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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020

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
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1967

2a Plan sponsor's name (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.	08/17/2021	TUAN HO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/17/2021	TUAN HO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	696
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)**	593
a(2) Total number of active participants at the end of the plan year	**6a(2)**	588
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	51
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	639
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	9
f Total. Add lines **6d** and **6e**.	**6f**	648
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	641
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2S 2T 3D 3F

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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 62 64	SERVICE PROVIDER	119077	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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020

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: 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	2396349

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	4737413

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	12613613

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)
41-6202499-011	C	13372009

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)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020

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	178	523
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1261876	1272903
(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)	524676	226587
(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)	2520200	3179981
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	920386	877122
(B) Common	1c(4)(B)	1277920	1166552
(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)	1760275	1785600
(9) Value of interest in common/collective trusts	1c(9)	31240184	33119384
(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)	19877327	21126630
(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	59383022	62755282
	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	59383022	62755282

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)	1272903	
	(B) Participants	2a(1)(B)	2735401	
	(C) Others (including rollovers)	2a(1)(C)	86014	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4094318
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	118729	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		118729
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	472505	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		472505
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1629125	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1603222	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		25903
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	837323	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		837323

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		853543
(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)		548899
c Other income	2c		2592
d Total income. Add all **income** amounts in column (b) and enter total	2d		6953812
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3468560	
(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)		3468560
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		540
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)	112452	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		112452
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3581552
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3372260
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) ☐ Unmodified **(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			

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

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.)

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020

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 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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE,
AND
INDEPENDENT AUDITOR'S REPORT
OCTOBER 31, 2020



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, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended October 31, 2020, 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 ("DOL") 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 4, 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, 2020 and 2019, and for the year ended October 31, 2020, 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.

HCVT
HOLTHOUSE | CARLIN | VAN TRIGT LLP

Report on Supplemental Schedule

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of October 31, 2020 is required by the 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 16, 2021

THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF OCTOBER 31,	2020	2019
Assets		
Investments, at fair value	$ 59,696,256	$ 56,360,693
Noninterest-bearing cash	523	178
Receivables:		
Company contributions	1,272,903	1,261,876
Notes receivable from participants	1,785,600	1,760,275
Total assets	62,755,282	59,383,022
Liabilities	-	-
Net assets available for benefits	$ 62,755,282	$ 59,383,022

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,		2020
Additions		
Company contributions	$	1,272,903
Participants' contributions		2,735,401
Participants' rollover contributions		86,014
Net appreciation of investments		2,132,256
Interest income on notes receivable from participants		118,697
Dividend income on investments		558,168
Interest income on investments		50,310
Total additions		6,953,749
Deductions		
Benefits paid to participants		3,469,100
Administrative expenses		112,389
Total deductions		3,581,489
Net increase		3,372,260
Net assets available for benefits		
Beginning of year		59,383,022
End of year	$	62,755,282

See notes to financial statements.

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"), as amended.

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. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. 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 $1,272,903 for the year ended October 31, 2020. There was no Company discretionary nonelective contribution for the year ended October 31, 2020.

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 discretionary nonelective contribution portion of their accounts is based on years of service. Participants are vested in Company discretionary 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.

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, 2020, no forfeitures were utilized. As of October 31, 2020, forfeitures of $5,942 are available for future use.

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.

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").

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.

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.

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.

Recent Accounting Pronouncements - In August 2018, the Financial Accounting Standards Board issued the Accounting Standards Update ("ASU") No. 2018-13, *Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*. This ASU removes the requirements to disclose the amount of and reasons for transfers between Level 1 and Level 2 of the fair value hierarchy, the policy for timing of level transfers, the valuation processes for Level 3 fair value measurements, and the changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period. This ASU also modified existing disclosure requirements that in lieu of a rollforward for Level 3 fair value measurements, a nonpublic entity is required to disclose transfers into and out of Level 3 of the fair value hierarchy and purchases and issues of Level 3 assets and liabilities. In addition, this ASU requires for investments in certain entities that calculate net asset value to disclose the timing of liquidation of an investee's assets and the date when redemption restrictions might lapse, only if the timing was communicated to the entity or publicly announced, and disclose information on measurement uncertainty as of the reporting date. The amendments in this ASU are effective for fiscal years beginning after December 15, 2019. All amendments, with the exception of the disclosures on measurement uncertainty information, which should be applied prospectively for only the most recent annual period presented in the initial year of adoption, should be applied retrospectively. The Plan adopted this ASU for the year ended December 31, 2020 and it did not have a material impact on the financial statements.

