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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 11/01/2020 and ending 10/31/2021

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.	08/16/2022	PETER NADAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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**	686
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)**	591
a(2) Total number of active participants at the end of the plan year	**6a(2)**	583
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	79
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	662
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f Total. Add lines **6d** and **6e**	**6f**	670
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	658
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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 11/01/2020 and ending 10/31/2021

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	55592	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50	RECORDKEEPER /BOOKKEEPER	87455	Yes [ ] No [X]	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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 11/01/2020 and ending 10/31/2021

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 RETRN N FD

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

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	9717491

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO BLACKROCK SP 500 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	15309478

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLKRK INTL EQTY IDX N CIT

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	2483023

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLKRK RSLL 2000 IDX N CIT

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	6687387

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 11/01/2020 and ending 10/31/2021

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	523	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1272903	1285027
(2) Participant contributions	1b(2)		24944
(3) Other	1b(3)		39286
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	226587	583214
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		1171247
(B) All other	1c(3)(B)	3179981	4029137
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	877122	
(B) Common	1c(4)(B)	1166552	1559975
(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)	1785600	1883406
(9) Value of interest in common/collective trusts	1c(9)	33119384	34197379
(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)	21126630	28840691
(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	62755282	73614306
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		42257
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	42257
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	62755282	73572049

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)	1285027	
	(B) Participants	2a(1)(B)	2768390	
	(C) Others (including rollovers)	2a(1)(C)	163470	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4216887
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	237	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	94807	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	107279	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		202323
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	49064	
	(B) Common stock	2b(2)(B)	37485	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	376292	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		462841
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6473922	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6019352	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		454570
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1116791	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1116791

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8701667
(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)		4970882
c Other income	2c		20033
d Total income. Add all **income** amounts in column (b) and enter total	2d		20145994
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9186009	
(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)		9186009
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		144
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	52342	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	90732	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		143074
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9329227
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10816767
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)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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		6500

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 11/01/2020 and ending 10/31/2021

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): 42-0127290 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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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 SCHEDULES,
AND
INDEPENDENT AUDITOR'S REPORT
OCTOBER 31, 2021



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, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended October 31, 2021, 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. and Principal Trust Company, the Trustees 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 Principal Trust Company held the majority of the Plan's investment assets and executed investment transactions from June 17, 2021 through October 31, 2021 and Wells Fargo Bank, N.A. held the Plan's investment assets and executed investment transactions from November 1, 2020 through June 16, 2021. The plan administrator has obtained certifications from the Trustees as of October 31, 2021 and 2020, and for the year ended October 31, 2021, that the information provided to the plan administrator by the Trustees 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 Schedules

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of October 31, 2021 and the Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended October 31, 2021 are required by the DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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 schedules, other than that derived from the information certified by the Trustees, 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, 2022

THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF OCTOBER 31,	2021	2020
Assets		
Investments, at fair value	$ 70,420,929	$ 59,696,256
Noninterest-bearing cash	-	523
Receivables:		
Company contributions	1,285,027	1,272,903
Participants' contributions	24,944	-
Notes receivable from participants	1,865,404	1,785,600
Total assets	73,596,304	62,755,282
Liabilities		
Corrective distributions	42,257	-
Net assets available for benefits	$ 73,554,047	$ 62,755,282

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,		2021
Additions		
Company contributions	$	1,285,027
Participants' contributions		2,768,390
Participants' rollover contributions		163,470
Net appreciation of investments		15,263,943
Interest income on notes receivable from participants		107,279
Dividend income on investments		462,841
Interest income on investments		95,044
Total additions		20,145,994
Deductions		
Benefits paid to participants		9,204,155
Administrative expenses		143,074
Total deductions		9,347,229
Net increase		10,798,765
Net assets available for benefits		
Beginning of year		62,755,282
End of year	$	73,554,047

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.

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

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.

Effective November 1, 2020, the Plan discontinued the Company safe harbor contributions. The Plan provides for Company discretionary nonelective contributions. The Company made discretionary nonelective contributions of $1,285,027 for the year ended October 31, 2021.

Participant Accounts - Each participant's account is credited with the participant's 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, 2021, forfeitures of $5 were used to pay Plan administrative expenses. As of October 31, 2021, forfeitures of $7,029 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. and Principal Trust Company (the "Trustees").

