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
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, including room or suite number (Employer, if for single-employer plan)

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.	10/09/2012	FREDERICK G. PROHAMMER JR.
	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**	426
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**	365
b	Retired or separated participants receiving benefits	**6b**	7
c	Other retired or separated participants entitled to future benefits	**6c**	93
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	465
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	465
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	444
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	45
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 2G 2J 2K 2T 3D 2R

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)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
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 **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	384037-01	133	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
21763	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

FINANCIAL TELESIS
24400 CHAGRIN BLVD STE 200
BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21763			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	7928140
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	7575890
c	Additions: (1) Contributions deposited during the year	7c(1)	1610267		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	155313		
	(4) Transferred from separate account	7c(4)	1580305		
	(5) Other (specify below)	7c(5)	82615		
	▶ LOAN PAYMENTS				
	(6) Total additions			7c(6)	3428500
d	Total of balance and additions (add **b** and **c(6)**)			7d	11004390
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	572252		
	(2) Administration charge made by carrier	7e(2)	-45892		
	(3) Transferred to separate account	7e(3)	2549890		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	3076250
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	7928140

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
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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(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)

PENSION ADVISORS

24400 CHAGRIN BLVD
BEACHWOOD, OH 44122

(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?
27	INVESTMENT ADVISOR	53915	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TD AMERITRADE INC.

4211 S. 102ND ST.
OMAHA, NE 68127

(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?
33	BROKERAGE SERVICES	4436	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(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	3038	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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)

JHW FINANCIAL SVCS DBA FINANCIAL TE
4340 REDWOOD HWY STE A-23
SAN RAFAEL, CA 94903

(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?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [X] No [ ]	83837	Yes [ ] No [X]

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

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

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

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

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
FINANCIAL TELESIS	55	83837

(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.
GREAT-WEST LIFE AND ANNUITY COMPANY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
OPEN BROKERAGE WINDOW	33	0

(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.
TD AMERITRADE, INC 4211 S 102ND ST OMAHA, NE 68127	INCOME FROM MARKET MAKERS OF APPROX $2 PER QUALIFIED TRADE 30 BPS ANNUALLY ON AVG DAILY ASSETS IN TD

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HARRIS INVESTMENT TRUST	33	0

(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.
TD AMERITRADE, INC 4211 S 102ND ST OMAHA, NE 68127	RANGE FROM 0-0 BPS

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

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(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
THE NEW YORK BLOWER COMPANY PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE 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 **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: FUTUREFUNDS SERIES ACCT II OF GWL

b Name of sponsor of entity listed in (a): GREAT WEST LIFE AND ANNUITY INSURANCE CO

c EIN-PN 84-0467907-003	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
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)	0	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)	807185	1035598
(9) Value of interest in common/collective trusts	1c(9)	0	0
(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)	31596808	30541106
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7575890	7928140
(15) Other	1c(15)	237569	802842

		(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	40217452	40307686
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	40217452	40307686

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)	2287548	
(B) Participants	2a(1)(B)	1411578	
(C) Others (including rollovers)	2a(1)(C)	213342	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3912468
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)	36554	
(F) Other	2b(1)(F)	205715	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		242269
(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)	816900	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		816900
(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)		-1763084
c	Other income	2c		-278643
d	Total income. Add all **income** amounts in column (b) and enter total	2d		2929910
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2770612	
	(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)		2770612
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		58135
h	Interest expense	2h		0
i	Administrative expenses: **(1)** Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	10929	
	(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)		10929
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2839676
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		90234
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		5000000
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

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
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): 84-1455663

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):

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST

Financial Statements and
Supplemental Schedule

December 31, 2011 and 2010

(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

To The Plan Administrator and Participants
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, 2011 and 2010, and for the years then ended and the supplemental schedule as of December 31, 2011 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 certification from the trustee as of and for the years ended December 31, 2011 and 2010, 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 supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with 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
October 4, 2012

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

		2011	2010
Assets:			
Investments, at fair value:			
Mutual funds	$	30,541,106	31,596,808
Group annuity contract		7,928,140	7,575,890
Self directed brokerage accounts		802,842	237,569
		39,272,088	39,410,267
Receivables –			
Notes receivable from participants		1,035,598	807,185
Total assets		40,307,686	40,217,452
Liabilities		–	–
Net assets available for benefits	$	40,307,686	40,217,452

