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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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; include room or suite number (employer, if for a single-employer plan)

THE NEW YORK BLOWER COMPANY

7660 QUINCY STREET
WILLOWBROOK, IL 60527-5530

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.	10/14/2013	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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**	479
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**	399
b	Retired or separated participants receiving benefits	**6b**	20
c	Other retired or separated participants entitled to future benefits	**6c**	109
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	528
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	528
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	504
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	63
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3H

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

9a Plan funding arrangement (check all that apply)

- **(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)** [ ] **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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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	221	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
26773	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 JHW FINANCIAL SVC
24400 CHAGRIN BLVD STE 200
BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
26773			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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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	10807571
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	7928140
c	Additions: (1) Contributions deposited during the year	7c(1)	1456497		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	153314		
	(4) Transferred from separate account	7c(4)	3898757		
	(5) Other (specify below)	7c(5)	154215		
	▶ LOAN PAYMENT(S), FORFEITURES:				
	(6) Total additions			7c(6)	5662783
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	13590923
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	421624		
	(2) Administration charge made by carrier	7e(2)	-43871		
	(3) Transferred to separate account	7e(3)	2405599		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	2783352
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	10807571

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)**	0
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)**	0
(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)**	0
(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 line **9c(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, line 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.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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)

FINANCIAL TELESIS JHW FINANCIAL SVC

4340 REDWOOD HWY STE A-23
SAN RAFAEL CA
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 [ ] No [X]	85347	Yes [ ] No [X]

(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	56632	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	4466	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)

GREAT-WEST LIFE & ANNUITY INSURANCE

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	2536	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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 JHW FINANCIAL SVC	55	85347

(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 & ANNUITY INSURANCE 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

(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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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	15812
(2) Participant contributions	1b(2)	0	28192
(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)	1035598	1118802
(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)	30541022	34451917
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7928140	10807571
(15) Other	1c(15)	802926	880305

		(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	40307686	47302599
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	40307686	47302599

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)	2088748	
(B) Participants	2a(1)(B)	1646963	
(C) Others (including rollovers)	2a(1)(C)	54776	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3790487
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)	43205	
(F) Other	2b(1)(F)	153314	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		196519
(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)	1095646	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1095646
(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
(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

		(a) Amount	(b) Total
(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)		3478955
c Other income	2c		211160
d Total income. Add all **income** amounts in column (b) and enter total	2d		8772767
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1680267	
(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)		1680267
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		80901
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	16686	
(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)		16686
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1777854
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6994913
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: 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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			

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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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 lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENT AND
INDEPENDENT AUDITOR'S REPORT

For the Years Ended
December 31, 2012 and 2011

Sikich®

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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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the New York Blower Company Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 Great-West Life & Annuity Insurance Company, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2012 and 2011 that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in *the Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

The supplemental schedule of assets (held at end of year) as of December 31, 2012 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opi*nion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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.

Rockford, Illinois
October 11, 2013

FINANCIAL STATEMENTS

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2012 and 2011

	2012	2011
ASSETS		
Investments, at fair value		
Mutual funds	$ 34,653,558	$ 30,648,642
Group annuity contract	10,807,571	7,928,140
Common stock	357,752	445,045
Preferred stock	2,545	-
Corporate bonds	318,367	250,261
Total investments at fair value	46,139,793	39,272,088
Receivables		
Employee contribution	28,192	-
Employer contribution	15,812	-
Notes receivable from participants	1,118,802	1,035,598
Total receivables	1,162,806	1,035,598
Total assets	47,302,599	40,307,686
LIABILITIES		
None	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 47,302,599	$ 40,307,686

See accompanying notes to financial statements.

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSESTS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2012 and 2011

	2012	2011
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	$ 3,716,659	$ -
Interest and dividends	1,222,416	1,022,615
Total investment income	4,939,075	1,022,615
Interest on notes receivable from participants	43,205	36,554
Contributions		
Employer		
Safe-harbor match	1,194,811	1,037,548
Discretionary profit sharing	893,937	1,250,000
Participant		
Compensation deferrals	1,646,963	1,411,578
Rollovers	54,776	213,342
Total contributions	3,790,487	3,912,468
Total additions	8,772,767	4,971,637
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Net depreciation in fair value of investments	-	2,041,727
Benefits paid to participants	1,761,168	2,828,747
Administrative expenses	16,686	10,929
Total deductions	1,777,854	4,881,403
NET INCREASE	6,994,913	90,234
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	40,307,686	40,217,452
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 47,302,599	$ 40,307,686

See accompanying notes to financial statements.

