Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	Pension Benefit Guaranty Corporation Complete all entries in accord	lance witl	n the instructions to the Form 5500	-SF.		,	
P	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 11/01/2011	1	and ending 12	2/31/2	011		
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	the final r	eturn/report	•	<u> </u>		
		a short pla	in year return/report (less than 12 mo	nths)			
_	Check box if filing under:	•	extension		DFVC progra	m	
C	special extension (enter description		Octoriolori	l	_ Di vo piogia		
		,					
	art II Basic Plan Information—enter all requested information	ation		1h	Thurs dist		
	Name of plan MER DRIVES CONTROLS & SYSTEMS, INC.				Three-digit plan number		
I ALI	WER DRIVES SONTROLO & STOTEMO, INC.				(PN) ▶	001	
				1c	Effective date of	plan	
					11/01/	/2011	
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif		er
PAL	MER DRIVES CONTROLS & SYSTEMS, INC.				(EIN) 45-37		
				2c	Sponsor's teleph 303-922		
	S. TEJON STREET		-	24			\
EING	LEWOOD, CO 80011			Zu	Business code (33531		ns)
3a	Plan administrator's name and address (if same as plan sponsor, en	ter "Same	,")	3h	Administrator's E		
	MER DRIVES CONTROLS & SYSTEMS, INC. 2498 S. TEJO	N STREE	Ť	O.O		01425	
	ENGLEWOOD	D, CO 800	11	3с	Administrator's t		nber
				41	303-922	2-5584	
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			2
b	Total number of participants at the end of the plan year			5b			2
С	Number of participants with account balances as of the end of the p		-				
	complete this item)	·····		5c			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No
b	3					X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		· ·			/\ 163 L] 140
Pa	art III Financial Information	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or and must misteau use i orm ood	, o.			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а		7a	0		(11)	()
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	0			()
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		, ,		(2)		
	(1) Employers	8a(1)	0				
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				()
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i	Net income (loss) (subtract line 8h from line 8c)	8i				()
j	Transfers to (from) the plan (see instructions)	8j					

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Dart IV	Dlan	Characteristics
Parriv	Pian	Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 2T 3D