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, 2011 and 2010

		2011	2010
Additions to net assets attributed to:			
Investment income:			
Net appreciation in fair value of investments	$	–	1,776,423
Interest and dividends		1,022,615	616,309
		1,022,615	2,392,732
Interest on notes receivable from participants		36,554	25,714
Contributions:			
Employer:			
Safe-harbor match		1,037,548	446,559
Discretionary profit sharing		1,250,000	406,818
Participant:			
Compensation deferrals		1,411,578	658,522
Rollovers		213,342	229,358
		3,912,468	1,741,257
Transfers from merged plans		–	15,596,253
Total additions		4,971,637	19,755,956
Deductions from net assets attributed to:			
Net depreciation in fair value of investments		2,041,727	–
Benefits paid to participants		2,828,747	1,981,529
Administrative expenses		10,929	50,944
Total deductions		4,881,403	2,032,473
Increase in net assets available for benefits		90,234	17,723,483
Net assets available for benefits:			
Beginning of year		40,217,452	22,493,969
End of year	$	40,307,686	40,217,452

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.

Effective December 29, 2010 the assets of the TLT-Babcock, Inc. 401(k) Plan and Trust, and the Leitner Fabrication, LLC 401(k) Plan were transferred to this Plan in connection with plan mergers. The assets transferred to the Plan totaled $15,596,253.

(a) General

The Plan is a defined contribution plan covering all full-time non-union, salaried and clerical employees of The New York Blower Company, NYB Process Fans, Inc., Mechanovent Corporation, TLT Babcock, Inc., MAS Air Systems, LLC, and Leitner Fabrication, LLC (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. In 2011 voluntary pre-tax and after-tax employee contributions were matched ("safe harbor" match) by the Company at a rate of 100 percent for the first six percent of employee compensation contributed. In 2010 voluntary pre-tax and after-tax employee contributions were matched ("safe harbor" match) by the Company at a rate of 100 percent for the first four percent and 50 percent of the next two percent of employee compensation contributed.

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

(c) Participant Accounts (continued)

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 one month 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. Participants can also elect to invest a portion of their assets into a self-directed brokerage account that provides access to a wide array of individual stocks, bonds, and mutual funds.

(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. In-service distributions of all or part of a participant's vested account balance is allowed after attaining age 59 ½. If the value of the vested benefit does not exceed $1,000, the Plan may distribute the participant's vested benefit without the participant's consent. Under certain conditions as defined in the Plan participants may have received a hardship distribution from employee deferrals and earnings thereon. The Plan was amended to eliminate hardship distributions in 2012.

(f) Vesting

Participants are immediately vested in their voluntary pre-tax and after-tax contributions, rollover contributions and employer safe harbor and other discretionary matching contributions plus actual earnings thereon. Vesting in Company discretionary 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) Notes Receivable from Participants

Participant may borrow from their account balance a minimum of $1,000 up to the maximum equal to the lesser of $50,000 or 50 percent of their aggregate vested balance. Loans are collateralized by the balance in the participant's account and bear interest at rates that range from 3.25% to 9.00%. The interest rate charged to new loan participants is prime + 1%. 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 up to 180 months. Principal and interest is paid ratably through payroll deductions. If the participant terminates employment, the balance of the outstanding loan will become due and payable immediately. In the event the loan is not repaid, it will be treated as a taxable distribution to the participant.

(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, 2011 and 2010, unallocated forfeitures totaled approximately $33,000 and $4,000, respectively. Approximately $4,000 and $44,000 of forfeitures were allocated to participants during the years ended December 31, 2011 and 2010, respectively.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

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

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 statement of changes in net assets available for benefits is prepared on a contract value basis which approximates fair value.

(b) 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.

(c) 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution upon the terms of the plan document.

(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 October 4, 2012 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 Company adopted a Volume Submitter Profit Sharing Plan from Orchard Trust Company, LLC. This plan received a determination letter from the Internal Revenue Service on March 31, 2008 stating that the plan as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 and 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) 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 it is no longer subject to tax authority examinations for years prior to 2008.

(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, notes receivable from participants, interest and dividends, interest on notes receivable from participants, and 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, 2011 and 2010 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:

		2011	2010
Pimco Total Return Adm Fund	$	3,058,216	3,048,683
American Funds Growth Fund of America		*	3,029,189
Fidelity Contrafund		3,450,617	*
Pioneer Cullen Value Fund A		2,534,540	2,713,429
Great West Group Annuity Contract – Key Guaranteed Portfolio Fund		7,928,140	7,575,890

* Less than 5% of Plan's net assets

During 2011 and 2010, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

		2011	2010
Mutual funds	$	(1,763,084)	1,776,423
Self-directed brokerage accounts		(278,643)	–
	$	(2,041,727)	1,776,423

(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, 2011 and 2010.

