Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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
SPRAYING SYSTEMS CO. EMPLOYEES' PROFIT SHARING AND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/17/1951

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

SPRAYING SYSTEMS CO

P.O. BOX 7900
NORTH AVE AT SCHMALE RD
WHEATON, IL 60189-7901

2b Employer Identification Number (EIN) 36-1922920

2c Sponsor's telephone number 630-665-5000

2d Business code (see instructions) 332900

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.	08/21/2012	MARTIN F HYNES
	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")
SPRAYING SYSTEMS CO

P.O. BOX 7900
NORTH AVE AT SCHMALE RD
WHEATON, IL 60189-7901

3b Administrator's EIN
36-1922920

3c Administrator's telephone number
630-665-5000

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**	959
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**	967
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	31
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	998
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	1000
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	947
h	Number of participants that 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 Characteristic Codes in the instructions:
2E 2F 2H 2J 3D 3H 2K 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)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
SPRAYING SYSTEMS CO. EMPLOYEES' PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SPRAYING SYSTEMS CO

D Employer Identification Number (EIN)
36-1922920

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

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

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

MARSHALL & ILSLEY TRUST CO NA

39-1186267

(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 19 21 25 36 37 38 49 50 57 59 62 63 64	NONE	152932	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MONDRIAN INVESTMENT GROUP, INC

TWO COMMERCE SQUARE
2001 MARKET STREET, SUITE 3810
PHILADELPHIA, PA 19103-7039

(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?
28	NONE	114725	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRICEWATERHOUSECOOPERS

13-5326270

(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?
10	NONE	26750	Yes [ ] No [X]	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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
SPRAYING SYSTEMS CO. EMPLOYEES' PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SPRAYING SYSTEMS CO

D Employer Identification Number (EIN)
36-1922920

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: BMO EB STABLE PRINCIPAL FUND

b Name of sponsor of entity listed in (a): MARSHALL & ILSLEY TRUST 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)
39-6490536-001	C	11676513

a Name of MTIA, CCT, PSA, or 103-12 IE: MONDRIAN EMERGING MARKETS EQUITY FD

b Name of sponsor of entity listed in (a): MONDRIAN INVESTMENT GROUP US, INC.

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)
56-2475915-003	E	10867198

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)

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
SPRAYING SYSTEMS CO. EMPLOYEES' PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SPRAYING SYSTEMS CO

D Employer Identification Number (EIN)
36-1922920

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	4760	3350
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3301228	6025994
(2) Participant contributions	1b(2)		42060
(3) Other	1b(3)	126993	84236
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	4170769	3844638
(9) Value of interest in common/collective trusts	1c(9)	11753850	11676513
(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)	12241220	10867198
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	116774824	118355009
(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	148373644	150898998
Liabilities			
g Benefit claims payable	1g		3300
h Operating payables	1h	101231	68054
i Acquisition indebtedness	1i		
j Other liabilities	1j	68861	48950
k Total liabilities (add all amounts in lines 1g through1j)	1k	170092	120304
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	148203552	150778694

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)	7269643	
(B) Participants	2a(1)(B)	2419528	
(C) Others (including rollovers)	2a(1)(C)	99231	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9788402
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	153418	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		153418
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3341790	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3341790
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)		
(B) Other	2b(5)(B)		
(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)		334620
(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)		-1771135
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1027795
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		10819300
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7942839	
(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)		7942839
f Corrective distributions (see instructions)	2f		6912
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	26750	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	114725	
(4) Other	2i(4)	152932	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		294407
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8244158
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2575142
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP (2) EIN: 13-5326270

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		500000
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 **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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
SPRAYING SYSTEMS CO. EMPLOYEES' PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SPRAYING SYSTEMS CO

D Employer Identification Number (EIN)
36-1922920

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): 39-6436442

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete 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):



Report of Independent Auditors

To the Participants and Administrator of
Spraying Systems Co. Profit Sharing and 401(k) Plan

We were engaged to audit the financial statements and supplemental schedules of Spraying Systems Co. Profit Sharing and 401(k) Plan (the "Plan") at December 31, 2011 and 2010, and for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and schedules 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 7, which was certified by Marshall and Ilsley Trust Company N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2011 and 2010 and for the year ended December 31, 2011, 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 schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by Marshall and Ilsley Trust Company N.A., 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.