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.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of October 31, 2021 and 2020.

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.

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, 2021 and 2020.

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, 2021

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 28,840,691	$ -	$ -	$ 28,840,691
Short-term fund	-	583,214	-	583,214
Common stocks	1,560,386	-	-	1,560,386
Corporate bonds	-	4,065,755	-	4,065,755
Preferred/convertible securities	833,077	340,427	-	1,173,504
Investments in the fair value hierarchy	$ 31,234,154	$ 4,989,396	$ -	$ 36,223,550
Investments measured at NAV practical expedient				34,197,379
Investments at fair value				$ 70,420,929

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

4. FINANCIAL DATA CERTIFIED BY THE TRUSTEES

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 Trustees 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, 2021 and 2020.

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, 2021.

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, 2021.

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. Loans are generally issued with a maturity of up to five years. The term of any loan for the purpose of purchasing a primary residence shall not exceed five years. The loan interest rate is set at two percent above the prime rate, as defined in the Plan. 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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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.

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, 2021, 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. RECONCILIATION OF FINANCIAL STATEMENTS 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,	2021
Net assets available for benefits per the financial statements	$ 73,554,047
Defaulted loans	18,002
Net assets available for benefits per the Form 5500	$ 73,572,049

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,	2021
Net increase in net assets available for benefits per the financial statements	$ 10,798,765
Change in defaulted loans	18,002
Net increase in net assets available for benefits per the Form 5500	$ 10,816,767

10. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by the Trustees. Transactions with the Trustees qualify as party in interest transactions for which exemptions exist. Wells Fargo Bank, N.A. received $87,482 for administrative and other service fees as well as indirect compensation. Principal Trust Company received $55,592 for administration fees, of which $55,587 were paid by the participants through the Plan and $5 were paid from forfeitures.

11. DELINQUENT PARTICIPANT CONTRIBUTIONS

Certain contributions were not remitted timely to the as required by the Department of Labor's regulations. These late remittances are detailed in the attached Schedule H, Line 4a - Schedule of Delinquent Participant Contributions.

12. SUBSEQUENT EVENTS

The Company has evaluated subsequent events through August 15, 2022, 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 July 31, 2022, the Plan adopted a non-standardized pre-approved profit sharing plan which is the subject of a favorable opinion letter from the IRS dated June 30, 2020.