1. DESCRIPTION OF PLAN

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

General

The Plan is a defined contribution plan covering all full-time nonunion, 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, the Company) who have met the eligibility requirements set forth in the Plan. For eligible employees, entry is available on the date of hire. 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.

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. Voluntary pre-tax and after-tax employee contributions are matched ("safe harbor" match) by the Company at a rate of 100% for the first six% 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.

Participant Accounts

To the extent any of the following occur, each participant's account is credited with the participant's contribution, employer "safe harbor" and discretionary matching contributions and an allocation of (a) the Company's discretionary profit sharing contribution, (b) plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. To be eligible to receive an allocation of any discretionary profit sharing contribution from the Company, the participant must be employed with the Company on the last day of each calendar quarter. Also, the participant must have completed one month of service as defined by the Plan.

1. DESCRIPTION OF PLAN (Continued)

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. Changes in allocation of future contributions and transfers among funds to presently invested contributions are permitted pursuant to the Plan's provisions.

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 59½. 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. In 2011, 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.

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% 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.

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% 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 plus 1%. Each loan shall have a repayment period between twelve to sixty 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.

1. DESCRIPTION OF PLAN (Continued)

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, 2012 and 2011, unallocated forfeitures totaled approximately $92,000 and $33,000, respectively. Approximately $33,000 and $4,000 of forfeitures were allocated to participants during the years ended December 31, 2012 and 2011, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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.

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.

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 a 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Payment of Benefits

Benefits are recorded when paid.

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.

Operating Expenses

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

New Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board (FASB) issued ASU No. 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*, which requires additional disclosures about fair value measurements categorized within Level 3 of the fair value hierarchy. See Note 7 for further description of the fair value hierarchy. The additional disclosures include quantitative information about the significant unobservable inputs used in Level 3 fair value measurements, the valuation processes used by the Plan, and the Plan's policy for determining when transfers into or out of Level 3 are deemed to have occurred.

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, nonrecognized subsequent events).

Effective September 30, 2013, the Plan Sponsor sold a division of its operations and amended the Plan to exclude all former TLT Babcock, Inc. and Leitner Fabrication, LLC employees, therefore 144 participants will no longer be in the eligible to participate in the Plan which represents approximately $17,628,000 of plan assets. This action constitutes a partial plan termination and all terminated participates become 100% vested.

Except as disclosed above, the Plan has evaluated subsequent events through October 11, 2013, which was the date that these financial statements were available for issuance, and determined that there were no other significant nonrecognized subsequent events through that date.

3. TAX STATUS

The Company adopted a prototype plan from ERISA, Inc. 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 the 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, 2012 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 2009.

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. CERTIFICATION OF FINANCIAL INFORMATION

The following financial data included in the accompanying financial statements and supplemental schedule as of and for the years ended December 31, 2012 and 2011 has been certified as complete and accurate by Great-West Life & Annuity Insurance Company, the custodian of the plan assets, and has not been audited by the independent auditors for the Plan: investments at fair value, notes receivable from participants, interest on notes receivable from participants, interest and dividend income, and net appreciation (depreciation) in fair value of investments.

6. INVESTMENTS

The individual investments which represent 5% or more of the Plan's net assets as of December 31, 2012 and 2011 are as follows:

	2012	2011
Pimco Total Return Adm Fund	$ 3,440,855	$ 3,058,216
Fidelity Contrafund	*	3,450,617
Pioneer Cullen Value Fund A	*	2,534,540
Sequoia	2,523,620	*
Great West Group Annuity Contract - Key Guaranteed Portfolio Fund	10,807,571	7,928,140

* Less than 5% of Plan's net assets

During 2012 and 2011, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

	2012	2011
Mutual funds	$ 3,538,221	$ (1,763,084)
Corporate stocks	178,438	(278,643)
TOTAL	$ 3,716,659	$ (2,041,727)

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.

7. FAIR VALUE MEASUREMENTS (Continued)

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, 2012 and 2011.

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

Common stocks, corporate bonds and preferred stock: Valued at the closing price reported on the active market on which the individual securities are traded.

