Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE NEW YORK BLOWER COMPANY PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/29/1965

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
THE NEW YORK BLOWER COMPANY

7660 QUINCY STREET
WILLOWBROOK, IL 60527

2b Employer Identification Number (EIN) 36-1545150

2c Sponsor's telephone number 630-794-5712

2d Business code (see instructions) 333200

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.	10/06/2010	RICK PROHAMMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
THE NEW YORK BLOWER COMPANY

7660 QUINCY STREET
WILLOWBROOK, IL 60527

3b Administrator's EIN
36-1545150

3c Administrator's telephone number
630-794-5712

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	247
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	168
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	205
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	205
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	204
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	26
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2J 2K 2F 2G 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
THE NEW YORK BLOWER COMPANY PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE NEW YORK BLOWER COMPANY

D Employer Identification Number (EIN)
36-1545150

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

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

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

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

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

GREAT-WEST LIFE AND ANNUITY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	49722	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

(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

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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 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
THE NEW YORK BLOWER COMPANY PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE NEW YORK BLOWER COMPANY

D Employer Identification Number (EIN)
36-1545150

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	446131	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1109620	880723
(9) Value of interest in common/collective trusts	1c(9)	5112632	3801123
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15012703	17882998
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	252144	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	21933230	22564844
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	21933230	22564844

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)	411371	
(B) Participants	2a(1)(B)	673376	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1084747
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	45090	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		45090
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	488066	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		488066
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3738530
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		5356433
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4485914	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4485914
f	Corrective distributions (see instructions)	2f		1757
g	Certain deemed distributions of participant loans (see instructions)	2g		187351
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	49797	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	0	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		49797
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4724819
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		631614
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SIKICH, LLP **(2)** EIN: 36-3168081

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		750000
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		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
THE NEW YORK BLOWER COMPANY PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE NEW YORK BLOWER COMPANY

D Employer Identification Number (EIN)
36-1545150

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): 20-3691708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST

Financial Statements and
Supplemental Schedule

December 31, 2009 and 2008

(With Independent Auditor's Report Thereon)

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST

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Certified Public Accountants & Advisors

Sikich®

Members of American Institute of
Certified Public Accountants

6815 Weaver Road, Suite 100 • Rockford, Illinois 61114-8018

Independent Auditor's Report

The Plan Administrator
New York Blower Company
Profit Sharing Plan and Trust

We were engaged to audit the financial statements of the New York Blower Company Profit Sharing Plan and Trust (Plan) as of December 31, 2009 and 2008, and for the years then ended and the supplemental schedule as of December 31, 2009 as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Orchard Trust Company, LLC, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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 certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and 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 the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sikich LLP

Rockford, Illinois
September 30, 2010

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

		2009	2008
Assets:			
Investments, at fair value:			
Mutual funds	$	17,882,998	15,012,703
Common/collective trust fund		3,801,123	5,112,632
Participant loans		880,723	1,109,620
		22,564,844	21,234,955
Employer contribution receivable		–	446,131
Total assets		22,564,844	21,681,086
Liabilities:		–	–
Net assets reflecting investments at fair value		22,564,844	21,681,086
Adjustment from fair value to contract value of the common/collective trust fund		(70,875)	252,144
Net assets available for benefits	$	22,493,969	21,933,230

See accompanying notes to financial statements.

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2009 and 2008

		2009	2008
Additions to net assets attributed to:			
Investments:			
Net appreciation in fair value of investments	$	3,667,655	–
Interest and dividends		488,066	728,748
Interest income – participant loans		45,090	57,264
		4,200,811	786,012
Contributions:			
Employer:			
Company safe-harbor match		411,371	468,872
Company discretionary profit sharing		–	1,620,076
		411,371	2,088,948
Participant:			
Compensation deferrals		673,376	804,481
Rollovers		–	48,092
		673,376	852,573
Total additions		5,285,558	3,727,533
Deductions from net assets attributed to:			
Net depreciation in fair value of investments		–	8,229,357
Benefits paid to participants		4,675,022	511,198
Administrative expenses		49,797	54,947
Total deductions		4,724,819	8,795,502
Increase (decrease) in net assets available for benefits		560,739	(5,067,969)
Net assets available for benefits:			
Beginning of year		21,933,230	27,001,199
End of year	$	22,493,969	21,933,230

See accompanying notes to financial statements.