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, 2021

	Identity of issue	Description of investment	Current value
	Investments		
*	Wells Fargo Stable Return Fund	Common Collective Trust	$ 9,717,491
*	Wells Fargo/BlackRock International Equity Index Fund	Common Collective Trust	2,483,023
*	Wells Fargo/BlackRock Russell 2000 Index Fund	Common Collective Trust	6,687,387
*	Wells Fargo/BlackRock S&P 500 Index Fund	Common Collective Trust	15,309,478
	Vanguard Target Retirement Income Fund	Asset Allocation Mutual Fund	2,078,281
	Vanguard Target Retirement 2020 Fund	Asset Allocation Mutual Fund	6,509,525
	Vanguard Target Retirement 2030 Fund	Asset Allocation Mutual Fund	7,724,399
	Vanguard Target Retirement 2040 Fund	Asset Allocation Mutual Fund	5,661,057
	Vanguard Target Retirement 2050 Fund	Asset Allocation Mutual Fund	5,994,693
	Vanguard Target Retirement 2060 Fund	Asset Allocation Mutual Fund	872,736
*	Wells Fargo/Blackrock Short-Term Investment Fund	Short-Term Fund	583,214
	Air Canada (Matures 07/01/25 @ 4.000%)	Corporate Bond	22,770
	Akamai Technologies Inc. (Matures 05/01/25 @ 0.125%)	Corporate Bond	45,331
	Allegheny Technologies (Matures 06/15/25 @ 3.500%)	Corporate Bond	19,718
	American Airlines Group (Matures 07/01/25 @ 6.500%)	Corporate Bond	32,568
	Apellis Pharmaceuticals (Matures 09/15/26 @ 3.500%)	Corporate Bond	15,463
	Blackline Inc. (Matures 08/01/24 @ 0.125%)	Corporate Bond	21,323
	Booking Holdings Inc. (Matures 05/01/25 @ 0.750%)	Corporate Bond	53,541
	Bridgebio Pharma Inc. (Matures 03/15/27 @ 2.500%)	Corporate Bond	19,955
	Burlington Stores Inc. (Matures 04/15/25 @ 2.250%)	Corporate Bond	27,244
	Callaway Golf Co. (Matures 05/01/26 @ 2.750%)	Corporate Bond	20,807
	Carnival Corp (Matures 04/01/23 @ 5.750%)	Corporate Bond	29,742
	Centennial Resource Dev (Matures 04/01/28 @ 3.250%)	Corporate Bond	26,269
	Cerence Inc. (Matures 06/01/25 @ 3.000%)	Corporate Bond	29,077
	Chegg Inc. (Matures 09/01/26)	Corporate Bond	19,609
	Chegg Inc. (Matures 03/15/25 @ 0.125%)	Corporate Bond	19,678
	Cleveland-Cliffs Inc. (Matures 01/15/25 @ 1.500%)	Corporate Bond	56,089
	CNX Resources Corp (Matures 05/01/26 @ 2.250%)	Corporate Bond	19,115
	Conmed Corp (Matures 02/01/24 @ 2.625%)	Corporate Bond	24,068
	Coupa Software Inc. (Matures 06/15/26 @ 0.375%)	Corporate Bond	49,313
	Cyberark Software Ltd (Matures 11/15/24)	Corporate Bond	21,983
	Datadog Inc. (Matures 06/15/25 @ 0.125%)	Corporate Bond	41,673
	Dexcom Inc. (Matures 12/01/23 @ 0.750%)	Corporate Bond	49,319
	Dexcom Inc. (Matures 11/15/25 @ 0.250%)	Corporate Bond	76,502
	Dick's Sporting Goods (Matures 04/15/25 @ 3.250%)	Corporate Bond	76,200
	Dish Network Corp (Matures 08/15/26 @ 3.375%)	Corporate Bond	77,974
	Envista Holdings Corp (Matures 06/01/25 @ 2.375%)	Corporate Bond	27,442
	EQT Corp (Matures 05/01/26 @ 1.750%)	Corporate Bond	33,003
	Etsy Inc. (Matures 09/01/27 @ 0.125%)	Corporate Bond	38,442
	Etsy Inc. (Matures 10/01/26 @ 0.125%)	Corporate Bond	40,480