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 fair 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)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
International	$ 5,150,314	$ -	$ -	$ 5,150,314
Money Market Fund	161,664	-	-	161,664
Specialty	2,645,249	-	-	2,645,249
Small-cap	1,422,124	-	-	1,422,124
Mid-cap	3,916,101	-	-	3,916,101
Large-cap	9,477,494	-	-	9,477,494
Domestic hybrid	1,368,558	-	-	1,368,558
Lifetime	2,320,703	-	-	2,320,703
Bond	8,191,351	-	-	8,191,351
Total Mutual Funds	34,653,558	-	-	34,653,558
Common Stock				
Financial Services	50,137	-	-	50,137
Energy	39,270	-	-	39,270
Technology	42,648	-	-	42,648
Utilities	25,030	-	-	25,030
Healthcare	15,152	-	-	15,152
Industrials	24,789	-	-	24,789
Commodities Precious Metals	6,480	-	-	6,480
Consumer Defensive	17,757	-	-	17,757
Consumer Cyclical	38,403	-	-	38,403
Materials	53,900	-	-	53,900
Real Estate	22,401	-	-	22,401
Communication Services	21,785	-	-	21,785
Total Common Stock	357,752	-	-	357,752
Preferred Stock	2,545	-	-	2,545
Corporate Bonds	318,367	-	-	318,367
Group annuity contract	-	-	10,807,571	10,807,571
TOTAL INVESTMENTS	$ 35,332,222	$ -	$ 10,807,571	$ 46,139,793

7. FAIR VALUE MEASUREMENTS (Continued)

	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
Money Market Fund	76,260	-	-	76,260
Specialty	3,200,970	-	-	3,200,970
Small-cap	1,865,817	-	-	1,865,817
Mid-cap	3,606,496	-	-	3,606,496
Large-cap	9,629,333	-	-	9,629,333
Domestic Hybrid	3,424,908	-	-	3,424,908
Bond	4,942,644	-	-	4,942,644
Total Mutual Funds	30,648,642	-	-	30,648,642
Common Stock				
Financial Services	299,683	-	-	299,683
Energy	25,087	-	-	25,087
Technology	6,238	-	-	6,238
Utilities	19,767	-	-	19,767
Healthcare	3,770	-	-	3,770
Industrials	10,982	-	-	10,982
Commodities Precious Metals	1,520	-	-	1,520
Consumer Defensive	8,941	-	-	8,941
Consumer Cyclical	18,375	-	-	18,375
Materials	12,743	-	-	12,743
Basic Materials	4,080	-	-	4,080
Real Estate	9,743	-	-	9,743
Communication Services	24,116	-	-	24,116
Total Common Stock	445,045	-	-	445,045
Corporate Bonds	250,261	-	-	250,261
Group Annuity Contract	-	-	7,928,140	7,928,140
TOTAL INVESTMENTS	$ 31,343,948	$ -	$ 7,928,140	$ 39,272,088

7. FAIR VALUE MEASUREMENTS (Continued)

The following table presents the category, fair value, redemption frequency, and redemption notice period for plan investments, the fair values of which are estimated using net asset value per share as of December 31, 2012 and 2011:

Investment	Fair Value 2012	Fair Value 2011	Unfunded Commitment 2012	Unfunded Commitment 2011	Redemption Frequency	Redemption Notice Period
Group annuity contract (a)	$ 10,807,571	$ 7,928,140	$ -	$ -	Daily	None

(a) This fund provides a guarantee of principal and a guaranteed interest rate. The entire general account assets of Great-West Life & Annuity Insurance Company back these guarantees.

Changes in Fair Value Levels

The Plan assesses the levels of the investments at each measurement date, and transfers between levels are recognized on the actual date of the event or change in circumstances that caused the transfer in accordance with the Plan's accounting policy regarding the recognition of transfers between levels of the fair value hierarchy. For the year ended December 31, 2012, there were no such transfers.

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2012 and 2012.

	2012	2011
BALANCE, BEGINNING OF YEAR	$ 7,928,140	$ 7,575,890
Interest income	153,314	155,312
Purchases	5,555,469	3,319,188
Sales	(2,829,352)	(3,122,250)
BALANCE, END OF YEAR	$10,807,571	$ 7,928,140

7. FAIR VALUE MEASUREMENTS (Continued)

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Quantitative Information about Level 3 Fair Value Measurements as of December 31, 2012

Instrument	Fair Value	Valuation Techniques	Unobservable Input	Range
Group annuity contract*	$ 10,807,571	Discounted Cash Flow	Risk-Adjusted Discount Rate	1.61 - 2.3% (1.805% base case based on corporate credits)
		Discounted Cash Flow	Investment Term	4 - 7 years (5 year base case based on insurance company typical assets)
		Discounted cash flow and theoretical transfer (Exit Value)	Crediting Rate	1.45 - 2% (1.45% base rate as observed from manager statement in 2012)

**Group annuity contract*: The significant unobservable inputs used in the fair value measurement of the Plan's interest in the fixed annuity contract are derived from discounted cash flows and theoretical transfers (exit prices). Significant increases (decreases) in any of these inputs in isolation may result in significantly higher (lower) fair value measurements, respectively.

