during the prior 12 months or 50 percent of their vested account balance. The loan interest rate is set at two percent above the prime rate, as defined in the Plan. The loans are stated at the unpaid principal amount and are secured by the balance in the participant's account. Principal and interest is paid ratably through payroll deductions.

NOTE 5. PLAN TERMINATION

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 would become 100 percent vested in their Company contributions.

NOTE 6. TAX STATUS

The Company adopted a volume submitter plan that is the subject of a favorable tax opinion letter from the IRS dated March 31, 2014. The Company routinely self-reviews the administration of the Plan and self-corrects any compliance issues in accordance with the Employee Plans Compliance Resolution System. The Company believes that the Plan currently is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is exempt from income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2017, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the Trustee. Transactions with the Trustee qualify as party-in-interest transactions for which exemptions exist. The Trustee received $53,456 for administrative and other service fees.

NOTE 8. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of October 31:

	2017	2016
Net assets available for benefits per the financial statements	$ 50,785,076	$ 43,699,440
Participants' contributions receivable	(27,265)	-
Deemed distributions of participant loans	18,071	18,071
Net assets available for benefits per the Form 5500	$ 50,775,882	$ 43,717,511

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended October 31, 2017:

Net increase in net assets available for benefits per the financial statements	$ 7,085,636
Change in participants' contributions receivable	(27,265)
Net increase in net assets available for benefits per the Form 5500	$ 7,058,371

NOTE 9. SUBSEQUENT EVENTS

The Company has evaluated subsequent events through August 15, 2018, which is the date that the financial statements were available to be issued, and determined that there were no subsequent events or transactions that required recognition or disclosure in the financial statements.

THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2017

	Identity of issue	Description of investment	Current value
*	WF Stable Return Fund	Common Collective Trust	$ 10,304,902
*	WF/Blackrock International Equity Index Fund	Common Collective Trust	2,396,190
*	WF/Blackrock Russell 2000 Index Fund	Common Collective Trust	4,276,961
*	WF/Blackrock S&P 500 Index Fund	Common Collective Trust	9,342,059