Continued next page

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

Identity of issue	Description of investment	Current value
Exact Sciences Corp (Matures 03/15/27 @ 0.375%)	Corporate Bond	70,129
FTI Consulting Inc. (Matures 08/15/23 @ 2.000%)	Corporate Bond	20,704
Granite Construction Inc. (Matures 11/01/24 @ 2.750%)	Corporate Bond	21,447
Green Plains Inc. (Matures 03/15/27 @ 2.250%)	Corporate Bond	36,865
Hannon Armstrong Sustain (Matures 08/15/23)	Corporate Bond	15,646
Hubspot Inc. (Matures 06/01/25 @ 0.375%)	Corporate Bond	63,383
Illumina Inc. (Matures 08/15/23)	Corporate Bond	23,421
Insmed Inc. (Matures 01/15/2025 @ 1.750%)	Corporate Bond	30,727
Insulet Corporation (Matures 09/01/26 @ 0.375%)	Corporate Bond	63,809
Integra Lifesciences Hld (Matures 08/15/25 @ 0.500%)	Corporate Bond	26,048
Jazz Investments I Ltd (Matures 08/15/24 @ 1.500%)	Corporate Bond	41,745
Jazz Investments I Ltd (Matures 06/15/26 @ 2.000%)	Corporate Bond	25,775
Kbr Inc. (Matures 11/01/23 @ 2.500%)	Corporate Bond	60,130
Liberty Media Corp Delaware (Matures 01/30/23 @ 1.000%)	Corporate Bond	39,663
Liberty Media Corp Delaware (Matures 10/15/23 @ 1.375%)	Corporate Bond	31,817
Live Nation Entertainment (Matures 03/15/23 @ 2.500%)	Corporate Bond	68,755
Lumentum Holdings Inc. (Matures 12/15/26 @ 0.500%)	Corporate Bond	52,291
Lyft Inc. (Matures 05/15/25 @ 1.500%)	Corporate Bond	36,302
Mercadolibre Inc. (Matures 08/15/28 @ 2.000%)	Corporate Bond	16,941
Microchip Technology Inc. (Matures 02/15/27 @ 1.625%)	Corporate Bond	70,312
Middleby Corp (Matures 09/01/25 @ 1.000%)	Corporate Bond	28,642
Mongodb Inc. (Matures 01/15/26 @ 0.250%)	Corporate Bond	65,350
NCL Corporation Ltd (Matures 08/01/25 @ 5.375%)	Corporate Bond	63,807
NCL Corporation Ltd (Matures 05/15/24 @ 6.000%)	Corporate Bond	37,660
Neogenomics Inc. (Matures 01/15/28 @ 0.250%)	Corporate Bond	39,419
Nova Ltd (Matures 10/15/25)	Corporate Bond	19,548
Novavax Inc. (Matures 02/01/23 @ 3.750%)	Corporate Bond	19,174
Nuvasive Inc. (Matures 03/15/25 @ 0.375%)	Corporate Bond	19,803
Okta Inc. (Matures 09/01/25 @ 0.125%)	Corporate Bond	73,928
On Semiconductor Corp (Matures 10/15/23 @ 1.625%)	Corporate Bond	58,702
Palo Alto Networks (Matures 07/01/23 @ 0.750%)	Corporate Bond	163,749
Par Technology Corp (Matures 10/15/27 @ 1.500%)	Corporate Bond	23,013
Pebblebrook Hotel Trust (Matures 12/15/26 @ 1.750%)	Corporate Bond	36,950
Penn National Gaming Inc. (Matures 05/15/26 @ 2.750%)	Corporate Bond	22,146
Pioneer Natural Resource (Matures 05/15/25 @ 0.250%)	Corporate Bond	104,337
Pure Storage Inc. (Matures 04/15/23 @ 0.125%)	Corporate Bond	45,370
Repligen Corp (Matures 07/15/24 @ 0.375%)	Corporate Bond	25,317
RH (Matures 06/15/23)	Corporate Bond	44,135
Royal Caribbean Cruises Ltd (Matures 06/15/23 @ 4.250%)	Corporate Bond	54,491
Sea Ltd (Matures 09/15/26 @ 0.250%)	Corporate Bond	69,337

Continued next page

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

Identity of issue	Description of investment	Current value
Sea Ltd (Matures 12/01/25 @ 2.375%)	Corporate Bond	30,614
ServiceNow Inc. (Matures 06/01/22)	Corporate Bond	31,032
Shopify Inc. (Matures 11/01/25 @ 0.125%)	Corporate Bond	34,273
Smart Global Holdings Inc. (Matures 02/15/26 @ 2.250%)	Corporate Bond	17,877
Snap Inc. (Matures 08/01/26 @ 0.750%)	Corporate Bond	78,948
Solar Edge Technologies (Matures 09/15/25)	Corporate Bond	23,652
Southwest Airlines Co. (Matures 05/01/25 @ 1.250%)	Corporate Bond	114,210
Splunk Inc. (Matures 09/15/25 @ 1.125%)	Corporate Bond	71,909
Square Inc. (Matures 05/15/23 @ 0.500%)	Corporate Bond	101,344
Square Inc. (Matures 03/01/25 @ 0.125%)	Corporate Bond	17,132
Summit Hotel Properties (Matures 02/15/26 @ 1.500%)	Corporate Bond	35,390
Teradyne Inc. (Matures 12/15/23 @ 1.250%)	Corporate Bond	38,717
Tesla Inc. (Matures 05/15/24 @ 2.000%)	Corporate Bond	125,356
Twitter Inc. (Matures 06/15/24 @ 0.250%)	Corporate Bond	38,971
Viavi Solutions Inc. (Matures 03/01/24 @ 1.000%)	Corporate Bond	28,248
Wayfair Inc. (Matures 10/01/25 @ 0.625%)	Corporate Bond	20,698
Wayfair Inc. (Matures 08/15/26 @ 1.000%)	Corporate Bond	23,626
Wayfair Inc. (Matures 11/01/24 @ 1.125%)	Corporate Bond	35,257
Wellpoint Inc. (Matures 10/15/42 @ 2.750%)	Corporate Bond	18,482
Winnebago Industries (Matures 04/01/25 @ 1.500%)	Corporate Bond	26,923
Wisdomtree Investments (Matures 06/15/23 @ 4.250%)	Corporate Bond	32,557
Workday Inc. (Matures 10/01/22 @ 0.250%)	Corporate Bond	67,116
Zendesk Inc. (Matures 06/15/25 @ 0.625%)	Corporate Bond	59,523
Zillow Group Inc. (Matures 05/15/25 @ 2.750%)	Corporate Bond	70,159
Zscaler Inc. (Matures 07/01/25 @ 0.125%)	Corporate Bond	58,255
Aptiv PLC (Matures 06/14/23 @ 5.500%)	Preferred / Convertible Securities	88,872
Arcelormittal SA (Matures 04/15/23 @ 5.500%)	Preferred / Convertible Securities	29,874
Avantor Inc. (Matures 05/15/22)	Preferred / Convertible Securities	96,535
Bank of America Corp (Matures 12/31/49)	Preferred / Convertible Securities	58,014
Boston Scientific Corp (@ 5.500%)	Preferred / Convertible Securities	49,742
Broadcom Inc. (Matures 09/30/22)	Preferred / Convertible Securities	181,153
Bunge Ltd (Matures 12/31/49)	Preferred / Convertible Securities	31,780
CenterPoint Energy Inc. (Matures 09/15/29)	Preferred / Convertible Securities	22,616
Colfax Corp (Matures 01/15/22)	Preferred / Convertible Securities	46,957
Cowen Inc.	Preferred / Convertible Securities	17,449
Danaher Corp (Matures 04/15/22)	Preferred / Convertible Securities	114,689
Danaher Corp (@ 5.000%)	Preferred / Convertible Securities	58,126
DTE Energy Co. (Matures 11/01/22)	Preferred / Convertible Securities	13,584
Elanco Animal Health Inc. (Matures 02/01/23)	Preferred / Convertible Securities	27,962