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 Life & Annuity Insurance Company maintains the contributions in a general account. The account is credited with 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.

8. GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY (Continued)

As described in Note 2, because the guaranteed investment 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 guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value, and fair value is deemed to approximate contract value. Contract value, as reported to the Plan by Great-West Life & Annuity Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2012 and 2011 was $10,807,571 and $7,928,140, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Average yields for the group annuity contract for the year ended December 31, 2012 and 2011 are as follows:

	2012	2011
Based on interest rate credited to participants	1.45%	2.03%
Based on actual earnings	1.59%	2.23%

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 & Annuity Insurance Company, an affiliate of Orchard Trust Company, LLC, the custodian 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.

SUPPLEMENTAL INFORMATION

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, LINE 4i

EIN: 36-1545150 Plan: #001

December 31, 2012

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds				
Artisan		Artisan International Value Investor	**	$ 2,067,007
Dodge & Cox		Dodge & Cox International Stock	**	810
Fidelity		Fidelity Contrafund	**	2,220,945
Fidelity		Fidelity Freedom 2010	**	60
Fidelity		Fidelity Low-Priced Stock	**	1,378,569
Fidelity		Fidelity Select Natural Resources	**	850,412
Franklin Templeton		Franklin High Income R	**	1,233,289
Great-West		Great-West Lifetime 2015 Fund I T	**	1,314,118
Great-West		Great-West Lifetime 2025 Fund I T	**	597,406
Great-West		Great-West Lifetime 2035 Fund I T	**	356,682
Great-West		Great-West Lifetime 2045 Fund I T	**	49,463
Great-West		Great-West Lifetime 2055 Fund I T	**	3,034
Great-West		Great-West Loomis Sayles Bond Fund I	**	605,422
Heartland Funds		Heartland Value Plus	**	115,749
Ivy Investment Management Co		Ivy Science & Technology Y	**	93,959
JP Morgan		Jpmorgan Mid Cap Value Instl	**	1,517,990
Lord Abbett		Lord Abbett Developing Growth A	**	989,700
Maxim Loomis		Managers Real Estate Securities	**	1,402,331
MFS		Mfs Utilities A	**	298,547
Nuveen		Nuveen Mid Cap Growth Opp A	**	1,013,818
Oakmark		Oakmark Equity & Income Ii	**	1,368,497
Oakmark		Oakmark International Small Cap I	**	38,525
Oppenheimer		Oppenheimer Developing Markets Y	**	1,167,556
Oppenheimer		Oppenheimer Global Fund A	**	786,233
PIMCO		Pimco Mortgage-Backed Securities Adm	**	1,156,509
PIMCO		Pimco Real Return Admin	**	278,566
PIMCO		Pimco Total Return Admin	**	3,440,855
The Royce Funds		Royce Micro-Cap Invmt	**	316,676
Sequoia		Sequoia	**	2,523,620
T.Rowe Price		T. Rowe Price Global Technology	**	31,186
Templeton		Templeton Global Bond A	**	1,334,785
Thompson		Thompson Bond Fund	**	103,400
Thornburg Investment		Thornburg International Value - A	**	1,093,476
The Vanguard Group		Vanguard 500 Index Signal	**	924,137
Wells Fargo		Wells Fargo Advantage Growth A	**	1,844,334
		Yacktman Service	**	1,934,251

(This schedule is continued on the following page.)

NEW YORK BLOWER COMPANY
PROFIT SHARING PLAN AND TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
FORM 5500, SCHEDULE H, LINE 4i

EIN: 36-1545150 Plan: #001

December 31, 2012

	(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
		Self Directed Brokerage Accounts			
		Various	Various - Cash, mutual funds, stocks and bonds	**	$ 880,305
		Group Annuity Contract			
*		Great-West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund	**	10,807,571
		TOTAL INVESTMENTS PER FINANCIAL STATEMENTS			46,139,793
*		Notes receivable from participants	Interest rate range: 3.25% - 9.00%		1,118,802
		TOTAL INVESTMENTS PER FORM 5500			$ 47,258,595

* Denotes party in interest

** Cost information has been omitted as investments are participant-directed

(See independent auditor's report.)