PricewaterhouseCoopers LLP

Chicago, Illinois
July 31, 2012

Schedule H, line 4j – Schedule of Reportable Transactions

12/31/2011

SPONSOR: SPRAYING SYSTEMS CO.
EIN: 36-1922920
PLAN NUMBER: 002
NAME: SPRAYING SYSTEMS CO. EMPLOYEE'S 401(K) AND PROFIT SHARING PLAN

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
AMERICAN GROWTH FUND OF AMERICA	MUTUAL FUND		7,561,185			5,160,346	7,561,185	(2,400,839)
HARBOR FD CAP APPRECIATION FUND	MUTUAL FUND	7,200,365				7,200,365	7,200,365	0
PIMCO REAL RETURN FUND	MUTUAL FUND	4,330,234				4,330,234	4,330,234	0
PIMCO REAL RETURN FUND	MUTUAL FUND		4,777,160			3,591,673	4,777,160	(1,185,487)
MARSHALL PRIME MONEY MARKET	MUTUAL FUND	16,123,562				16,123,562	16,123,562	0
MARSHALL PRIME MONEY MARKET	MUTUAL FUND		14,298,513			14,298,513	14,298,513	0

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DATE 12/31/2011

SPONSOR: Spraying Systems Co.
EIN: 36-6050387
PLAN NUMBER: 002
NAME: Spraying Systems Co. Employee's 401(k) and Profit Sharing Plan

(a)	(b) Identity of issue, 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
	CASH	CASH	**	3,350.00
	AMERICAN FUNDS	AMERICAN EUROPACIFIC GROWTH R5 #2516	**	8,096,708
	AMERICAN FUNDS	AMERICAN WASHINGTON MUTUAL INVESTORS	**	1,651,686
	COHEN & STEERS SECURITIES INC.	COHEN & STEERS REALTY INC COM #1262	**	1,630,579
	FRED ALGER & CO. INC.	ALGER SMALL CAP GROWTH PORTFOLIO	**	1,863,631
	HARBOR FUNDS	HARBOR FUND CAP APPRECIATION	**	1,849,640
*	BMO FUNDS	BMO EB STABLE PRINCIPAL FUND	**	4,499,896
	BMO FUNDS	BMO PRIME MONEY MARKET CL Y	**	14,850
	LOANS TO VARIOUS PARTICIPANTS	INTEREST RATES 3.34% TO 10.25%	**	3,844,638
	PIMCO INSTITUTIONAL	PIMCO FDS TOTAL RETURN FD #435	**	3,805,676
	PIMCO INSTITUTIONAL	PIMCO REAL RETURN FUND - ADMIN	**	5,058,010
	ROYCE FUND	ROYCE TOTAL RETURN FUND #267	**	2,026,124
	VANGUARD FUNDS	VANGUARD INSTITUTIONAL INDEX FD #94	**	5,462,938
	FRED ALGER & CO. INC.	ALGER SMALL CAP GROWTH PORTFOLIO	3,249,177	3,916,082
	AMERICAN FUNDS	AMERICAN EUROPACIFIC GROWTH R5	11,702,003	13,686,979
	HARBOR FUNDS	HARBOR FUND CAP APPRECIATION	7,200,365	6,990,462
	COHEN & STEERS SECURITIES INC.	COHEN & STEERS REALTY INC	2,811,479	4,558,274
	DW'S FUNDS	DWS DREMAN SMALL CAP VALUE	4,184,884	3,908,478
*	BMO FUNDS	BMO EB STABLE PRINCIPAL FUND	7,176,617	7,176,617
	BMO FUNDS	BMO PRIME MONEY MARKET	7,975,994	7,975,994
	LIMITED PARTNERSHIP	MONDRIAN EMERGING MARKET EQUITY	349,948	10,913,685
	PIMCO INSTITUTIONAL	PIMCO FDS TOTAL RETURN	7,056,891	7,323,504
	PIMCO INSTITUTIONAL	PIMCO REAL RETURN FUND CL I	23,358,327	27,835,622
	T ROWE PRICE FUNDS	T ROWE PRICE SMALL CAP STOCL	2,461,157	3,371,521
	VANGUARD FUNDS	VANGUARD VALUE INDEX FUND #1346	628,554	668,091
	VANGUARD FUNDS	VANGUARD VALUE INDEX FUND #867	5,353,591	6,660,160