	Vanguard Target Retirement Fund	Asset Allocation Mutual Fund	1,154,178
	Vanguard Target Retirement 2020 Fund	Asset Allocation Mutual Fund	4,332,423
	Vanguard Target Retirement 2030 Fund	Asset Allocation Mutual Fund	5,248,922
	Vanguard Target Retirement 2040 Fund	Asset Allocation Mutual Fund	2,557,957
	Vanguard Target Retirement 2050 Fund	Asset Allocation Mutual Fund	2,602,385
	Vanguard Target Retirement 2060 Fund	Asset Allocation Mutual Fund	132,250
*	WF/Blackrock Short-Term Investment Fund	Short-Term Fund	1,544,358
	Advanced Micro Devices (Matures 09/01/26 @ 2.125%)	Corporate Bond	18,958
	AllScripts Healthcare Solutions (Matures 07/01/20 @ 1.125%)	Corporate Bond	31,213
	Atlas Air Worldwide Holding (Matures 06/01/22 @ 2.250%)	Corporate Bond	34,021
	Biomarin Pharmaceutical (Matures 10/15/20 @ 1.500%)	Corporate Bond	18,161
	Blackhawk Network Holdings Inc. (Matures 01/15/22 @ 1.500%)	Corporate Bond	21,106
	Blackstone Mortgage Trust (Matures 12/01/18 @ 5.250%)	Corporate Bond	25,987
	Caesars Entertainment Corp (Matures 10/01/24 @ 5.000%)	Corporate Bond	17,694
	CB Herbalife Ltd. (Matures 08/15/19 @ 2.000%)	Corporate Bond	42,531
	Cemex S.A.B. de C.V. (Matures 03/15/18 @ 3.750%)	Corporate Bond	28,732
	Citrix Systems Inc. (Matures 04/15/19 @ 0.500%)	Corporate Bond	33,115
	Clovis Oncology Inc (Matures 09/15/21 @ 2.500%)	Corporate Bond	20,310
	Colony Capital Inc (Matures 01/15/21 @ 3.875%)	Corporate Bond	26,443
	Ctrip.com International, Ltd. (Matures 07/01/20 @ 1.000%)	Corporate Bond	21,805
	Cypress Semiconductor Co (Matures 01/15/22 @ 4.500%)	Corporate Bond	21,732
	Dish Network Corp (Matures 08/15/26 @ 3.375%)	Corporate Bond	53,055
	Dycom Industries, Inc. (Matures 09/15/21 @ 0.750%)	Corporate Bond	19,757
	Envestnet Inc (Matures 12/15/19 @ 1.750%)	Corporate Bond	16,205
	Euronet Worldwide Inc (Matures 10/01/44 @ 1.500%)	Corporate Bond	17,745
	Finisar Corp (Matures 12/15/33 @ 0.500%)	Corporate Bond	17,988
	Hannon Armstrong Sustain (Matures 09/01/22 @ 4.125%)	Corporate Bond	14,365
	Heliz Energy Solutions (Matures 05/01/22 @ 4.250%)	Corporate Bond	11,858
	Hologic Inc (Matures 12/15/43)	Corporate Bond	36,300
	Illumina Inc (Matures 06/15/19)	Corporate Bond	38,453
	Illumina Inc (Matures 06/15/21 @ 0.500%)	Corporate Bond	17,250
	Inphi Corp (Matures 09/15/21 @ 1.250%)	Corporate Bond	14,921
	Insulet Corporation (Matures 06/15/19 @ 2.000%)	Corporate Bond	34,448
	Intel Corp. (Matures 08/01/39 @ 3.250%)	Corporate Bond	100,424
	Integrated Device Tech (Matures 11/15/22 @ 0.875%)	Corporate Bond	18,485
	Intel Corp (Matures 12/15/35 @ 2.950%)	Corporate Bond	25,329
	Isis Pharmaceuticals, Inc. (Matures 11/15/21 @ 1.000%)	Corporate Bond	36,168