3. 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.

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, 2020 and 2019.

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 Level 2 within the valuation hierarchy.

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.

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.

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

Investments at Fair Value as of October 31, 2020

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 21,126,630	$ -	$ -	$ 21,126,630
Short-term fund	-	226,615	-	226,615
Common stocks	1,166,862	-	-	1,166,862
Corporate bonds	-	3,178,800	-	3,178,800
Preferred/convertible securities	674,352	203,613	-	877,965
Investments in the fair value hierarchy	$ 22,967,844	$ 3,609,028	$ -	$ 26,576,872
Investments measured at NAV practical expedient				33,119,384
Investments at fair value				$ 59,696,256

Investments at Fair Value as of October 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 19,877,326	$ -	$ -	$ 19,877,326
Short-term fund	-	524,677	-	524,677
Common stocks	1,277,920	-	-	1,277,920
Corporate bonds	-	2,504,776	-	2,504,776
Preferred/convertible securities	859,581	76,229	-	935,810
Investments in the fair value hierarchy	$ 22,014,827	$ 3,105,682	$ -	$ 25,120,509
Investments measured at NAV practical expedient				31,240,184
Investments at fair value				$ 56,360,693

4. 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 as complete and accurate by the Trustee and was not subjected to any auditing procedures performed by the independent public accountants:

a. Investments, at fair value, noninterest-bearing cash, and notes receivable from participants as shown in the accompanying statements of net assets available for benefits as of October 31, 2020 and 2019.

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, 2020.

c. Investments and participant loans as listed in the accompanying Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of October 31, 2020.

5. 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.

6. RISKS AND UNCERTAINTIES

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

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has affected, and may continue to affect, the market price of Plan. While the potential economic impact brought by, and the duration of, COVID-19 may be difficult to assess or predict, a widespread pandemic could result in significant disruption of global financial markets. The extent to which COVID-19 impacts the financial markets will depend on future developments that are highly uncertain and cannot be predicted.

7. 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.

8. 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 plan administrator believes the Plan is currently being operated in accordance with the applicable provisions of the IRC and, accordingly, the plan administrator 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, 2020, 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.

9. 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 $112,389 for administrative and other service fees as well as indirect compensation.

10. SUBSEQUENT EVENTS

The Company has evaluated subsequent events through August 16, 2021, 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, except as disclosed below.

Effective November 1, 2020, the Plan was amended to discontinue the Company safe harbor contributions.

In connection with Principal's acquisition of Wells Fargo Institutional Retirement Trust business, the assets of the Plan were transferred from the Trustee to Principal effective June 17, 2021.