Continued next page

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

Identity of issue	Description of investment	Current value
Essential Utilities Inc. (Matures 04/28/22)	Preferred / Convertible Securities	16,383
KKR & Co Inc. (@ 6.000%)	Preferred / Convertible Securities	82,033
Nextera Energy Inc. (Matures 09/01/22)	Preferred / Convertible Securities	44,570
Nextera Energy Inc. (Matures 03/01/23)	Preferred / Convertible Securities	95,322
RBC Bearings Inc. (Matures 10/15/24 @ 5.000%)	Preferred / Convertible Securities	31,093
Sabre Corp (Matures 09/01/23 @ 6.500%)	Preferred / Convertible Securities	10,231
Stanley Black & Decker I (Matures 11/15/22)	Preferred / Convertible Securities	25,901
ViacomCBS (Matures 03/28/24 @ 5.750%)	Preferred / Convertible Securities	30,618
Alcoa Corporation	Common Stock	39,372
Archer Daniels Midland Co	Common Stock	24,283
Arconic Corp	Common Stock	19,417
BP PLC - ADR	Common Stock	36,218
Brighthouse Financial Inc.	Common Stock	3,416
Chevron Corp	Common Stock	101,896
Core Laboratories N.V.	Common Stock	1,196
Edgewell Personal Care Co	Common Stock	41,638
Energizer Spinco Inc.	Common Stock	43,399
Entergy Corp New Company	Common Stock	58,103
Ford Motor Company	Common Stock	6,063
Hecla Mining Co	Common Stock	2,659
Howmet Aerospace Inc.	Common Stock	78,530
Kansas City Southern	Common Stock	76,011
McDonalds Corp	Common Stock	196,440
Metlife Inc.	Common Stock	47,540
Nextera Energy, Inc.	Common Stock	332,787
PNM Resources Inc.	Common Stock	50,077
Prudential Financial Inc.	Common Stock	113,241
SM Energy Co	Common Stock	1,167
State Street Corp	Common Stock	64,255
United Airlines Holdings, Inc.	Common Stock	10,843
Viatris Inc.	Common Stock	6,088
Weyerhaeuser Co	Common Stock	205,747
		70,420,929
* **Participant loans**	Interest rates from 5.25% to 7.50%, maturity dates from 2021 to 2026	1,865,404
		$ 72,286,333