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

Group Annuity Contract: The group annuity contract is an investment contract with an insurance company that is fully benefit responsive. The group annuity contract is reported at contract value which approximates contract value as reported by the issuing insurance company. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The group annuity contract is valued at the net asset value (NAV) of shares held by the Plan at year end.

The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The interest crediting rate is reset quarterly.

(7) Fair Value Measurements (continued)

Self-directed brokerage accounts: Valued at quoted fair value of the underlying investments.

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, 2011			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
International	$ 3,902,214	–	–	3,902,214
Specialty	2,231,468	–	–	2,231,468
Small-cap	1,865,817	–	–	1,865,817
Mid-cap	3,601,119	–	–	3,601,119
Large-cap	9,603,434	–	–	9,603,434
Domestic hybrid	3,424,909	–	–	3,424,909
Bond	5,912,145	–	–	5,912,145
Total mutual funds	30,541,106	–	–	30,541,106
Group annuity contract	–	7,928,140	–	7,928,140
Self directed brokerage account	802,842	–	–	802,842
Total	$ 31,343,948	7,928,140	–	39,272,088

	Assets at Fair Value as of December 31, 2010			
Mutual funds:				
International	$ 4,484,250	–	–	4,484,250
Specialty	1,564,461	–	–	1,564,461
Small-cap	2,962,153	–	–	2,962,153
Mid-cap	2,972,913	–	–	2,972,913
Large-cap	11,660,166	–	–	11,660,166
Domestic hybrid	2,878,829	–	–	2,878,829
Bond	5,074,036	–	–	5,074,036
Total mutual funds	31,596,808	–	–	31,596,808
Group annuity contract	–	7,575,890	–	7,575,890
Self directed brokerage account	237,569	–	–	237,569
Total	$ 31,834,377	7,575,890	–	39,410,267

(7) Fair Value Measurements (continued)

The following table presents the investment category, fair value, unfunded commitments, redemption frequency and redemption notice period for the investment category, the fair values of which are estimated using net asset value per share as of December 31, 2011 and 2010:

	Fair Value		Unfunded		Redemption	Redemption Notice
Investment	2011	2010	2011	2010	Frequency	Period
Group annuity contract	7,928,140	7,575,890	–	–	Daily	None

(8) Group Annuity Contract with Insurance Company

The Plan entered into a benefit-responsive investment contract with Great-West Life & Annuity Insurance Company (Great West). Great West maintains the contributions in a general account. This fund provides a guarantee of principal and a guaranteed interest rate. The guaranteed interest rate can be reset periodically. The entire general account assets of Great-West Life & Annuity Insurance Company back these guarantees. The account is credited with contributions, earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the contract. The contract is presented on the face of the statements of net assets available for benefits at contract value which approximates fair value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Average yields for the group annuity contract for the year ended December 31, are as follows:

	2011	2010
Based on interest rate credited to participants	2.03%	2.49%
Based on actual earnings	2.23%	2.50%

(9) 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.

(10) Related Party Transactions

Certain plan investments are managed by Great West Life and Annuity Insurance Company, an affiliate of Orchard Trust Company, LLC, the trustee and, therefore, these transactions qualify as party-in-interest. Certain employees of the Company provide administrative services to the Plan. These employees are not paid by the Plan for their services.

(11) Reconciliation to Form 5500

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:

		Year ended 2011	Year ended 2010
Total additions to net assets available for benefits per financial statements	$	4,971,637	19,755,956
Less prior year adjustment from fair value to contract value not reported on Form 5500		–	(70,875)
Less transfers		–	(15,596,253)
Total income per Form 5500	$	4,971,637	4,088,828