(1) Description of Plan

The following description of the New York Blower Company Profit Sharing Plan and Trust (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering all full-time non-union, salaried or clerical employees of The New York Blower Company and Mechanovent Corporation (collectively Company) who have met the eligibility requirements set forth in the Plan. Entry into the plan is on the first day of the calendar quarter after becoming eligible. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is a "safe harbor" 401(k) plan.

(b) Contributions

Participants may elect to contribute a portion of their compensation on a pre-tax and/or after-tax (i.e. Roth) basis in accordance with Internal Revenue Code Section 401(k). Participants may also contribute rollover distributions from other qualified benefit plans. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute payments representing distributions from other qualified retirement plans (i.e. rollovers). Voluntary pre-tax and after-tax employee contributions are matched (safe harbor match) by the Company at a rate of 100 percent for the first three percent of employee compensation contributed and 50 percent of the next two percent.

The Plan also provides for discretionary profit sharing and matching contributions (in excess of "safe harbor" matching contributions) by the Company to the Plan.

(c) Participant Accounts

To the extent any of the following occur, each participant's account is credited with the participant's contribution, employer "safe harbor" and discretionary matching contributions and an allocation of (a) the Company's discretionary profit sharing contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. 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 account. To be eligible to receive an allocation of any discretionary profit sharing contribution from the Company, the participant must be employed with the Company on the last day of each calendar quarter. Also, the participant must have completed a year of service as defined by the Plan.

(d) Investment Options

Participants direct the investment of their contributions and the Company contributions into various investment options offered by the Plan.

(e) Payment of Benefits

Upon termination of service, a participant or beneficiary may elect to receive either a lump-sum amount equal to the value of his or her vested interest in their account, various annuities or installments over a period not exceeding the life expectancy of the participant or joint lives of the participant and beneficiary. If the value of the vested benefit does not exceed $5,000, the Plan may distribute the participant's vested benefit without the participant's consent.

(f) Vesting

Participants are immediately vested in their voluntary pre-tax and after-tax contributions, rollover contributions and employer safe harbor matching contributions plus actual earnings thereon. Vesting in Company discretionary matching and profit sharing contributions plus earnings thereon is based on years of continuous service. A participant vests 20% per year and is 100 percent vested after five years of service, upon retirement at or after age 65, death or total disability. A year of service is earned in years in which at least 1,000 hours are worked.

(g) Loans

A participant may request a loan not to exceed the lessor of $50,000, reduced by the largest outstanding loan balance over the preceding 12 months, or 50% of their aggregate vested balance. The minimum loan amount which a participant may request is $1,000. Each loan shall have a repayment period of 12-60 months unless the loan is used to purchase a principal residence which can have repayment period of 61–180 months. Interest is fixed at loan inception at a rate of interest determined by the Plan Administrator which approximates the interest rates charged by third party lenders. Such interest ranged from 3.25% to 9.00% as of December 31, 2009. Outstanding loan balances are collateralized by each participant's account balance. Loans which are not repaid following termination of employment are treated as a deemed benefit payment.

(h) Forfeitures

Forfeited accounts are first made available to reinstate previously forfeited account balances for former participants. The remaining forfeitures are to be allocated to participant's accounts as additional Company discretionary contributions. At December 31, 2009 and 2008, unallocated forfeitures totaled approximately $36,200 and $66,400 respectively. Approximately $66,000 and $23,200 of forfeitures were allocated to participants during the years ended December 31, 2009 and 2008, respectively.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting.

(b) New Accounting Pronouncements

In 2009, FASB Staff Position 157-4, *Disclosures Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* (FSP 157-4), was issued and later codified into ASC Topic 820, *Fair Value Measurements and Disclosures* (ASC Topic 820), which expanded disclosures and required that major category for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments.