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, 2020

	Identity of issue	Description of investment	Current value
	Investments		
*	WF Stable Return Fund	Common Collective Trust	$ 13,372,009
*	WF/Blackrock International Equity Index Fund	Common Collective Trust	2,396,349
*	WF/Blackrock Russell 2000 Index Fund	Common Collective Trust	4,737,413
*	WF/Blackrock S&P 500 Index Fund	Common Collective Trust	12,613,613
	Vanguard Target Retirement Fund	Asset Allocation Mutual Fund	1,579,567
	Vanguard Target Retirement 2020 Fund	Asset Allocation Mutual Fund	5,272,378
	Vanguard Target Retirement 2030 Fund	Asset Allocation Mutual Fund	5,859,246
	Vanguard Target Retirement 2040 Fund	Asset Allocation Mutual Fund	3,884,148
	Vanguard Target Retirement 2050 Fund	Asset Allocation Mutual Fund	3,998,298
	Vanguard Target Retirement 2060 Fund	Asset Allocation Mutual Fund	532,993
*	WF/Blackrock Short-Term Investment Fund	Short-Term Fund	226,615
	Advanced Micro Devices (Matures 09/01/26 @ 2.125%)	Corporate Bond	37,573
	Air Transport Services Group Inc. (Matures 10/15/24 @ 1.125%)	Corporate Bond	12,128
	Akamai Technologies Inc. (Matures 05/01/25 @ 0.125%)	Corporate Bond	78,307
	Ares Capital Corp (Matures 02/01/22 @ 3.750%)	Corporate Bond	32,476
	Atlas Air Worldwide Holding (Matures 06/01/24 @ 1.875%)	Corporate Bond	11,926
	Atlassian Inc. (Matures 05/01/23 @ 0.625%)	Corporate Bond	63,488
	Biomarin Pharmaceutical (Matures 08/01/24 @ 0.599%)	Corporate Bond	26,787
	Blackline Inc. (Matures 08/01/24 @ 0.125%)	Corporate Bond	23,535
	Chegg Inc. (Matures 03/15/25 @ 0.125%)	Corporate Bond	63,250
	Chimera Investment Corp (Matures 04/01/23 @ 7.000%)	Corporate Bond	7,556
	Cleveland-Cliffs Inc. (Matures 01/15/25 @ 1.500%)	Corporate Bond	14,748
	Conmed Corp (Matures 02/01/24 @ 2.625%)	Corporate Bond	21,752
	Coupa Software Inc. (Matures 06/15/25 @ 0.125%)	Corporate Bond	28,503
	Cree Inc. (Matures 09/01/23 @ 0.875%)	Corporate Bond	23,717
	Dexcom Inc. (Matures 12/01/23 @ 0.750%)	Corporate Bond	33,942
	Dish Network Corp. (Matures 08/15/26 @ 3.375%)	Corporate Bond	45,442
	Docusign Inc. (Matures 09/15/23 @ 0.500%)	Corporate Bond	56,826
	Envestnet Inc. (Matures 06/01/23 @ 1.750%)	Corporate Bond	17,847
	Etsy Inc. (Matures 03/01/23)	Corporate Bond	11,230
	Exact Sciences Corp (Matures 03/15/27 @ 0.375%)	Corporate Bond	76,153
	FTI Consulting Inc. (Matures 08/15/23 @ 2.000%)	Corporate Bond	16,565
	Guess Inc. (Matures 04/15/24 @ 2.000%)	Corporate Bond	9,777
	Hannon Armstrong Sustain (Matures 08/15/23)	Corporate Bond	12,438
	IH Merger Sub LLC (Matures 01/15/22 @ 3.500%)	Corporate Bond	25,544
	II-VI Inc. (Matures 09/01/22 @ 0.250%)	Corporate Bond	20,321
	Illumina Inc. (Matures 08/15/23)	Corporate Bond	37,951
	Illumina Inc. (Matures 06/15/21 @ 0.5000%)	Corporate Bond	16,042
	Inphi Corp (Matures 09/01/21 @ 0.750%)	Corporate Bond	39,299
	Insmed Inc. (Matures 01/15/2025 @ 1.750%)	Corporate Bond	32,062
	Insulet Corporation (Matures 11/15/24 @ 1.375%)	Corporate Bond	36,138
	Invitae Corp (Matures 09/01/24 @ 2.000%)	Corporate Bond	12,087