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST
EIN #36-1545150 Plan #001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds:			
	American Century	Heritage Fund A	**	$ 403,952
	American Funds	Capital World Growth & Income Fund	**	373,014
	American Funds	American Growth Fund of America	**	969,736
	American Funds	EuroPacific Growth	**	476,608
	Baron Funds	Baron Growth Fund	**	328,099
	Blackrock	Health Sciences Fund	**	92,806
	Columbia Management	Columbia Acorn Fund	**	679,421
	Columbia Management	Columbia Small Cap Value II Fund – Z	**	53,243
	Davis Funds	Davis NY Venture	**	216,341
	Prudential Investments	Dryden Financial Services Fund A	**	41,990
	Fidelity	Fidelity Advisor Leveraged Co Stk T	**	168,739
	Fidelity	Fidelity Contrafund	**	3,450,728
	Fidelity	Fidelity Freedom 2010	**	116,011
	Fidelity	Fidelity Freedom 2015	**	150,791
	Fidelity	Fidelity Freedom 2020	**	608,363
	Fidelity	Fidelity Freedom 2025	**	185,320
	Fidelity	Fidelity Freedom 2030	**	328,165
	Fidelity	Fidelity Freedom 2035	**	15,149
	Fidelity	Fidelity Freedom 2040	**	163,192
	Fidelity	Fidelity Freedom 2045	**	3,139
	Fidelity	Fidelity Freedom 2050	**	2,371
	Fidelity	Fidelity Freedom Income Fund	**	211,392
	Fidelity	Fidelity Low Priced Fund	**	854,399
	Fidelity	Fidelity Select Natural Resources	**	688,621
	Fidelity	Fidelity Spartan 500 Indx Inv Fund	**	172,939
	Fidelity	Fidelity Strategic Income	**	105,264
	Franklin Templeton	Franklin High Income R	**	807,824
	Heartland Funds	Heartland Value Plus	**	393,892
	Invesco	Invesco Real Estate A	**	931,106
	Ivy Investment Management Co	Ivy Science & Technology Y	**	46,287
	JP Morgan	Small Cap Equity A	**	574,858
	Lazard Asset Management	Lazard Emerging Markets Open	**	833,746
	Lord Abbett	Lord Abbett Developing Growth A	**	480,249
	Maxim Loomis	Maxim Loomis Sayles Bond Portfolio	**	969,502
	MFS	MFS Utilities	**	430,658
	Morgan Stanley	Morgan Stanley Inst International Eq P	**	837,646
	Franklin Templeton	Mutual Global Discovery Fund A	**	388,837

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST
EIN #36-1545150 Plan #001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Oakmark	Equity & Income II	**	1,641,017
	Oppenheimer	Oppenheimer International Bond Fund	**	834,692
	Janus	Perkins Mid Cap Value S	**	1,166,507
	Pimco	Mortgage-Backed Securities Adm	**	119,674
	Pimco	Pimco Total Return Adm	**	3,058,216
	Pioneer	Pioneer Cullen Value Fund A	**	2,534,540
	The Royce Funds	Royce Micro Cap Fund	**	363,574
	Thompson	Thompson Plumb Bond Fund	**	16,974
	The Vanguard Group	Vanguard 500 Index Signal Fund	**	919,645
	The Victory Funds	Victory Diversified Stock A	**	1,339,504
	Thornburg Investment Management	Thornburg International Value Fund	**	992,365
	Self Directed Brokerage Accounts:			
	Various	Various - Money market fund, stocks and bonds	**	802,842
	Group Annuity Contract:			
*	Great-West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund	**	7,928,140
	Total Investments per Statement of Net Assets Available for Benefits			39,272,088
*	Notes receivable from participants	Interest rate range: 3.25% – 9.00%	–	1,035,598
	Total investments per 5500			$ 40,307,686

* Denotes party in interest
** Cost information has been omitted as investments are participant-directed