* A party-in-interest as defined by ERISA

** Cost ommitted for participant directed accounts

Spraying Systems Co.
Profit Sharing and 401(k) Plan

Financial Statements and Supplemental Schedules
December 31, 2011 and 2010

Spraying Systems Co. Profit Sharing and 401(k) Plan
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Financial Statements

Statements of Net Assets Available for Benefits
December 31, 2011 and 2010 2

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2011 3

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December 31, 2011 and 2010 4–13

Supplemental Schedules

Schedule I: Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011 14

Schedule II: Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2011 15

Note: All other schedules of additional financial information required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

Spraying Systems Co. Profit Sharing and 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	2011	2010
Assets		
Investments, at fair market value		
Mutual funds	110,364,165	110,612,608
Limited partnership	10,867,198	12,241,220
Collective trust funds	11,931,956	11,908,378
Cash and short-term securities	7,994,194	6,166,976
Total investments	141,157,513	140,929,182
Receivables		
Notes receivable from participants	3,844,638	4,170,769
Employer profit sharing contribution receivable	6,000,000	3,200,000
Participant contribution receivable	42,060	-
Employer match contribution receivable	25,994	101,228
Interest and dividends receivable	84,236	126,993
Total assets	151,154,441	148,528,172
Liabilities		
Due to broker	68,054	101,231
Accrued expenses	48,950	68,861
Total liabilities	117,004	170,092
Net assets available for benefits at fair market value	151,037,437	148,358,080
Adjustment from fair value to contract value for interest in collective trust funds relating to fully benefit-responsive investment contracts	(255,443)	(154,528)
Net assets available for benefits	$ 150,781,994	$ 148,203,552

The accompanying notes are an integral part of the financial statements.

Spraying Systems Co. Profit Sharing and 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2011

Additions	
Additions to net assets available for benefits attributed to	
Participant contributions	$ 2,419,528
Employer matching 401(k) contributions	1,269,643
Employer profit sharing contribution	6,000,000
Rollover	99,231
Net depreciation in fair value of investments	(2,798,930)
Interest and dividend income	3,676,410
Interest on participant loans	153,418
Total additions	10,819,300
Deductions	
Deductions from net assets available for benefits attributed to	
Benefit payments	7,946,451
Administrative fees and other	294,407
Total deductions	8,240,858
Increase in net assets during the year	2,578,442
Net assets available for benefits	
Beginning of year	148,203,552
End of year	$ 150,781,994

The accompanying notes are an integral part of the financial statements.

1. Plan Description

The following brief description of the Spraying Systems Co. Profit Sharing and 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for more complete information.

General

The Plan was established effective February 7, 1951 and is a defined contribution plan covering all salaried and hourly employees (except those covered by a collective bargaining agreement or leased employees) of Spraying Systems Co. (the "Company") and its subsidiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

Full-time employees become eligible to participate in the Plan on the first day of the month coinciding with or immediately following the completion of one continuous month of employment. Part-time employees become eligible to participate in the Plan on the first day of the month coinciding with or immediately following the completion of 1,000 hours of service in a twelve-month period. Full-time employees become eligible to participate in the Profit Sharing portion of the Plan coinciding with the fiscal year end following the completion of two continuous years of employment.

Contributions

Eligible employees may elect to participate in the Plan and have the Company make before tax contributions on their behalf up to 80% of their total compensation, excluding amounts received as bonus received during the year, subject to Internal Revenue prescribed limits.

The Company may make a discretionary 401(k) matching contribution to all participants. For the year ended December 31, 2011, the Company's discretionary 401(k) match was 3.5% of eligible compensation (base pay) not to exceed Internal Revenue Code limit. For the year ended December 31, 2011, the Company's discretionary 401(k) matching contributions totalled $1,269,643 to participants. The Company may also make a discretionary profit-sharing contribution to qualified participants who complete two years of continuous service. The profit-sharing contribution may be determined as a uniform percentage of eligible compensation or as a uniform dollar amount. For the year ended December 31, 2011, the Company's discretionary profit-sharing contribution was $6,000,000.

Participant Accounts

Each participant's account is credited with the participant's contributions, Company contributions and an allocation of Plan earnings (losses) and charged with an allocation of administrative expenses.