* 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

EIN 95-2500371 PLAN #001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FOR THE YEAR ENDED DECEMBER 31, 2021

Participant Contributions Transferred Late to Plan	Check here if Late Participant Loan Repayments are included	Total that Constitutes Nonexempt Prohibited Transactions: Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Total Fully Corrected Under VFCP and PTE 2002-51
$ 6,500	**	$ 6,500	$ -	$ -	$ -

* Voluntary Fiduciary Correction Program

** Pertains to the 2021 Plan year and was deposited to the Plan in July 2022

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

SCHEDULE H, Line 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

The Bobrick Corporation Profit Sharing Retirement Plan

EIN 95 2500371
PLAN NUMBER 001
PLAN YEAR 11/01/2020 TO 10/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT INC INV FUND	$0.00	$2,078,281.13
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2020 INV FUND	$0.00	$6,509,525.39
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2030 INV FUND	$0.00	$7,724,397.62
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2040 INV FUND	$0.00	$5,661,057.46
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2050 INV FUND	$0.00	$5,994,693.24
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2060 INV FUND	$0.00	$872,735.82
	Wells Fargo Bank, N.A.	Common/Collective Trust Wells Fargo Blackrock SP 500	$0.00	$15,309,478.17
	Wells Fargo Bank, N.A.	Common/Collective Trust Wells Fargo Stable Retrn N Fd	$0.00	$9,717,491.00
	Wells Fargo, Bank, N.A.	Common/Collective Trust Wells Fargo/Blackrock Short term Investm	$0.00	$583,182.90
	Wells Fargo Bank, N.A.	Common/Collective Trust WF/BLKRK Intl Eqty Idx N CIT	$0.00	$2,483,022.98
	Wells Fargo Bank, N.A.	Common/Collective Trust WF/BLKRK RSLL 2000 Idx N CIT	$0.00	$6,687,386.69
*	Participant Loans	Range of Interest Rates Rates Range From 5.25% To 7.50%	$0.00	$1,883,406.00

SCHEDULE H, Line 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Classification: Internal Use

		Corporate Bond Data Dog Inc	$0.00	$41,663.16
		Corporate Bond Chegg Inc	$0.00	$19,608.96
		Corporate Bond Cyberark Software	$0.00	$21,982.70
		Corporate Bond Hannon Armstrong	$0.00	$15,645.60
		Corporate Bond Illumina Inc	$0.00	$23,420.60
		Corporate Bond Nova LTD	$0.00	$19,548.10
		Corporate Bond RH Zero	$0.00	$44,135.00
		Corporate Bond ServiceNow Inc	$0.00	$31,032.42
		Corporate Bond Solar Edge Technologies	$0.00	$23,652.48
		Corporate Bond Air Canada	$0.00	$22,557.28
		Corporate Bond Akamai Technologies	$0.00	$45,307.98
		Corporate Bond Allegheny Technologies	$0.00	$19,520.10
		Corporate Bond American Airlines	$0.00	$32,090.52
		Corporate Bond Apellis Pharmaceuticals	$0.00	$15,405.00
		Corporate Bond Blackline Inc	$0.00	$21,319.32
		Corporate Bond Booking Holdings Inc	$0.00	$53,405.64
		Corporate Bond Bridgebio Pharma Inc	$0.00	$19,909.96

Classification: Internal Use

		Corporate Bond Burlington Stores Inc	$0.00	$27,225.48
		Corporate Bond Callaway Golf Co	$0.00	$20,641.80
		Corporate Bond Carnival Corp	$0.00	$16,172.87
		Corporate Bond Centennial Resource	$0.00	$26,218.48
		Corporate Bond Cerence Inc	$0.00	$28,952.20
		Corporate Bond Chegg Inc	$0.00	$19,676.40
		Corporate Bond Cleveland-Cliffs Inc	$0.00	$56,009.16
		Corporate Bond CNX Resources Corp	$0.00	$18,957.12
		Corporate Bond Conmed Corp	$0.00	$23,975.70
		Corporate Bond Coupa Software Inc	$0.00	$49,249.35
		Corporate Bond Dexcom Inc	$0.00	$91,911.60
		Corporate Bond Dexcom Inc	$0.00	$49,278.19
		Corporate Bond Dick's Sporting Goods	$0.00	$76,170.60
		Corporate Bond Dish Network Corp	$0.00	$77,431.84
		Corporate Bond Envista Holdings Corp	$0.00	$27,302.80
		Corporate Bond EQT Copr	$0.00	$32,819.01
		Corporate Bond Etsy Inc	$0.00	$38,436.58