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See notes to financial statements and accompanying independent auditor's report.

THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2017

(CONTINUED)

Identity of issue	Description of investment	Current value
Jazz Investments I Ltd (Matures 08/15/21 @ 1.875%)	Corporate Bond	38,210
JDS Uniphase Corp (Matures 05/15/33 @ 0.625%)	Corporate Bond	22,992
KB Home (Matures 02/01/19 @ 1.375%)	Corporate Bond	23,631
Lam Research Corp. (Matures 05/15/18 @ 1.250%)	Corporate Bond	27,691
Liberty Media Corp. Delaware (Matures 10/15/23 @ 1.375%)	Corporate Bond	33,586
Live Nation Entertainment (Matures 05/15/19 @ 2.500%)	Corporate Bond	26,669
Macquarie Infrastructure (Matures 07/15/19 @ 2.875%)	Corporate Bond	22,254
Medicines Company (Matures 01/15/22 @ 2.500%)	Corporate Bond	9,854
Medidata Solutions, Inc. (Matures 08/01/18 @ 1.000%)	Corporate Bond	18,629
Microchip Technology Inc (Matures 02/15/25 @ 1.625%)	Corporate Bond	60,765
Microchip Technology Inc (Matures 12/15/37 @ 2.125%)	Corporate Bond	28,244
Micron Technology Inc (Matures 02/15/33 @ 2.125%)	Corporate Bond	68,830
Micron Technology Inc (Matures 11/15/43 @ 3.000%)	Corporate Bond	35,968
Molina Healthcare Inc (Matures 08/15/44 @ 1.625%)	Corporate Bond	38,372
National Health investor (Matures 04/01/21 @ 3.250%)	Corporate Bond	27,380
Navistar International Corp (Matures 04/15/19 @ 4.750%)	Corporate Bond	22,842
Novellus Systems Inc (Matures 05/15/41 @ 2.625%)	Corporate Bond	49,682
Nuance Communications (Matures 11/01/35 @ 1.500%)	Corporate Bond	23,595
Nuvasive Inc (Matures 03/15/21 @ 2.750%)	Corporate Bond	13,925
Oasis Petroleum Inc (Matures 09/15/23 @ 2.625%)	Corporate Bond	12,151
On Semiconductor Corp (Matures 12/01/20 @ 1.000%)	Corporate Bond	43,981
Palo Alto Networks Inc. (Matures 07/01/19)	Corporate Bond	12,544
Priceline.com Incorporated (Matures 06/15/20 @ 0.350%)	Corporate Bond	28,288
Priceline.com Incorporated (Matures 9/15/21 @ 0.900%)	Corporate Bond	62,070
Proofpoint Inc. (Matures 06/15/20)	Corporate Bond	28,401
Quidel Corp (Matures 12/15/20 @ 3.250%)	Corporate Bond	20,577
Red Hat Inc (Matures 10/01/19 @ 0.250%)	Corporate Bond	44,776
Royal Gold Inc (Matures 06/15/19 @ 2.875%)	Corporate Bond	25,449
RPM International Inc. (Matures 12/15/20 @ 2.250%)	Corporate Bond	18,736
RTI International Metals (Matures 10/15/19 @ 1.625%)	Corporate Bond	23,207
Salesforce.com Inc. (Matures 04/01/18 @ 0.250%)	Corporate Bond	30,729
ServiceNow Inc. (Matures 11/01/18)	Corporate Bond	30,825
Starwood Property Trust (Matures 03/01/18 @ 4.550%)	Corporate Bond	36,709
Starwood Waypoint Residential Trust (Matures 07/01/19 @ 3.000%)	Corporate Bond	18,656
Tesla Motors Inc (Matures 03/01/19 @ 0.250%)	Corporate Bond	46,754
Tesla Motors Inc (Matures 03/01/21 @ 1.250%)	Corporate Bond	25,693
The Priceline Group Inc (Matures 03/15/18 @ 1.000%)	Corporate Bond	28,246
Trinity Industries Inc (Matures 06/01/36 @ 3.8750%)	Corporate Bond	36,560
Two Harbors Inv Corp (Matures 01/15/22 @ 6.250%)	Corporate Bond	20,205