Participants self direct the investments of their 401(k) account into registered investment company funds or collective trust funds offered by the Plan and are allowed to change their investment elections on a daily basis. The profit-sharing funds are nonparticipant directed and are invested at the discretion of the Plan's investment managers. During 2011, the profit-sharing funds have primarily been invested in a portfolio of publicly traded equity securities.

Vesting

Participants are immediately vested in their voluntary 401(k) contributions, the Company matching 401(k) and profit-sharing contributions, and actual earnings or losses thereon. As such there are no forfeitures associated with the Plan.

Administration
The Plan is administered by a committee of three trustees appointed by the Company's Board of Directors. Functions of the committee include oversight of the investment allocation of the Company's contributions to the Plan in accordance with the Plan document. Marshall & Ilsley Trust Company N.A. ("M&I") is the trustee and recordkeeper for the Plan.

Notes Receivable from Participants
The Plan provides for participant loans of up to the lesser of 50% of the participant's account balance or $25,000. Participant loans are permitted from profit sharing contributions only. The participant loans are secured by the participant's vested interest in the Plan and by such other collateral, if any, which the employer deems necessary to adequately secure the loan. Such loans bear interest at rates ranging from 3.34% to 10.25% and 3.74% to 10.25% at December 31, 2011 and 2010, respectively. These rates are commensurate with current consumer lending interest rates at the time the loan is made. Loan repayment periods generally range from one to sixty months.

Benefits Payments
Upon termination of service by reason of retirement (normal retirement age of 65), early retirement (retirement on or after age 55), death, disability, resignation or dismissal, the distributable interest of such participant shall be 100 percent of the balance of the value of his/her account. A participant may elect to receive an amount equal to the value of the participant's vested interest in his account in a lump-sum amount. If a participant's account balance is $5,000 or less, the participant will receive a lump-sum distribution. Participants may withdraw all or a portion of their participant contributions without penalty upon attainment of age 59-1/2. Participants may withdraw all or a portion of the vested balance of their accounts without penalty upon attainment of age 70-1/2.

2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Valuation of Investments
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable 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. The Plan invests in investment contracts through collective trust funds. The Statements of Net Assets Available for Benefits presents the fair value of the investment in the collective trust fund as well as the adjustment of the investment in the collective trust fund from fair value to contract. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Security Transactions and Investment Income
Gains or losses on sales of securities are recorded as the difference between proceeds received and cost. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned on the accrual basis. Net realized and unrealized appreciation (depreciation), which includes gains and losses on investments bought and sold, as well as held during the year, is recorded in the accompanying Statement of Changes in Net Assets Available for Benefits as net appreciation (depreciation) in investments.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Expenses of the Plan
All direct expenses incurred in the administration of the Plan are charged to and paid by the Plan.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions by management that affect 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 period. Actual results could differ from those estimates.

Payment of Benefits
Benefits are recorded when paid.

Recently Adopted and Issued Accounting Pronouncements
In May, 2011, FASB issued Accounting Standards Codification ("ASC") Update 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*. This new pronouncement provides guidance to improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with GAAP. The amendments are intended to: 1) clarify the application of existing fair value measurement and disclosure requirements and 2) change a particular principle or requirement for measuring and disclosing information about fair value measurements. The prospective application of this guidance is effective for annual periods beginning January 1, 2012. Plan management does not believe the adoption of this guidance will have a material effect on the Plan's financial statements.

In January 2010, the Financial Accounting Standards Board (FASB) issued guidance for improving disclosures about fair value measurements. The new guidance requires new disclosures for transfers in and out of Level 1 and 2 classifications and for more detail about the activity in Level 3 fair value measurements. The new guidance also clarifies previous disclosure requirements by increasing the level of disaggregation to the class level for investments and by requiring more disclosures about inputs and valuation techniques for fair value measurements in Level 2 and Level 3. The disclosures required under this guidance are provided in the accompanying Note 4, Fair Value Measurement. The principal impact from this update resulted in expanded disclosures regarding the Plan's fair value measurements in 2010.

In 2010, the FASB issued ASU No. 2010-06 which amends Fair Value Measurements and Disclosures — Overall (ASC Topic 820-10). This update requires a gross presentation of activities within the Level 3 rollforward and adds a new requirement to disclose transfers in and out of Level 1 and 2 measurements. The update further clarifies the existing disclosure requirements in ASC 820-10 regarding: i) the level of disaggregation of fair value measurements; and ii) the

disclosures regarding inputs and valuation techniques. This update was effective for the Plan's fiscal year beginning January 1, 2010 except for the gross presentation of the Level 3 transfers in and transfers out information, which is effective for the current fiscal year. The principal impact from this update was expanded disclosures regarding the Plan's fair value measurements.