Classification: Internal Use

		Corporate Bond Etsy Inc	$0.00	$40,479.18
		Corporate Bond Exact Sciences Corp	$0.00	$70,099.06
		Corporate Bond FTI Consulting Inc	$0.00	$20,645.38
		Corporate Bond Granite Construction Inc	$0.00	$21,228.00
		Corporate Bond Green Plains Inc	$0.00	$36,790.00
		Corporate Bond Hubspot Inc	$0.00	$63,349.22
		Corporate Bond Ismed Inc	$0.00	$30,577.60
		Corporate Bond Insulet Corporation	$0.00	$63,782.33
		Corporate Bond Integra Lifescences	$0.00	$26,023.20
		Corporate Bond Jazz Investments	$0.00	$41,615.00
		Corporate Bond Jazz Investments	$0.00	$25,609.32
		Corporate Bond KBR Inc	$0.00	$59,692.50
		Corporate Bond Liberty Media Corp Delaware	$0.00	$39,596.70
		Corporate Bond Liberty Media Corp Delaware	$0.00	$31,804.30
		Corporate Bond Live Nation Entertainmen	$0.00	$68,613.60
		Corporate Bond Lumentum Holdings Inc	$0.00	$52,200.00
		Corporate Bond Lyft Inc	$0.00	$36,122.06

Classification: Internal Use

		Corporate Bond Mercadolibre Inc	$0.00	$16,919.60
		Corporate Bond Microchip Technology Inc	$0.00	$70,201.92
		Corporate Bond Middleby Corp	$0.00	$28,610.01
		Corporate Bond Mongodb Inc	$0.00	$65,330.72
		Corporate Bond NCL Corporation	$0.00	$63,295.84
		Corporate Bond NCL Corporation	$0.00	$37,161.72
		Corporate Bond Neogenomics Inc	$0.00	$39,390.00
		Corporate Bond Novavax	$0.00	$19,042.80
		Corporate Bond Nuvasive Inc	$0.00	$19,792.50
		Corporate Bond OKTA Inc	$0.00	$73,917.36
		Corporate Bond On Semiconductor Corp	$0.00	$58,684.50
		Corporate Bond Palo Alto Networks	$0.00	$178,875.27
		Corporate Bond Par Technology Corp	$0.00	$22,974.42
		Corporate Bond Pebblebrook Hotel	$0.00	$36,732.30
		Corporate Bond Penn National Gaming	$0.00	$22,056.51
		Corporate Bond Pioneer Natural Resource	$0.00	$104,268.93
		Corporate Bond Pure Storage Inc	$0.00	$45,368.20

Classification: Internal Use

		Corporate Bond Repligen Corp	$0.00	$25,306.00
		Corporate Bond Royal Caribbean Cruises	$0.00	$53,953.20
		Corporate Bond Sea LTD	$0.00	$69,315.18
		Corporate Bond Sea LTD	$0.00	$30,535.04
		Corporate Bond Shopify Inc	$0.00	$34,256.25
		Corporate Bond Smart Global Hldgs Inc	$0.00	$17,820.00
		Corporate Bond Snap Inc	$0.00	$78,885.84
		Corporate Bond Southwest Airlines Co	$0.00	$113,703.75
		Corporate Bond Splunk Inc	$0.00	$71,830.00
		Corporate Bond Square Inc	$0.00	$17,130.08
		Corporate Bond Square Inc	$0.00	$101,273.28
		Corporate Bond Summit Hotel Properties	$0.00	$35,284.59
		Corporate Bond Teradyne Inc	$0.00	$38,675.25
		Corporate Bond Tesla Inc	$0.00	$107,640.00
		Corporate Bond Twitter Inc	$0.00	$38,940.00
		Corporate Bond Viavi Solutions Inc	$0.00	$28,211.48
		Corporate Bond Wayfair Inc	$0.00	$20,686.89