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See notes to financial statements and accompanying independent auditor's report.

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2017

(CONTINUED)

	Identity of issue	Description of investment	Current value
	Verisign Inc (Matures 08/15/37 @ 3.250%)	Corporate Bond	75,570
	Vishay Intertechnology (Matures 11/15/40 @ 2.250%)	Corporate Bond	17,379
	Weatherford Bermuda (Matures 07/01/21 @ 5.875%)	Corporate Bond	11,311
	Wellpoint Inc (Matures 10/15/42 @ 2.750%)	Corporate Bond	25,751
	Workday Inc (Matures 07/15/18 @ 0.750%)	Corporate Bond	20,302
	Wright Medical Group Inc. (Matures 02/15/20 @ 2.000%)	Corporate Bond	45,642
	Yahoo! Inc. (Matures 12/01/18)	Corporate Bond	56,375
	Allergan PLC (Matures 03/01/18 @ 5.500%)	Preferred / Convertible Securities	60,424
	American Tower Corp (Matures 02/15/18 @ 5.500%)	Preferred / Convertible Securities	39,539
	AMG Capital Trust II (Matures 10/15/37)	Preferred / Convertible Securities	10,588
	Anthem Inc. (@ 5.250%)	Preferred / Convertible Securities	50,151
	Bank of America Corp (Matures 12/31/49)	Preferred / Convertible Securities	79,115
	Becton Dickinson and Co (@ 6.125%)	Preferred / Convertible Securities	58,131
	Belden Inc (Matures 07/15/19 @ 6.750%)	Preferred / Convertible Securities	29,557
	Black Hills Corp. (@ 1.0572%)	Preferred / Convertible Securities	218
	Bunge LTD (Matures 12/31/49)	Preferred / Convertible Securities	17,193
	Centerpoint Energy Inc (Matures 09/15/29)	Preferred / Convertible Securities	15,891
	Crown Castle International Corp (Matures 08/01/20 @ 6.875%)	Preferred / Convertible Securities	44,596
	Dominion Energy Inc (Matures 08/15/19 @ 0.5353%)	Preferred / Convertible Securities	26,950
	DTE Energy Co (@ 0.429%)	Preferred / Convertible Securities	17,578
	Hess Corp (Matures 02/01/2019)	Preferred / Convertible Securities	10,453
	Huntington Bancs (Matures 12/31/49 @ 8.500%)	Preferred / Convertible Securities	11,287
	Kinder Morgan Inc/Delaware (Matures 10/26/18 @ 9.750%)	Preferred / Convertible Securities	11,656
	Nextera Energy Inc. (@ 0.437%)	Preferred / Convertible Securities	42,548
	Rexnord Corp (Matures 11/15/19 @ 1.985%)	Preferred / Convertible Securities	17,808
	Stanley Black & Decker I (Matures 05/15/20 @ 5.375%)	Preferred / Convertible Securities	17,942
	T-Mobile US Inc (Matures 12/15/17 @ 5.500%)	Preferred / Convertible Securities	34,364
*	Wells Fargo & Company (Matures 12/31/49)	Preferred / Convertible Securities	97,753
	Welltower Inc (@ 0.858%)	Preferred / Convertible Securities	13,799
	Acronic Inc	Common Stock	65,137
	Alcoa Corporation	Common Stock	40,852
	Archer Daniels Midland Co	Common Stock	15,449
	BP PLC - ADR	Common Stock	51,163
	Core Laborites N V Com	Common Stock	4,620
	Edgewell Personal Care Co	Common Stock	77,267
	Ford Motor Company	Common Stock	4,409
	Hecla Mining Co	Common Stock	2,171
	Kansas City Southern	Common Stock	25,534
	McDonalds Corp.	Common Stock	133,528
	Mylan N V	Common Stock	16,284
	United Continental Holdings, Inc.	Common Stock	13,743