3. Investments

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2011 and 2010:

	2011	2010
Pimco Real Return Fund **	32,893,632	31,634,702
American Europacific Growth Fund **	21,783,686	23,412,063
BMO Employee Benefit Stable (at contract value) **	11,676,513	11,753,850
Pimco Total Return Fund **	11,129,180	10,696,498
Mondrian Emerging Markets Equity Fund ***	10,867,198	12,241,220
Harbor Fd Cap **	8,840,102	-
BMO Prime Money Market **	7,990,844	6,162,216
American Growth Fund of America **	-	9,131,733

** Partially non-participant directed
***Non-participant directed

The net depreciation in the fair value of investments in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2011 includes:

Limited partnership	$ (1,771,135)
Mutual funds	(1,027,795)
Total net depreciation in the fair value of investments	$ (2,798,930)

Non-Participant Directed Net Assets

Information about the net assets and the significant components of changes in net assets related to the non-participant directed investments is as follows:

	December 31	
	2011	2010
Net Assets, at fair value		
Mutual funds	$ 78,919,173	$ 80,651,492
Limited partnership	10,867,198	12,241,220
Collective trust fund	7,333,618	7,879,799
Cash and short-term securities	7,975,994	6,150,944
Employer profit sharing contribution receivable	6,000,000	3,200,000
Notes receivable from participants	3,844,638	4,170,769
Adjustment from fair value to contract value for interest in collective trust funds relating to fully benefit-responsive investment contracts	(157,001)	(102,273)
	$ 114,783,620	$ 114,191,951

	Year Ended December 31, 2011
Change in net assets:	
Contributions	$ 6,000,000
Interest and dividend income	2,788,727
Net depreciation in fair value of investments	(1,796,172)
Interest on participant loans	153,418
Benefit payments	(6,378,883)
Administrative fees	(175,421)
	$ 591,669

4. Fair Value Measurement

The Plan has adopted authoritative guidance establishing a three-level valuation hierarchy for fair value measurements. 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 below:

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 active 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's 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 as of for the year ended December 31, 2011.

Mutual funds: Valued at the Net Asset Value ("NAV") of shares held by the Plan at year end.

Mondrian Emerging Markets Equity Fund, L.P.: This limited partnership fund is not traded on a national securities exchange or in the over-the-counter market. The fair market value has been determined using Net Asset Value ("NAV") and is used for expedience purposes. For the years ended December 31, 2011 and 2010, all of the limited partnership investments are in emerging market equities and the limited partnership had no unfunded commitments. Were the Plan to initiate a full redemption of the limited partnership, a withdrawal notice must be presented to the General Partner on or before the fifteenth day of the prior month. The General Partner reserves the right to temporarily delay withdrawal to the extent that it is determined such actions would disrupt management of the fund.

Collective trust funds: The fair market value of the Plan's interest in each collective trust fund has been determined using Net Asset Value and are used for expedience purposes. The NAV is based on the value of the underlying assets owned by each common collective trust fund. Generally, under ordinary market conditions, all common collective trust fund positions provide daily market liquidity to Plan participants and the Plan. The Plan invests in The Stable Value Principal Fund in which participant transactions (issuances and redemptions) may occur daily. Were the Plan to initiate a full redemption of the common collective trust fund, the investment advisor reserves the right to temporarily delay withdrawal from the common collective trust fund in order to ensure that securities liquidations will be carried out in an orderly business manner.

Cash and short-term investments: Valued at cost, which approximated fair value at December 31, 2011 and 2010.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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, 2011 and 2010:

	Assets at Fair Value as of December 31, 2011:			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Equity Funds				
Small Cap	$ 15,085,836	$ -	$ -	$ 15,085,836
Large Cap	16,622,817	-	-	16,622,817
International Equity	21,783,687	-	-	21,783,687
Other Equity	12,849,013	-	-	12,849,013
Fixed Income Funds	44,022,812	-	-	44,022,812
Total Mutual Funds	110,364,165	-	-	110,364,165
Limited Partnership	-	-	10,867,198	10,867,198
Collective Trust Fund				
Stable Value Funds	-	11,931,956	-	11,931,956
Cash and Short-Term Securities	7,994,194	-	-	7,994,194
Total assets at fair value	$118,358,359	$ 11,931,956	$ 10,867,198	$141,157,513