(c) Use of Estimates

The preparation of financial statements is in conformity with accounting principles generally accepted in the United States of America and requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(d) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

Purchases and sales of securities are recorded on trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investments in common/collective trust funds held by a defined contribution plan are required to be reported at fair value. However, for such funds which hold fully benefit responsive investment contracts, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributed to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value is the invested principal plus accrued interest.

The statements of net assets available for benefits present the fair value of the common/collective investment fund (Invesco Stable Value Fund) as well as the adjustment of the fully benefit-responsive investment contracts held in that fund from fair value to contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

A fully benefit responsive investment contract is a contract between an insurance company, a bank, a financial institution, or any financially responsible entity, with a plan or common/collective investment fund owned by a plan that provides for a stated return on principal invested over a specific period and that permits withdrawals at contract value for benefit payments, loans, or transfers to other investment options offered to the participant by the Plan. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Average yields for the Invesco Stable Value Fund are as follows:

	2009	2008
Based on interest rate credited to participants	3.887%	3.344%
Based on actual earnings	3.099%	6.449%

(e) Payment of Benefits

Benefits are recorded when paid.

(f) Operating Expenses

Certain expenses of maintaining the Plan are paid directly by the Company.

(g) Subsequent Events

Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are issued or are available to be issued. These events and transactions either provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing financial statements (that is, recognized subsequent events), or provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after that date (that is, non-recognized subsequent events).

The Plan has evaluated subsequent events through September 30, 2010, the date the financial statements were available to be issued, and determined that there were no significant non-recognized subsequent events through that date.

(3) Tax Status

The Plan has received a favorable determination letter from the Internal Revenue Service, dated November 27, 2001, indicating that it is qualified under the applicable provisions of the Internal Revenue Code (Code). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

(4) Plan Termination

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the net income or loss to the date of termination, less any distribution expenses and liquidation costs, shall be distributed proportionately to the participants' accounts and participants shall become 100% vested in and be entitled to receive the value of their respective accounts. The Company can elect, upon termination of the Plan, to continue the Plan Trust and make distributions to participants until all such distributions are made.

(5) Information Certified by the Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Orchard Trust Company, LLC (Trustee) has certified that the Plan's investments, interest and dividends, net appreciation (depreciation) in fair value of investments as reported to the Plan and included in the accompanying financial statements and supplemental schedule are complete and accurate as of December 31, 2009 and 2008 and for the years then ended.

(6) Investments

The individual investments which represent 5% or more of the Plan's net assets as of December 31 are as follows:

		2009	2008
American Funds Growth Fund of America	$	2,641,467	2,310,788
Davis NY Venture Fund		2,327,560	1,147,935
Invesco IRT Stable Value Fund	**	3,730,248	5,364,776
Pimco Total Return Admin Fund		1,729,959	2,280,463
Pioneer Cullen Value Fund A		1,667,512	2,307,591
Thornburg International Value Fund		1,291,385	*
Royce Micro Cap, Inv		1,195,078	*

* Less than 5% of Plan's net assets
** Contract value

The net appreciation in fair value of investments is entirely attributable to mutual funds held by the Plan.

(7) Fair Value Measurements

Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full-term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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 December 31, 2009 and 2008.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Common/collective trust fund: Valued using the net asset value (NAV) as provided by the fund administrator. The NAV is calculated by dividing the total value of the underlying assets held by the fund, minus its liabilities, by the total number of shares outstanding of the fund. Synthetic guaranteed investment contracts are portfolios of securities (debt securities or units of collective trusts) owned by the trust fund with wrap contracts associated with the portfolios. The value of debt securities and units of collective trusts are described below. The fair value of wrap contracts is determined based on the change in the present value of the contract's replacement cost. Short-term securities held by the trust fund are valued at amortized cost. Investments in affiliated and unaffiliated collective trusts are valued at the respective NAV's as reported by such trusts. Debt securities are valued on the basis of valuations provided by an independent pricing service.