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See notes to financial statements and accompanying independent auditor's report.

THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2017

(CONTINUED)

	Identity of issue	Description of investment	Current value
	Brighthouse Financial Inc	Common Stock	4,228
	Chesapeake Energy Corporation	Common Stock	10,386
	Chevron Corp	Common Stock	103,142
	Energizer Spinco Inc.	Common Stock	51,158
	Energy Corp New Com	Common Stock	48,651
	Metlife Inc	Common Stock	40,560
	Nextera Energy, Inc.	Common Stock	151,193
	PNM Resources Inc	Common Stock	43,638
	Prudential Financial Inc	Common Stock	113,663
	SM Energy Company	Common Stock	727
	State Street Corp	Common Stock	59,984
	Weyerhaeuser Co	Common Stock	206,842
			48,159,020
*	Participant Loans	Interest from 4.00% to 6.25%, maturity dates range from 2017 to 2022	1,573,403
			$ 49,732,423

* Indicates a party-in-interest to the Plan.

See notes to financial statements and accompanying independent auditor's report.

THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2017

	Identity of issue	Description of investment	Current value
*	WF Stable Return Fund	Common Collective Trust	$ 10,304,902
*	WF/Blackrock International Equity Index Fund	Common Collective Trust	2,396,190
*	WF/Blackrock Russell 2000 Index Fund	Common Collective Trust	4,276,961
*	WF/Blackrock S&P 500 Index Fund	Common Collective Trust	9,342,059
	Vanguard Target Retirement Fund	Asset Allocation Mutual Fund	1,154,178
	Vanguard Target Retirement 2020 Fund	Asset Allocation Mutual Fund	4,332,423
	Vanguard Target Retirement 2030 Fund	Asset Allocation Mutual Fund	5,248,922
	Vanguard Target Retirement 2040 Fund	Asset Allocation Mutual Fund	2,557,957
	Vanguard Target Retirement 2050 Fund	Asset Allocation Mutual Fund	2,602,385
	Vanguard Target Retirement 2060 Fund	Asset Allocation Mutual Fund	132,250
*	WF/Blackrock Short-Term Investment Fund	Short-Term Fund	1,544,358
	Advanced Micro Devices (Matures 09/01/26 @ 2.125%)	Corporate Bond	18,958
	AllScripts Healthcare Solutions (Matures 07/01/20 @ 1.125%)	Corporate Bond	31,213
	Atlas Air Worldwide Holding (Matures 06/01/22 @ 2.250%)	Corporate Bond	34,021
	Biomarin Pharmaceutical (Matures 10/15/20 @ 1.500%)	Corporate Bond	18,161
	Blackhawk Network Holdings Inc. (Matures 01/15/22 @ 1.500%)	Corporate Bond	21,106
	Blackstone Mortgage Trust (Matures 12/01/18 @ 5.250%)	Corporate Bond	25,987
	Caesars Entertainment Corp (Matures 10/01/24 @ 5.000%)	Corporate Bond	17,694
	CB Herbalife Ltd. (Matures 08/15/19 @ 2.000%)	Corporate Bond	42,531
	Cemex S.A.B. de C.V. (Matures 03/15/18 @ 3.750%)	Corporate Bond	28,732
	Citrix Systems Inc. (Matures 04/15/19 @ 0.500%)	Corporate Bond	33,115
	Clovis Oncology Inc (Matures 09/15/21 @ 2.500%)	Corporate Bond	20,310
	Colony Capital Inc (Matures 01/15/21 @ 3.875%)	Corporate Bond	26,443
	Ctrip.com International, Ltd. (Matures 07/01/20 @ 1.000%)	Corporate Bond	21,805
	Cypress Semiconductor Co (Matures 01/15/22 @ 4.500%)	Corporate Bond	21,732
	Dish Network Corp (Matures 08/15/26 @ 3.375%)	Corporate Bond	53,055
	Dycom Industries, Inc. (Matures 09/15/21 @ 0.750%)	Corporate Bond	19,757
	Envestnet Inc (Matures 12/15/19 @ 1.750%)	Corporate Bond	16,205
	Euronet Worldwide Inc (Matures 10/01/44 @ 1.500%)	Corporate Bond	17,745
	Finisar Corp (Matures 12/15/33 @ 0.500%)	Corporate Bond	17,988
	Hannon Armstrong Sustain (Matures 09/01/22 @ 4.125%)	Corporate Bond	14,365
	Heliz Energy Solutions (Matures 05/01/22 @ 4.250%)	Corporate Bond	11,858
	Hologic Inc (Matures 12/15/43)	Corporate Bond	36,300
	Illumina Inc (Matures 06/15/19)	Corporate Bond	38,453
	Illumina Inc (Matures 06/15/21 @ 0.500%)	Corporate Bond	17,250
	Inphi Corp (Matures 09/15/21 @ 1.250%)	Corporate Bond	14,921
	Insulet Corporation (Matures 06/15/19 @ 2.000%)	Corporate Bond	34,448
	Intel Corp. (Matures 08/01/39 @ 3.250%)	Corporate Bond	100,424
	Integrated Device Tech (Matures 11/15/22 @ 0.875%)	Corporate Bond	18,485
	Intel Corp (Matures 12/15/35 @ 2.950%)	Corporate Bond	25,329
	Isis Pharmaceuticals, Inc. (Matures 11/15/21 @ 1.000%)	Corporate Bond	36,168

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See notes to financial statements and accompanying independent auditor's report.

THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

EIN 95-2500371 PLAN #001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2017

(CONTINUED)