	Assets at Fair Value as of December 31, 2010:			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Equity Funds				
Small Cap	$ 15,574,399	$ -	$ -	$ 15,574,399
Large Cap	23,139,630	-	-	23,139,630
International Equity	23,412,063	-	-	23,412,063
Other Equity	6,155,316	-	-	6,155,316
Fixed Income Funds	42,331,200	-	-	42,331,200
Total Mutual Funds	110,612,608	-	-	110,612,608
Limited Partnership	-	-	12,241,220	12,241,220
Collective Trust Fund				
Stable Value Funds	-	11,908,378	-	11,908,378
Cash and Short-Term Securities	6,166,976	-	-	6,166,976
Total assets at fair value	$116,779,584	$ 11,908,378	$ 12,241,220	$140,929,182

There were no material transfers of assets between level 1, 2 or 3 of the fair value hierarchy during the year ended December 31, 2011 and 2010.

Level 3 Gains and Losses
The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2011:

2011	Limited Partnership
Balance, beginning of year	$ 12,241,220
Unrealized losses relating to instruments still held at the reporting date	(2,363,055)
Realized gains	591,918
Issuances and settlements (net)	397,115
Balance, end of year	$ 10,867,198

5. Plan Termination

Although the Company has reserved the right to amend or terminate the Plan, it was established with the intention that the Plan and the payment of contributions will be indefinite. Upon termination of the Plan, the interest of each participant or beneficiary in the Plan will be determined and such amount will be distributed to participants as directed by the Plan administrator. Currently, management has no intentions of terminating the Plan.

6. Income Tax Status of the Plan

The Internal Revenue Service has determined and informed the Company by letter dated February 12, 2012, that the Plan is qualified in accordance with the applicable sections of the Internal Revenue Code. The Plan has been amended subsequent to the receipt of the most recent determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Plan and the IRS.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than note would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and concluded that as of December 31, 2011 and 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2008.

7. Information Certified By the Plan's Trustee

As of December 31, 2011 and 2010 and for the year ended December 31, 2011, the Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the financial statements, notes to the financial statements and supplemental schedules is complete and accurate:

- Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2011 (except for the BMO Employee Benefit Stable fund and the Mondrian Emerging Markets Equity Fund).
- Interest and dividends receivable, as shown in the statements of net assets available for benefits as of December 31, 2011 and 2010 (except for the Mondrian Emerging Markets Equity Fund).
- Interest and dividend income, as shown in the statement of changes in net assets available for benefits (except for the Mondrian Emerging Markets Equity Fund).
- Interest on notes receivable from participants, as shown in the statement of changes in net assets available for benefits.
- Net depreciation in fair value of the investments, as shown in the statement of changes in net assets available for benefits (except for the Mondrian Emerging Markets Equity Fund).
- Investments detailed on Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2011 (except for the Mondrian Emerging Markets Equity Fund).
- Investment information detailed on Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2011.
- Investment and investment income amounts as of December 31, 2011 and for the year then ended, as shown in Note 3 and 4 (except for the Mondrian Emerging Markets Equity Fund).

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

The BMO Employee Benefit Stable Fund was certified at its contract value of $11,676,513 and 11,753,850 as of December 31, 2011 and December 31, 2010, respectively. The adjustment from fair value to contract value under the FSP for the Plan's interest in the BMO Employee Benefit Stable Fund of ($255,443) and ($154,528) as of December 31, 2011 and 2010, respectively, was not certified.

8. Risks and Uncertainties

The Plan provides for investments in a money market fund, a limited partnership, collective trust funds and various mutual funds. Such investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in investment value in the near term will materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

9. Party-In-Interest Transactions

Certain Plan investments are managed by M&I. M&I acts as trustee for investments of the Plan and therefore these transactions qualify as party-in-interest transactions. On December 17, 2010 Bank of Montreal (BMO) purchased M&I, and as a result the common collective trust that the Plan is invested in was renamed to the BMO Employee Benefit Stable Fund and the money market fund that the Plan is invested in was renamed to the BMO Prime Money Market Fund. Notes receivable from participants also qualify as party-in-interest.