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

Identity of issue	Description of investment	Current value
Isis Pharmaceuticals, Inc. (Matures 11/15/21 @ 1.000%)	Corporate Bond	23,739
Joyy Inc. (Matures 06/15/26 @ 1.375%)	Corporate Bond	16,160
Kbr Inc. (Matures 11/01/23 @ 2.500%)	Corporate Bond	25,736
Liberty Media Corp. Delaware (Matures 01/30/23 @ 1.000%)	Corporate Bond	30,876
Liberty Media Corp. Delaware (Matures 10/15/23 @ 1.375%)	Corporate Bond	24,605
Live Nation Entertainment (Matures 03/15/23 @ 2.500%)	Corporate Bond	36,468
Lumentum Holdings Inc. (Matures 03/15/24 @ 0.250%)	Corporate Bond	35,767
Mercadolibre Inc. (Matures 08/15/28 @ 2.000%)	Corporate Bond	14,077
Meritor Inc. (Matures 10/15/37 @ 3.250%)	Corporate Bond	27,172
Microchip Technology Inc. (Matures 02/15/25 @ 1.625%)	Corporate Bond	18,055
Microchip Technology Inc. (Matures 02/15/27 @ 1.625%)	Corporate Bond	85,747
Neurocrine Biosciences, Inc. (Matures 05/15/24 @ 2.250%)	Corporate Bond	26,656
Novellus Systems Inc. (Matures 05/15/41 @ 2.625%)	Corporate Bond	10,752
Nuance Communication (Matures 04/01/25 @ 1.250%)	Corporate Bond	67,078
Nuvasive Inc. (Matures 03/15/21 @ 2.250%)	Corporate Bond	22,105
Okta Inc. (Matures 09/01/25 @ 0.125%)	Corporate Bond	35,275
On Semiconductor Corp (Matures 10/15/23 @ 1.625%)	Corporate Bond	45,620
Palo Alto Networks (Matures 07/01/23 @ 0.750%)	Corporate Bond	75,225
Penn National Gaming Inc. (Matures 05/15/26 @ 2.750%)	Corporate Bond	27,167
Priceline.com, Incorporated (Matures 09/15/21 @ 0.900%)	Corporate Bond	39,713
Q2 Holdings Inc. (Matures 06/01/26 @ 0.750%)	Corporate Bond	27,253
Rambus Inc. (Matures 02/01/23 @ 1.375%)	Corporate Bond	18,738
Realpage Inc. (Matures 05/15/25 @ 1.500%)	Corporate Bond	23,794
Redfin Corp (Matures 07/15/23 @ 1.750%)	Corporate Bond	22,507
Repligen Corp (Matures 07/15/24 @ 0.375%)	Corporate Bond	42,102
RH (Matures 06/15/23)	Corporate Bond	55,724
RingCentral Inc. (Matures 03/15/23)	Corporate Bond	22,120
Sarepta Therapeutics (Matures 11/15/24 @ 1.500%)	Corporate Bond	32,058
ServiceNow Inc. (Matures 06/01/22)	Corporate Bond	44,272
Shopify Inc. (Matures 11/01/25 @ 0.125%)	Corporate Bond	16,408
Silicon Laboratories Inc. (Matures 03/01/22 @ 1.375%)	Corporate Bond	11,035
Snap Inc. (Matures 08/01/26 @ 0.750%)	Corporate Bond	85,678
Southwest Airlines Co. (Matures 05/01/25 @ 1.250%)	Corporate Bond	83,778
Spirit Airlines Inc. (Matures 05/15/25 @ 4.750%)	Corporate Bond	11,187
Splunk Inc. (Matures 09/15/25 @ 1.125%)	Corporate Bond	66,674
Square Inc. (Matures 05/15/23 @ 0.500%)	Corporate Bond	86,887
SSR Mining Inc. (Matures 04/01/39 @ 2.500%)	Corporate Bond	24,989
Synaptics Inc. (Matures 06/15/22 @ 0.500%)	Corporate Bond	34,972
Teladoc Health Inc. (Matures 05/15/25 @ 1.375%)	Corporate Bond	43,884
Teradyne Inc. (Matures 12/15/23 @ 1.250%)	Corporate Bond	33,603
Tesla Inc. (Matures 03/15/22 @ 2.375%)	Corporate Bond	201,785
Tesla Inc. (Matures 05/15/24 @ 2.000%)	Corporate Bond	200,965