Identity of issue	Description of investment	Current value
Jazz Investments I Ltd (Matures 08/15/21 @ 1.875%)	Corporate Bond	38,210
JDS Uniphase Corp (Matures 05/15/33 @ 0.625%)	Corporate Bond	22,992
KB Home (Matures 02/01/19 @ 1.375%)	Corporate Bond	23,631
Lam Research Corp. (Matures 05/15/18 @ 1.250%)	Corporate Bond	27,691
Liberty Media Corp. Delaware (Matures 10/15/23 @ 1.375%)	Corporate Bond	33,586
Live Nation Entertainment (Matures 05/15/19 @ 2.500%)	Corporate Bond	26,669
Macquarie Infrastructure (Matures 07/15/19 @ 2.875%)	Corporate Bond	22,254
Medicines Company (Matures 01/15/22 @ 2.500%)	Corporate Bond	9,854
Medidata Solutions, Inc. (Matures 08/01/18 @ 1.000%)	Corporate Bond	18,629
Microchip Technology Inc (Matures 02/15/25 @ 1.625%)	Corporate Bond	60,765
Microchip Technology Inc (Matures 12/15/37 @ 2.125%)	Corporate Bond	28,244
Micron Technology Inc (Matures 02/15/33 @ 2.125%)	Corporate Bond	68,830
Micron Technology Inc (Matures 11/15/43 @ 3.000%)	Corporate Bond	35,968
Molina Healthcare Inc (Matures 08/15/44 @ 1.625%)	Corporate Bond	38,372
National Health investor (Matures 04/01/21 @ 3.250%)	Corporate Bond	27,380
Navistar International Corp (Matures 04/15/19 @ 4.750%)	Corporate Bond	22,842
Novellus Systems Inc (Matures 05/15/41 @ 2.625%)	Corporate Bond	49,682
Nuance Communications (Matures 11/01/35 @ 1.500%)	Corporate Bond	23,595
Nuvasive Inc (Matures 03/15/21 @ 2.750%)	Corporate Bond	13,925
Oasis Petroleum Inc (Matures 09/15/23 @ 2.625%)	Corporate Bond	12,151
On Semiconductor Corp (Matures 12/01/20 @ 1.000%)	Corporate Bond	43,981
Palo Alto Networks Inc. (Matures 07/01/19)	Corporate Bond	12,544
Priceline.com Incorporated (Matures 06/15/20 @ 0.350%)	Corporate Bond	28,288
Priceline.com Incorporated (Matures 9/15/21 @ 0.900%)	Corporate Bond	62,070
Proofpoint Inc. (Matures 06/15/20)	Corporate Bond	28,401
Quidel Corp (Matures 12/15/20 @ 3.250%)	Corporate Bond	20,577
Red Hat Inc (Matures 10/01/19 @ 0.250%)	Corporate Bond	44,776
Royal Gold Inc (Matures 06/15/19 @ 2.875%)	Corporate Bond	25,449
RPM International Inc. (Matures 12/15/20 @ 2.250%)	Corporate Bond	18,736
RTI International Metals (Matures 10/15/19 @ 1.625%)	Corporate Bond	23,207
Salesforce.com Inc. (Matures 04/01/18 @ 0.250%)	Corporate Bond	30,729
ServiceNow Inc. (Matures 11/01/18)	Corporate Bond	30,825
Starwood Property Trust (Matures 03/01/18 @ 4.550%)	Corporate Bond	36,709
Starwood Waypoint Residential Trust (Matures 07/01/19 @ 3.000%)	Corporate Bond	18,656
Tesla Motors Inc (Matures 03/01/19 @ 0.250%)	Corporate Bond	46,754
Tesla Motors Inc (Matures 03/01/21 @ 1.250%)	Corporate Bond	25,693
The Priceline Group Inc (Matures 03/15/18 @ 1.000%)	Corporate Bond	28,246
Trinity Industries Inc (Matures 06/01/36 @ 3.8750%)	Corporate Bond	36,560
Two Harbors Inv Corp (Matures 01/15/22 @ 6.250%)	Corporate Bond	20,205

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2017

(CONTINUED)