Classification: Internal Use

		Corporate Bond Wayfair Inc	$0.00	$23,599.03
		Corporate Bond Wayfair Inc	$0.00	$35,166.88
		Corporate Bond Wellpoint Inc	$0.00	$18,478.38
		Corporate Bond Winnebago Industries	$0.00	$26,896.59
		Corporate Bond Wisdomtree Investments	$0.00	$32,139.64
		Corporate Bond Workday Inc	$0.00	$67,109.20
		Corporate Bond Zendesk Inc	$0.00	$32,952.64
		Corporate Bond Zillow Group Inc	$0.00	$69,652.00
		Corporate Bond Zscaler Inc	$0.00	$58,243.59
		Preferred/Convertible Securities Boston Scientific Corp	$0.00	$49,742.00
		Preferred/Convertible Securities Danaher Corp	$0.00	$58,126.25
		Preferred/Convertible Securities KKR & Co Inc	$0.00	$82,032.80
		Preferred/Convertible Securities Avantor Inc	$0.00	$95,929.50
		Preferred/Convertible Securities Bank of America Corp	$0.00	$57,288.80
		Preferred/Convertible Securities Broadcom Inc	$0.00	$181,152.72
		Preferred/Convertible Securities Centerpoint Energy Inc	$0.00	$22,616.25
		Preferred/Convertible Securities Colfax Corp	$0.00	$46,957.50

Classification: Internal Use

		Preferred/Convertible Securities Cowen Inc	$0.00	$17,280.00
		Preferred/Convertible Securities Danaher Corp	$0.00	$114,688.75
		Preferred/Convertible Securities DTE Energy Co	$0.00	$13,377.20
		Preferred/Convertible Securities Elanco Animal Health Inc	$0.00	$27,620.60
		Preferred/Convertible Securities Essential Utilities Inc	$0.00	$16,172.80
		Preferred/Convertible Securities Nextera Energy Inc	$0.00	$44,570.10
		Preferred/Convertible Securities Nextera Energy Inc	$0.00	$95,322.50
		Preferred/Convertible Securities RBC Bearings Inc	$0.00	$31,093.40
		Preferred/Convertible Securities Sabre Corp	$0.00	$10,230.75
		Preferred/Convertible Securities Stanley Black & Decker	$0.00	$25,900.80
		Preferred/Convertible Securities ViacomCBS	$0.00	$30,618.15
		Preferred/Convertible Securities Aptiv PLC	$0.00	$88,872.00
		Preferred/Convertible Securities Arcelormittal	$0.00	$29,873.80
		Preferred/Convertible Securities Bunge LTD	$0.00	$31,780.00
		Common Stock BP PLC	$0.00	$36,217.82
		Common Stock Core Laboratories	$0.00	$1,196.46
		Common Stock Alcoa Corporation	$0.00	$39,287.25

Classification: Internal Use

		Common Stock Arconic Corp	$0.00	$19,417.20
		Common Stock Hecla MNG	$0.00	$2,658.80
		Common Stock Howmet Aerospace Inc	$0.00	$78,530.05
		Common Stock Kansas City Southern	$0.00	$76,011.25
		Common Stock United Airlines Holdings Inc	$0.00	$10,842.90
		Common Stock Ford Motor Company	$0.00	$6,063.40
		Common Stock McDonald's Corp	$0.00	$196,440.00
		Common Stock Archer Daniels Midland Co	$0.00	$24,282.72
		Common Stock Edgewell Personal Care Co	$0.00	$41,638.10
		Common Stock Chevron Corp	$0.00	$101,896.10
		Common Stock SM Energy Co	$0.00	$1,166.88
		Common Stock Brighthouse Financial Inc	$0.00	$3,415.64
		Common Stock Energizer Spinco Inc	$0.00	$43,399.30
		Common Stock Metlife Inc	$0.00	$47,539.60
		Common Stock Prudential Finl Inc	$0.00	$113,241.45
		Common Stock State Street Corp	$0.00	$64,254.60
		Common Stock Weyerhaeuser Co	$0.00	$205,747.20

Classification: Internal Use

		Common Stock Entergy Corp New Com	$0.00	$58,103.28
		Common Stock Nextera Energy Inc	$0.00	$332,787.00
		Common Stock PNM Res Inc	$0.00	$49,750.00
		Common Stock Viatris Inc	$0.00	$6,087.60

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