Participant loans: Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
International	$ 2,740,164	–	–	2,740,164
Specialty	366,650	–	–	366,650
Small-cap	1,797,358	–	–	1,797,358
Mid-cap	1,060,544	–	–	1,060,544
Large-cap	7,072,203	–	–	7,072,203
Domestic hybrid	1,200,340	–	–	1,200,340
Bond	3,645,739	–	–	3,645,739
Total mutual funds	17,882,998	–	–	17,882,998
Common/collective trust fund	–	3,801,123	–	3,801,123
Participant loans	–	–	880,723	880,723
Total	$ 17,882,998	3,801,123	880,723	22,564,844

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 15,012,703	–	–	15,012,703
Common/collective trust	–	5,112,632	–	5,112,632
Participant loans	–	–	1,109,620	1,109,620
Total	$ 15,012,703	5,112,632	1,109,620	21,234,955

The table below sets forth a summary of changes in the fair value for the Plan's level 3 assets for the year ended December 31, 2009 and 2008.

Participant Loans:		2009	2008
Balance, beginning of year	$	1,109,620	929,646
Loans funded, repayments received and deemed distributions, net		(228,897)	179,974
Balance, end of year	$	880,723	1,109,620

(8) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the market value of investment securities will occur in the near term and that such changes could be material to the amounts reported in the statements of net assets available for benefits.

(9) Related Party Transactions

Certain employees of the Company provide administrative services to the Plan. These employees are not paid by the Plan for their services.

(10) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the 2009 Form 5500:

		2009
Net assets available for benefits per the statement of net assets	$	22,493,969
Plus adjustment from fair value to contract value not reported on Form 5500		70,875
Net assets available for benefits per Form 5500	$	22,564,844

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to the net income per Form 5500 in 2009.

		Year ended 2009
Total additions to net assets available for benefits per financial statements	$	5,285,558
Plus current year adjustment from fair value to contract value not reported on Form 5500		70,875
Total income per Form 5500	$	5,356,433

The following is a reconciliation of employer contributions received per the financial statements to the 2008 Form 5500:

		Year ended 2008
Employer contributions received per the statements of changes in net assets	$	2,088,948
Contributions receivable – January 1		405,332
Employer contributions reported in Form 5500	$	2,494,280

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST

EIN #36-1545150 Plan #001

Schedule H, Line 4(i) – Schedule of Assets Held for Investment Purposes

December 31, 2009

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost		(e) Current Value
	Mutual Funds:				
	American Funds	American Balanced Fund	$ **	$	925,370
	American Funds	American Growth Fund of America	**		2,641,467
	American Funds	American Income Fund	**		233,002
	American Funds	American Cap World Growth & Income Fund	**		637,419
	Columbia Management	Columbia Acorn Fund	**		306,539
	Columbia Management	Columbia Marsico Int'l Opp – A	**		1,624
	Columbia Management	Columbia Small Cap Value II Fund – Z	**		411,146
	Columbia Management	Columbia Mid Cap Value A	**		400,543
	Fidelity	Fidelity Advisor Leveraged Co Stk T	**		189,700
	Fidelity	Fidelity Advisor Emerging Markets T	**		809,736
	Davis Funds	Davis NY Venture	**		2,327,560
	AIM Investments	AIM Real Estate Fund	**		304,134
	Lord Abbett	Lord Abbett Developing Growth A	**		191,134
	Maxim Loomis	Maxim Loomis Sayles Bond Portfolio	**		837,704
	MFS	MFS Utilities	**		62,516
	Oppenheimer	Oppenheimer International Bond Fund	**		327,028
	Pimco	Pimco Total Return Admin	**		1,729,959
	Pioneer	Pioneer Cullen Value Fund A	**		1,667,512
	Pioneer	Pioneer High Yield Fund A	**		122,400
	The Royce Funds	Royce Micro Cap Fund	**		1,195,078
	The Munder Funds	Munder Mid Cap Equity Fund	**		163,762
	Thompson	Thompson Plumb Bond Fund	**		279,122
	The Vanguard Group	Vanguard 500 Index Signal Fund	**		435,664
	Thornburg Investment Management	Thornburg International Value Fund	**		1,291,385
	Oakmark	Oakmark Equity & Income II	**		41,968
	PIMCO	PIMCO Mortgage-Backed Securities Fund	**		349,526
	Common/Collective Trust Fund:				
	Invesco Funds	Invesco IRT Stable Value Fund	**	***	3,730,248
*	Participant loans	Interest rate range: 3.25% – 9.00%	$ –		880,723
				$	22,493,969