ASSETS HELD FOR INVESTMENT PURPOSES

The New York Blower Company Profit Sharing Plan and Trust
01-JAN-11 to 31-DEC-11

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1FFFFX			175,834.87	163,191.82
1FFVFX			158,191.23	150,790.58
1FFTWX			199,667.36	185,320.41
1FFTHX			16,383.13	15,149.24
1FFFGX			3,455.37	3,138.62
1FFFHX			2,538.39	2,371.08
1FFFAX			212,551.50	211,391.70
1FFFCX			121,870.30	116,011.20
1FFFDX			647,089.53	608,362.61
1FFFEX			354,788.35	328,164.68
197AFCW			397,152.79	373,013.56
1AFEP4			536,580.04	476,607.87
1LZOEX			1,002,307.23	833,745.62
1MIQBX			926,333.23	837,645.67
1TEDIX			417,261.96	388,837.06
1TGVAX			1,027,355.63	992,364.62
1SHSSX			92,794.46	92,806.21
1PFSAX			52,045.05	41,990.02
1FNARX			763,534.55	688,620.62
1IARAX			870,504.43	931,106.02
1WSTYX			52,431.91	46,287.17
1MMUFX			417,298.11	430,658.18
1BGRFX			331,112.97	328,099.28
1NSVAX			45,309.37	53,243.37
1HRVIX			402,149.42	393,892.44
1VSEAX			583,511.47	574,858.48
1LAGWX			450,193.79	480,248.94
1RYOTX			369,472.96	363,573.86
1ATHAX			435,378.88	403,952.45
1ACRNX			688,080.05	679,421.20
1FLSTX			166,095.09	168,739.28
1FLPSX			906,901.18	854,399.40
1JMVIX1			1,228,254.63	1,166,507.43
195AFGF			920,639.60	969,735.72
1NYVTX			207,869.10	216,341.09
1FCNTX			3,433,594.59	3,450,618.70
1FUSEX			173,169.02	172,938.58
1CVFCX			2,611,564.49	2,534,539.60
1VIFSX			938,767.82	919,644.82
1SRVEX			1,446,373.47	1,339,504.08
1OARBX			1,601,105.04	1,641,016.55
1FSICX			107,899.68	105,263.76
1FHIRX			829,216.62	807,824.07
1BMSXLC			1,022,982.02	969,501.61
1OIBAX			888,865.72	834,691.84
1PMTAX			120,194.55	119,674.34
1PTRAX			3,018,677.57	3,058,216.04
1THOPX			16,295.45	16,973.77
1SDBTDA			802,925.98	802,925.98
1PORT		2.000	6,364,091.75	6,597,571.65
			38,558,661.70	**37,941,492.89**

ASSETS HELD FOR INVESTMENT PURPOSES

The New York Blower Company Profit Sharing Plan and Trust
01-JAN-11 to 31-DEC-11

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
PARTICIPANT LOANS	VARIOUS	3.250-9.000	1,032,251.67	1,035,597.94
FORFEITURES			1,326,898.33	1,330,595.19

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

LEGEND

INVESTMENT OPTION:

1FFFFX	Fidelity Freedom 2040	1FFVFX	Fidelity Freedom 2015 Fund
1FFTWX	Fidelity Freedom 2025	1FFTHX	Fidelity Freedom 2035
1FFFGX	Fidelity Freedom 2045	1FFFHX	Fidelity Freedom 2050
1FFFAX	Fidelity Freedom Income Fund TM	1FFFCX	Fidelity Freedom 2010
1FFFDX	Fidelity Freedom 2020	1FFFEX	Fidelity Freedom 2030
197AFCW	American Funds Capital World G/I R3	1AFEP4	American Funds EuroPacific Growth R4
1LZOEX	Lazard Emerging Markets Open	1MIQBX	Morgan Stanley Inst International Eq P
1TEDIX	Mutual Global Discovery Fund A	1TGVAX	Thornburg International Value - A
1SHSSX	BlackRock Health Sciences Fund Inst'l	1PFSAX	Prudential Financial Services Fund A
1FNARX	Fidelity Select Natural Resources	1IARAX	INVESCO Real Estate A
1WSTYX	Ivy Science & Technology Y	1MMUFX	MFS Utilities A
1BGRFX	Baron Growth Fund	1NSVAX	Columbia Small Cap Value II Fund - Z
1HRVIX	Heartland Value Plus	1VSEAX	JP Morgan Small Cap Equity A
1LAGWX	Lord Abbett Developing Growth A	1RYOTX	Royce Micro Cap, Inv
1ATHAX	American Century Heritage - A	1ACRNX	Columbia Acorn Fund - Z
1FLSTX	Fidelity Advisor Leveraged Co Stk - T	1FLPSX	Fidelity Low Priced Fund
1JMVIX1	Perkins Mid Cap Value S	195AFGF	American Funds Growth Fund of Amer R3
1NYVTX	Davis NY Venture A	1FCNTX	Fidelity Contrafund
1FUSEX	Fidelity Spartan 500 Index Inv	1CVFCX	Pioneer Cullen Value Fund A
1VIFSX	Vanguard 500 Index Signal	1SRVEX	Victory Diversified Stock A
1OARBX	Oakmark Equity & Income II	1FSICX	Fidelity Strategic Income
1FHIRX	Franklin High Income R	1BMSXLC	Maxim Loomis Sayles Bond Portfolio
1OIBAX	Oppenheimer International Bond Fund A	1PMTAX	PIMCO Mortgage-Backed Securities Adm
1PTRAX	PIMCO Total Return Admin	1THOPX	Thompson Plumb Bond
1SDBTDA	TD Ameritrade SDB Account	1PORT	Key Guaranteed Portfolio Fund

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