	Identity of issue	Description of investment	Current value
	Verisign Inc (Matures 08/15/37 @ 3.250%)	Corporate Bond	75,570
	Vishay Intertechnology (Matures 11/15/40 @ 2.250%)	Corporate Bond	17,379
	Weatherford Bermuda (Matures 07/01/21 @ 5.875%)	Corporate Bond	11,311
	Wellpoint Inc (Matures 10/15/42 @ 2.750%)	Corporate Bond	25,751
	Workday Inc (Matures 07/15/18 @ 0.750%)	Corporate Bond	20,302
	Wright Medical Group Inc. (Matures 02/15/20 @ 2.000%)	Corporate Bond	45,642
	Yahoo! Inc. (Matures 12/01/18)	Corporate Bond	56,375
	Allergan PLC (Matures 03/01/18 @ 5.500%)	Preferred / Convertible Securities	60,424
	American Tower Corp (Matures 02/15/18 @ 5.500%)	Preferred / Convertible Securities	39,539
	AMG Capital Trust II (Matures 10/15/37)	Preferred / Convertible Securities	10,588
	Anthem Inc. (@ 5.250%)	Preferred / Convertible Securities	50,151
	Bank of America Corp (Matures 12/31/49)	Preferred / Convertible Securities	79,115
	Becton Dickinson and Co (@ 6.125%)	Preferred / Convertible Securities	58,131
	Belden Inc (Matures 07/15/19 @ 6.750%)	Preferred / Convertible Securities	29,557
	Black Hills Corp. (@ 1.0572%)	Preferred / Convertible Securities	218
	Bunge LTD (Matures 12/31/49)	Preferred / Convertible Securities	17,193
	Centerpoint Energy Inc (Matures 09/15/29)	Preferred / Convertible Securities	15,891
	Crown Castle International Corp (Matures 08/01/20 @ 6.875%)	Preferred / Convertible Securities	44,596
	Dominion Energy Inc (Matures 08/15/19 @ 0.5353%)	Preferred / Convertible Securities	26,950
	DTE Energy Co (@ 0.429%)	Preferred / Convertible Securities	17,578
	Hess Corp (Matures 02/01/2019)	Preferred / Convertible Securities	10,453
	Huntington Bancs (Matures 12/31/49 @ 8.500%)	Preferred / Convertible Securities	11,287
	Kinder Morgan Inc/Delaware (Matures 10/26/18 @ 9.750%)	Preferred / Convertible Securities	11,656
	Nextera Energy Inc. (@ 0.437%)	Preferred / Convertible Securities	42,548
	Rexnord Corp (Matures 11/15/19 @ 1.985%)	Preferred / Convertible Securities	17,808
	Stanley Black & Decker I (Matures 05/15/20 @ 5.375%)	Preferred / Convertible Securities	17,942
	T-Mobile US Inc (Matures 12/15/17 @ 5.500%)	Preferred / Convertible Securities	34,364
*	Wells Fargo & Company (Matures 12/31/49)	Preferred / Convertible Securities	97,753
	Welltower Inc (@ 0.858%)	Preferred / Convertible Securities	13,799
	Acronic Inc	Common Stock	65,137
	Alcoa Corporation	Common Stock	40,852
	Archer Daniels Midland Co	Common Stock	15,449
	BP PLC - ADR	Common Stock	51,163
	Core Laborites N V Com	Common Stock	4,620
	Edgewell Personal Care Co	Common Stock	77,267
	Ford Motor Company	Common Stock	4,409
	Hecla Mining Co	Common Stock	2,171
	Kansas City Southern	Common Stock	25,534
	McDonalds Corp.	Common Stock	133,528
	Mylan N V	Common Stock	16,284
	United Continental Holdings, Inc.	Common Stock	13,743

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THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2017

(CONTINUED)

	Identity of issue	Description of investment	Current value
	Brighthouse Financial Inc	Common Stock	4,228
	Chesapeake Energy Corporation	Common Stock	10,386
	Chevron Corp	Common Stock	103,142
	Energizer Spinco Inc.	Common Stock	51,158
	Energy Corp New Com	Common Stock	48,651
	Metlife Inc	Common Stock	40,560
	Nextera Energy, Inc.	Common Stock	151,193
	PNM Resources Inc	Common Stock	43,638
	Prudential Financial Inc	Common Stock	113,663
	SM Energy Company	Common Stock	727
	State Street Corp	Common Stock	59,984
	Weyerhaeuser Co	Common Stock	206,842
			48,159,020
*	Participant Loans	Interest from 4.00% to 6.25%, maturity dates range from 2017 to 2022	1,573,403
			$ 49,732,423

* Indicates a party-in-interest to the Plan.

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