ASSETS HELD FOR INVESTMENT PURPOSES

The New York Blower Company Profit Sharing Plan and Trust
01-JAN-12 to 31-DEC-12

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MX15CT			1,305,031.99	1,314,118.24
1MX25CT			590,687.31	597,405.51
1MX35CT			345,988.74	356,682.14
1MX45CT			48,270.75	49,463.15
1MX55CT			2,984.82	3,033.62
1ARTKX			1,861,741.18	2,067,006.83
1DODFX			781.69	809.93
1OAKEX			34,429.95	38,525.37
1ODVYX			1,090,343.58	1,167,556.46
1OPPAX			730,267.06	786,233.14
1PRGTX			30,820.60	31,186.28
1TGVAX			988,917.51	1,093,476.03
1FNARX			866,477.77	850,412.32
1WSTYX			86,388.43	93,958.87
1MRESX			1,372,800.75	1,402,331.04
1MMUFX			265,916.61	298,546.75
1HRVIX			114,051.28	115,748.51
1LAGWX			1,036,966.44	989,699.98
1RYOTX			318,738.77	316,675.62
1FLPSX			1,339,317.25	1,378,569.39
1FLMVX			1,431,340.75	1,517,989.80
1FRSLX			1,075,759.33	1,013,818.30
1FCNTX			1,966,795.70	2,220,945.48
1SEQUX			2,364,073.17	2,523,620.41
1VIFSX			873,395.65	924,136.70
1SGRAX			1,815,159.98	1,844,333.50
1YACKX			1,870,752.54	1,934,250.97
1OARBX			1,278,588.72	1,368,496.60
1FHIRX			1,182,161.53	1,233,289.01
1BMSXLC			581,672.60	605,421.91
1PMTAX			1,167,385.17	1,156,508.58
1PARRX			283,321.60	278,566.40
1PTRAX			3,354,326.36	3,440,854.84
1TPINX			1,306,001.84	1,334,784.80
1THOPX			99,813.11	103,399.59
1SDBTDA			880,304.88	880,304.88
1KGPF		1.550	9,413,133.34	9,776,278.01
			43,374,908.75	**45,108,438.96**
PARTICIPANT LOANS	VARIOUS	3.250-9.000	1,114,918.40	1,118,802.10
FORFEITURES			1,024,410.15	1,031,353.91

ASSETS HELD FOR INVESTMENT PURPOSES

The New York Blower Company Profit Sharing Plan and Trust

01-JAN-12 to 31-DEC-12

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1MX15CT	Great-West Lifetime 2015 Fund I T
1MX35CT	Great-West Lifetime 2035 Fund I T
1MX55CT	Great-West Lifetime 2055 Fund I T
1DODFX	Dodge & Cox International Stock
1ODVYX	Oppenheimer Developing Markets Y
1PRGTX	T. Rowe Price Global Technology
1FNARX	Fidelity Select Natural Resources
1MRESX	Managers Real Estate Securities
1HRVIX	Heartland Value Plus
1RYOTX	Royce Micro-Cap Invmt
1FLMVX	JPMorgan Mid Cap Value Instl
1FCNTX	Fidelity Contrafund
1VIFSX	Vanguard 500 Index Signal
1YACKX	Yacktman Service
1FHIRX	Franklin High Income R
1PMTAX	PIMCO Mortgage-Backed Securities Adm
1PTRAX	PIMCO Total Return Admin
1THOPX	Thompson Bond Fund
1KGPF	Key Guaranteed Portfolio Fund
1MX25CT	Great-West Lifetime 2025 Fund I T
1MX45CT	Great-West Lifetime 2045 Fund I T
1ARTKX	Artisan International Value Investor
1OAKEX	Oakmark International Small Cap I
1OPPAX	Oppenheimer Global Fund A
1TGVAX	Thornburg International Value - A
1WSTYX	Ivy Science & Technology Y
1MMUFX	MFS Utilities A
1LAGWX	Lord Abbett Developing Growth A
1FLPSX	Fidelity Low-Priced Stock
1FRSLX	Nuveen Mid Cap Growth Opp A
1SEQUX	Sequoia
1SGRAX	Wells Fargo Advantage Growth A
1OARBX	Oakmark Equity & Income II
1BMSXLC	Great-West Loomis Sayles Bond Fund I
1PARRX	PIMCO Real Return Admin
1TPINX	Templeton Global Bond A
1SDBTDA	TD Ameritrade SDB

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