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

 Were there any nonexempt transactions with any on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimburse or dishonesty? Were any fees or commissions paid to any broker insurance service or other organization that provide instructions.) Has the plan failed to provide any benefit when due to pide the plan have any participant loans? (If "Yes," has a nindividual account plan, was there a blee 2520.101-3.) If 10h was answered "Yes," check the box if you exceptions to providing the notice applied under 2 art VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding standard for a granting the waiver. If you completed line 12a, complete lines 3, 9, and be Enter the minimum required contribution for this plan to the minimum funding amount reported on line will the minimum funding amount reported on line will plan terminations and Transfers Plan Terminations and Transfers 	Voluntary Fiduciary Correction Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i					Yes	
a Was there a failure to transmit to the plan any par 29 CFR 2510.3-102? (See instructions and DOL' b Were there any nonexempt transactions with any on line 10a.)	Voluntary Fiduciary Correction Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i		X X X X X X X ule SB				
 Were there any nonexempt transactions with any on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimburse or dishonesty? Were any fees or commissions paid to any broker insurance service or other organization that provide instructions.) Has the plan failed to provide any benefit when during the plan have any participant loans? (If "Yes," h If this is an individual account plan, was there a blee 2520.101-3.) If 10h was answered "Yes," check the box if you exceptions to providing the notice applied under 2 art VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding standard for a granting the waiver. If you completed line 12a, complete lines 3, 9, and b Enter the minimum required contribution for this plan to the minimum funding amount reported on line with VII Plan Terminations and Transfers Has a resolution to terminate the plan been adopted in the	d by the plan's fidelity bond, that was caused by frauctions, agents, or other persons by an insurance carrier, es some or all of the benefits under the plan? (See e under the plan? enter amount as of year end.)	10b 10c 10d 10e 10f 10g 10h 10i		X X X X X X ule SB			Yes	
d Did the plan have a loss, whether or not reimburse or dishonesty?	d by the plan's fidelity bond, that was caused by frauch, agents, or other persons by an insurance carrier, es some or all of the benefits under the plan? (See e under the plan? enter amount as of year end.)	10d 10e 10f 10g 10h 10i		X X X X X ule SB			Yes	
or dishonesty?	agents, or other persons by an insurance carrier, es some or all of the benefits under the plan? (See e under the plan?	10d 10e 10f 10g 10h 10i		X X X			Yes	
insurance service or other organization that provice instructions.) f Has the plan failed to provide any benefit when du g Did the plan have any participant loans? (If "Yes," h If this is an individual account plan, was there a bl 2520.101-3.) i If 10h was answered "Yes," check the box if you e exceptions to providing the notice applied under 2 art VI Pension Funding Compliance I Is this a defined benefit plan subject to minimum for 5500)) 2 Is this a defined contribution plan subject to the m (If "Yes," complete 12a or 12b, 12c, 12d, and 12e a If a waiver of the minimum funding standard for a granting the waiver. If you completed line 12a, complete lines 3, 9, and b Enter the minimum required contribution for this pl c Enter the amount contributed by the employer to the d Subtract the amount in line 12c from the amount in negative amount) e Will the minimum funding amount reported on line art VII Plan Terminations and Transfers Ba Has a resolution to terminate the plan been adopted in	e under the plan?	10f 10g 10h 10i		X X X X Ulle SB			Yes	
h If this is an individual account plan, was there a bl 2520.101-3.) i If 10h was answered "Yes," check the box if you exceptions to providing the notice applied under 2 ls this a defined benefit plan subject to minimum for (If "Yes," complete 12a or 12b, 12c, 12d, and 12e lf a waiver of the minimum funding standard for a granting the waiver. If you completed line 12a, complete lines 3, 9, and b Enter the minimum required contribution for this please of the amount contributed by the employer to the d Subtract the amount in line 12c from the amount in negative amount) Plan Terminations and Transfers and Transfers are visited to the minimum funding amount reported in the plan been adopted in the plan been adopt	ther provided the required notice or one of the OCFR 2520.101-3	10g 10h 10i omplete		X X ule SB			Yes	
h If this is an individual account plan, was there a bit 2520.101-3.)	tckout period? (See instructions and 29 CFR ther provided the required notice or one of the 0 CFR 2520.101-3 Inding requirements? (If "Yes," see instructions and continuous funding requirements of section 412 of the Co	10h 10i		X ule SB			Yes	
i If 10h was answered "Yes," check the box if you exceptions to providing the notice applied under 2 art VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum for 5500))	ther provided the required notice or one of the OCFR 2520.101-3	10i		ule SB			Yes	
exceptions to providing the notice applied under 2 art VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum for 5500))	nding requirements? (If "Yes," see instructions and continuous funding requirements of section 412 of the Co	omplete					Yes	
Is this a defined benefit plan subject to minimum for 5500))	nimum funding requirements of section 412 of the Co						Yes	
2 Is this a defined contribution plan subject to the m (If "Yes," complete 12a or 12b, 12c, 12d, and 12e a If a waiver of the minimum funding standard for a granting the waiver. If you completed line 12a, complete lines 3, 9, and b Enter the minimum required contribution for this pl c Enter the amount contributed by the employer to the d Subtract the amount in line 12c from the amount in negative amount) e Will the minimum funding amount reported on line art VII Plan Terminations and Transfers Has a resolution to terminate the plan been adopted in	nimum funding requirements of section 412 of the Co						Yes	
a If a waiver of the minimum funding standard for a granting the waiver. If you completed line 12a, complete lines 3, 9, and b Enter the minimum required contribution for this please. C Enter the amount contributed by the employer to the description of the substract the amount in line 12c from the amount in negative amount). E Will the minimum funding amount reported on line art VII Plan Terminations and Transfers Has a resolution to terminate the plan been adopted in	0 1	de or se	ction 3	02 of E	RISA?			X No
a If a waiver of the minimum funding standard for a granting the waiver. If you completed line 12a, complete lines 3, 9, and b Enter the minimum required contribution for this please. C Enter the amount contributed by the employer to the Subtract the amount in line 12c from the amount in negative amount). E Will the minimum funding amount reported on line art VII Plan Terminations and Transfers. Has a resolution to terminate the plan been adopted in	pelow as applicable)					∐	Yes	X No
b Enter the minimum required contribution for this pl c Enter the amount contributed by the employer to tl d Subtract the amount in line 12c from the amount in negative amount) e Will the minimum funding amount reported on line art VII Plan Terminations and Transfers Has a resolution to terminate the plan been adopted in	rior year is being amortized in this plan year, see inst	onth						
C Enter the amount contributed by the employer to the district the amount in line 12c from the amount in negative amount) Will the minimum funding amount reported on line art VII Plan Terminations and Transfers Has a resolution to terminate the plan been adopted in the plan			Г	12b				
d Subtract the amount in line 12c from the amount in negative amount) e Will the minimum funding amount reported on line art VII Plan Terminations and Transfers Has a resolution to terminate the plan been adopted in				12c				
e Will the minimum funding amount reported on line art VII Plan Terminations and Transfers Has a resolution to terminate the plan been adopted in	line 12b. Enter the result (enter a minus sign to the le	eft of a		12d				
Plan Terminations and Transfers Has a resolution to terminate the plan been adopted in			_	[Yes	Пи	lo	N/A
3a Has a resolution to terminate the plan been adopted in				<u> </u>				
				Y	es X	No		
ii 165, enter the amount of any plan assets that	everted to the employer this year				<u> </u>			
b Were all the plan assets distributed to participants		ht under	the co			П	Yes	X No
	e transferred from this plan to another plan(s), identify							
13c(1) Name of plan(s):			130	(2) Ell	N(s)	1	13c(3)	PN(s)
aution: A penalty for the late or incomplete filing of								