Continued next page

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

	Identity of issue	Description of investment	Current value
	Tesla Motors Inc. (Matures 03/01/21 @ 1.250%)	Corporate Bond	10,799
	Twilio Inc. (Matures 06/01/23 0.250%)	Corporate Bond	42,836
	Twitter Inc. (Matures 06/15/24 @ 0.250%)	Corporate Bond	26,226
	Viavi Solutions Inc. (Matures 03/01/24 @ 1.000%)	Corporate Bond	25,451
	Wayfair Inc. (Matures 09/01/22 @ 0.375%)	Corporate Bond	49,830
	Wayfair Inc. (Matures 08/15/26 @ 1.000%)	Corporate Bond	9,046
	Workday Inc. (Matures 10/01/22 @ 0.250%)	Corporate Bond	64,654
	Zendesk Inc. (Matures 03/15/23 @ 0.250%)	Corporate Bond	23,656
	Zillow Group Inc. (Matures 07/01/23 @ 1.500%)	Corporate Bond	44,560
	Zillow Group Inc. (Matures 05/15/25 @ 2.750%)	Corporate Bond	22,704
	Zynga Inc. (Matures 06/01/24 @ 0.250%)	Corporate Bond	35,222
	Aptiv PLC (Matures 06/14/23 @ 5.500%)	Preferred / Convertible Securities	36,120
	Arcelormittal SA (Matures 04/15/23 @5.500%)	Preferred / Convertible Securities	23,589
	Assurant Inc.	Preferred / Convertible Securities	12,672
	Avantor Inc. (Matures 05/15/22)	Preferred / Convertible Securities	58,815
	Bank of America Corp (Matures 12/31/49)	Preferred / Convertible Securities	58,676
	Becton Dickinson and Co (@ 6.000%)	Preferred / Convertible Securities	28,123
	Broadcom Inc. (Matures 09/30/22)	Preferred / Convertible Securities	101,149
	CenterPoint Energy Inc. (Matures 09/15/29)	Preferred / Convertible Securities	21,398
	Change Healthcare Inc.	Preferred / Convertible Securities	17,183
	Colfax Corp (Matures 01/15/22)	Preferred / Convertible Securities	25,407
	Danaher Corp (Matures 04/15/22)	Preferred / Convertible Securities	86,344
	Danaher Corp (@ 5.000%)	Preferred / Convertible Securities	46,698
	Dominion Energy Inc.	Preferred / Convertible Securities	21,291
	Elanco Animal Health Inc. (Matures 02/01/23)	Preferred / Convertible Securities	18,619
	Essential Utilities Inc. (Matures 04/28/22)	Preferred / Convertible Securities	15,254
	Fortive Corporation (Matures 07/01/21)	Preferred / Convertible Securities	37,898
	II-VI Inc. (@ 6.000%)	Preferred / Convertible Securities	18,727
	KKR & Co Inc. (@ 6.000%)	Preferred / Convertible Securities	16,393
	Nextera Energy Inc. (Matures 09/01/22)	Preferred / Convertible Securities	40,185
	Nextera Energy Inc. (Matures 03/01/23)	Preferred / Convertible Securities	48,708
	Sempra Energy (Matures 01/15/21)	Preferred / Convertible Securities	21,997
	Stanley Black & Decker I (Matures 11/15/22)	Preferred / Convertible Securities	48,537
*	Wells Fargo & Company (Matures 12/31/49)	Preferred / Convertible Securities	74,182
	Alcoa Corporation	Common Stock	11,047
	Archer Daniels Midland Co	Common Stock	17,479
	Arconic Corp	Common Stock	14,348
	BP PLC - ADR	Common Stock	19,474
	Brighthouse Financial Inc.	Common Stock	2,251
	Chevron Corp	Common Stock	61,855
	Core Laborites N.V.	Common Stock	666
	Edgewell Personal Care Co	Common Stock	31,202

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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, 2020
(CONTINUED)

	Identity of issue	Description of investment	Current value
	Energizer Spinco Inc.	Common Stock	46,827
	Entergy Corp New Com	Common Stock	57,088
	Ford Motor Company	Common Stock	2,744
	Hecla Mining Co	Common Stock	2,107
	Howmet Aerospace Inc.	Common Stock	45,629
	Kansas City Southern	Common Stock	43,154
	McDonalds Corp	Common Stock	170,400
	Metlife Inc.	Common Stock	28,652
	Mylan N.V.	Common Stock	6,630
	Nextera Energy, Inc.	Common Stock	285,519
	PNM Resources Inc.	Common Stock	50,308
	Prudential Financial Inc.	Common Stock	65,877
	SM Energy Co	Common Stock	55
	State Street Corp	Common Stock	38,403
	United Airlines Holdings, Inc.	Common Stock	7,957
	Weyerhaeuser Co	Common Stock	157,190
			59,696,256
*	**Participant loans**	Interest rates from 5.25% to 7.50%, maturity dates from 2020 to 2025	1,785,600
			$ 61,481,856

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

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