10. Reconciliation of Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2011 to the Form 5500:

	2011
Net assets available for benefits per the financial statements	$ 150,781,994
Amounts allocated to withdrawing participants	(3,300)
Net assets available for benefits per the Form 5500	$ 150,778,694

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2011, to the Form 5500:

	2011
Benefits paid to participants per the financial statements	$ 7,946,451
Add: Amounts allocated to withdrawing participants at December 31, 2011	3,300
Benefits paid to participants per the Form 5500	$ 7,949,751

11. Subsequent Events

The Plan has evaluated subsequent events through July 31, 2012, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

Spraying Systems Co. Profit Sharing and 401(k) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment Including Maturity Date, Rate of Interest Collateral, Par Value or Maturity Value	(d) Cost	(e) Current Value
	Non-Participant Directed Investments			
*	BMO Prime Money Market	Short Term Security	$ 7,975,994	$ 7,975,994
	Alger Small Cap Growth	Mutual Fund	3,249,177	3,916,082
	DWS Dreman Small Cap	Mutual Fund	4,184,884	3,908,478
	T. Rowe Price Small Cap Index Fund	Mutual Fund	2,461,157	3,371,521
	Harbor Fd Cap	Mutual Fund	7,200,365	6,990,462
	Vanguard Value Index Fund #1346	Mutual Fund	628,554	668,091
	American Europacific Growth Fund	Mutual Fund	11,702,003	13,686,979
	Cohen & Steers Realty Fund	Mutual Fund	2,811,479	4,558,274
	Vanguard Value Index Fund #867	Mutual Fund	5,353,591	6,660,160
	Pimco Total Return Fund	Mutual Fund	7,056,891	7,323,504
	Pimco Real Return Fund	Mutual Fund	23,358,327	27,835,622
	Mondrian Emerging Markets Equity Fund	Limited Partnership	349,948	10,867,198
*	BMO Employee Benefit Stable***	Collective Trust Fund	7,176,617	7,176,617
*	Notes receivable from participants	Bearing interest from 3% to 10% with various maturities through 2016	-	3,844,638
	Total Non-Participant Directed Investments		83,508,987	108,783,620
	Participant Directed Investments			
*	BMO Prime Money Market	Short Term Security	**	$ 14,850
	Alger Small Cap Growth	Mutual Fund	**	1,863,631
	Royce Total Return Fund	Mutual Fund	**	2,026,124
	Harbor Fd Cap	Mutual Fund	**	1,849,640
	Vanguard Institutional Index Fund	Mutual Fund	**	5,462,938
	American Washington Mutual Investors Fund	Mutual Fund	**	1,651,686
	American Europacific Growth Fund	Mutual Fund	**	8,096,708
	Cohen & Steers Realty Fund	Mutual Fund	**	1,630,579
	Pimco Total Return Fund	Mutual Fund	**	3,805,676
	Pimco Real Return Fund	Mutual Fund	**	5,058,010
*	BMO Employee Benefit Stable***	Collective Trust Fund	**	4,499,896
	Cash		-	3,350
	Total Participant Directed Investments		-	35,963,088
	Total		$ 83,508,987	$ 144,746,708

* Denotes party in interest transaction.

** Cost information has been omitted as all investments are participant directed.

*** The BMO Employee Benefit Stable has a contract value of $11,676,513 and a fair value of $11,913,956 (not certified) as of December 31, 2011.

Cash and investment information (except for the Mondrian Emerging Markets Equity Fund) included in this schedule is certified as complete and accurate by M&I Trust Company, NA

Spraying Systems Co. Profit Sharing and 401(k) Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2011

(a) Identity of Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single transactions								
American Growth Fund of America	Mutual Fund		$ 7,561,185			$ 5,160,346	$ 7,561,185	$ (2,400,839)
Harbor FD Cap Appreciation Fund	Mutual Fund	7,200,365				7,200,365	7,200,365	$ -
PIMCO Real Return Fund	Mutual Fund	4,330,234				4,330,234	4,330,234	$ -
PIMCO Real Return Fund	Mutual Fund		4,777,160			3,591,673	4,777,160	$ (1,185,487)
Marshall Prime Money Market	Mutual Fund	16,123,562				16,123,562	16,123,562	$ -
Marshall Prime Money Market	Mutual Fund		14,298,513			14,298,513	14,298,513	$ -

Investment information included in this schedule is certified as complete and accurate by M&I Trust Company, NA