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/18/2012	JAMES Z. STONE ERPA 00000775-EP			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN	Filed with authorized/valid electronic signature.	07/18/2012	JAMES Z. STONE ERPA 00000775-EP			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	art I Annual Repor	t Identification Information							
For	the calendar plan year 2011 o	or fiscal plan year beginning	11/0	1/2011	and ending	12	/31/2011		
Α	This return/report is for:	x a single-employer plan	a multiple	-employer plan	(not multiemployer)		a one-participant plan		
В	This return/report is:	x the first return/report	the final re	eturn/report		-			
		an amended return/report	a short pla	an year return/r	eport (less than 12 mo	onths)			
С	Check box if filing under:	☐ Form 5558	Ħ	extension		, Г	DFVC program		
_	Cricon box ii iiiiig ariaci.	special extension (enter description		CALCITOTOTT		L] Di ve program		
-		<u>- </u>	2200						
	art II Basic Plan Inf Name of plan	ormation enter all requested in	formation.			16-			
ıa							Three-digit Dlan number		
	Palmer Drives Contr	cols & Systems, Inc.				(PN) ▶ 001		
							Effective date of plan		
2a	Plan sponsor's name and ad	ldress; include room or suite number (e	employer if fo	r single employ	(er plan)		1/01/2011		
	Palmer Drives Contr	ols & Systems, Inc.	omployer, ir ic	r single employ	rei piari)		Employer Identification Number EIN) 45-3701425		
						,	Plan sponsor's telephone number		
	2498 S. Tejon Stree	t					(303) 922-5584		
	2450 D. 10jon beree					2d E	Business code (see instructions)		
	Englewood	CO 80011					335310		
3a	Plan administrator's name ar Same	nd address (If same as plan sponsor, e	enter "Same")			3b /	Administrator's EIN		
	Same								
						3c A	dministrator's telephone number		
4	If the name and/or EIN of the	e plan sponsor has changed since the	last return/rep	ort filed for this	plan, enter the	4b E	IN		
а	name, EIN, and the plan nun Sponsor's Name	nber from the last return/report.				4c F			
		at the beginning of the plan year				5a			
b		at the end of the plan year				5b	23		
C	Number of participants with a	account balances as of the end of the p	olan year (def	ned benefit pla	ns do not				
60						5c	0		
b		during the plan year invested in eligible the annual examination and report of a					Yes No		
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility a	and conditions	it quaimed pub			XYes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
Pa	rt III Financial Infor	mation				****			
7	Plan Assets and Liabilities			(a) Be	ginning of Year		(b) End of Year		
а	Total plan assets		. 7a		0		0		
b	Total plan liabilities		. 7b						
C	Net plan assets (subtract line	· · · · · · · · · · · · · · · · · · ·	. 7c		0		0		
8 a	Income, Expenses, and Tran- Contributions received or received			(a) Amount		(b) Total		
u	(1) Employers		. 8a(1)		0				
	(2) Participants		. 8a(2)						
	(3) Others (including rollover	s)			0				
b	Other income (loss)		. 8b						
C		, 8a(2), 8a(3), and 8b)	. 8c				0		
d	Benefits paid (including direct to provide benefits)	rollovers and insurance premiums	. 8d				<u> </u>		
е	Certain deemed and/or correct	ctive distributions (see instructions) .	. 8e						
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)							
i	Net income (loss) (subtract lin	ne 8h from line 8c)	. 8i				0		
<u>i</u>	Transfers to (from) the plan (s	see instructions)	. 8j						

	Form 5500-SF 2011 Page 2-		_		
Par	t IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characte 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteri				:
	t V Compliance Questions				
10	During the plan year:		Yes No		mount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported		v		
	on line 10a.)	10b	X		
c	Was the plan covered by a fidelity bond?	10c	х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	x		
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier,				
	insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	х		
f	Has the plan failed to provide any benefit when due under the plan?	10f	х		
g	Did the also have accountable at the COMMON AND AND AND AND AND AND AND AND AND AN	10g	x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g	х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				
Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500))	te Sch	nedule SB (F	orm	Yes X N
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or	sectio	n 302 of FRI	SA?	Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		002 01 211	o,	
a If y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ns, an th			etter ruling /ear
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	a 	12d		H 100 100 100 100 100 100 100 100 100 10
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	□No □N/A
Part					
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		- 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?		- 27 SER SER		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	lan(s)	to		
1	3c(1) Name of plan(s):		13c(2) EIN	V(s)	13c(3) PN(s)
	*				
Cautio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable car	JSA ie	established	L	L
Under	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/reschedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report	nort i	poludina if a	malia a la la	Schedule
pelief.	it is true, correct, and complete.	τ, and	to the best of	t my knowle	edge and

P.D.C. & S.

EFAST2 Filing Authorization for the 2011 Form 5500

Name of Plan: P.I	D.C. & S 401(k) Profit Sharing Plan	
EIN / PN: 45-370	01425	
Plan Year Ending:_	12/31/2011	

Authorization of Practitioner to Electronically Sign and File

I hereby authorize BAC to electronically sign and file the above named return/report through EFAST2. I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500 and provide a scanned copy of that signature page to BAC before the electronic filing can be initiated;
- Benefits Administrators and Consultants will retain a copy of this written authorization in its records;
- Benefits Administrators and Consultants will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- BAC shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above. **Please sign both lines.**

Plan Administrator

Plan Trustee