* Denotes party in interest

** Cost information is not required for participant-directed investments.

*** Valued at contract value

ASSETS HELD FOR INVESTMENT PURPOSES

The New York Blower Company Profit Sharing Plan and Trust
01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
197AFCW			669,851.98	637,419.21
1MAIOX			1,475.55	1,624.29
1FTMKX			618,328.52	809,736.03
1OIBAX			328,830.43	327,028.25
1TGVAX			1,224,787.84	1,291,385.13
1IARAX			311,103.26	304,134.35
1MMUFX			60,900.01	62,516.30
1NSVAX			337,736.47	411,145.77
1LAGWX			183,261.55	191,133.68
1RYOTX			998,512.49	1,195,077.97
1ACRNX			299,936.55	306,539.30
1CMUAX			458,338.79	400,543.30
1FLSTX			170,479.18	189,700.08
1MGOAX			158,276.71	163,761.72
195AFGF			2,553,391.18	2,641,466.90
1NYVTX			2,234,994.31	2,327,559.82
1CVFCX			1,814,097.23	1,667,512.38
1VIFSX			512,435.47	435,664.10
199AFBL			1,001,649.71	925,369.88
1103AFI			263,455.74	233,002.33
1OARBX			38,123.18	41,967.53
1BMSXLC			740,550.56	837,703.74
1PMTAX			357,839.76	349,526.44
1PTRAX			1,657,738.19	1,729,958.63
1TAHYX			115,899.37	122,399.51
1THOPX			262,210.80	279,121.83
1SVFIRT			3,694,061.56	3,694,061.56
			21,068,266.39	**21,577,060.03**
PARTICIPANT LOANS	VARIOUS	3.250-9.000	874,199.54	880,722.80
FORFEITURES			36,186.29	36,186.29

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 36-1545150 Plan 001

ASSETS HELD FOR INVESTMENT PURPOSES

The New York Blower Company Profit Sharing Plan and Trust

01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

197AFCW	American Funds Capital World G/I R3
1FTMKX	Fidelity Advisor Emerging Markets T
1TGVAX	Thornburg International Value - A
1MMUFX	MFS Utilities A
1LAGWX	Lord Abbett Developing Growth A
1ACRNX	Columbia Acorn Fund - Z
1FLSTX	Fidelity Advisor Leveraged Co Stk - T
195AFGF	American Funds Growth Fund of Amer R3
1CVFCX	Pioneer Cullen Value Fund A
199AFBL	American Funds American Blnced Fund - R3
1OARBX	Oakmark Equity & Income II
1PMTAX	PIMCO Mortgage-Backed Securities Adm
1TAHYX	Pioneer High Yield A
1SVFIRT	INVESCO IRT Stable Value Fund
1MAIOX	Columbia Marsico Intl Opp - A
1OIBAX	Oppenheimer International Bond Fund A
1IARAX	AIM Real Estate A
1NSVAX	Columbia Small Cap Value II Fund - Z
1RYOTX	Royce Micro Cap, Inv
1CMUAX	Columbia Mid Cap Value A
1MGOAX	Munder Mid-Cap Core Growth A
1NYVTX	Davis NY Venture A
1VIFSX	Vanguard 500 Index Signal
1103AFI	American Funds Income Fund R3
1BMSXLC	Maxim Loomis Sayles Bond Portfolio
1PTRAX	PIMCO Total Return Admin
1THOPX	Thompson Plumb Bond

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year