## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	00-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011
Α	This return/report is for:	a multiple	-employer plan (not multiemployer	)	a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	an year return/report (less than 12	months)	
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program
	special extension (enter descriptio	n)		_	_
Pa	art II Basic Plan Information—enter all requested information	ation			
	Name of plan			1b ·	Three-digit
	ENGINEERING, INC. 401(K) RETIREMENT PLAN				plan number
					(PN) • 002
				1C	Effective date of plan 01/01/2005
2a	Plan sponsor's name and address; include room or suite number (er	mplover. if	for a single-employer plan)	2h	Employer Identification Number
	ENGINEERING, INC.		rer a emgre empreyer pramy		(EIN) 05-0498737
				2c 3	Sponsor's telephone number
78 AI	MANDA STREET				401-944-6947
CRA	NSTON, RI 02920			2d 1	Business code (see instructions)
				01	541330
	Plan administrator's name and address (if same as plan sponsor, er ENGINEERING, INC. 78 AMANDAS		2")	3b /	Administrator's EIN 05-0498737
	CRANSTON,			3c /	Administrator's telephone number
				_	401-944-6947
4	If the name and/or EIN of the plan sponsor has changed since the laname, 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
	Total number of participants at the beginning of the plan year			. 5a	
b	Total number of participants at the end of the plan year				
С	Number of participants with account balances as of the end of the p			35	
	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	Are you claiming a waiver of the annual examination and report of a				X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		•		
Pa	rt III Financial Information	0000	or and muct motoda acc r crim		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	190629		141936
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	190629		141936
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		•		. ,
	(1) Employers	8a(1)	5813		
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-6659		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-846
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	47847		
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			47847
i	Net income (loss) (subtract line 8h from line 8c)	8i			-48693
j	Transfers to (from) the plan (see instructions)	8j			

Form	5500.	SF.	201

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Part IV	Plan	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 2G 2J 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	٧	Compliance Questions			1						
10	Duri	ng the plan year:		Yes	No		Α	mou	ınt		
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Χ						
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X						
С	Wa	s the plan covered by a fidelity bond?	10c	X						25000	)
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X						
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X						
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Χ						
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Χ						
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X						
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i								
art	VI	Pension Funding Compliance		•	•						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						,	Yes	No	<u> </u>
12		ris a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						$\prod$	Yes	X No	)
	If a v	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th								
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г							
b	Ente	r the minimum required contribution for this plan year			12b						
		r the amount contributed by the employer to the plan for this plan year			12c	<u> </u>					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left attive amount)			12d	<u> </u>		_		1.	
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Y	es	No	)	N/A	
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?	<u></u>			Yes	X No				
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a							
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol				Yes	X No	)
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	)						
1	3c(1)	Name of plan(s):		13	<b>c(2)</b> E	IN(s)		13	Bc(3)	PN(s)	
Cauti	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estak	olished	d.				
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retredule MB completed and signed by an enrolled actuary, as well as the electronic version of this return this correct and complete.									

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/13/2012	OMESH KUMAR
HERE	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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## 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).

▶ 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

A This return/report is for:    This return/report is to:		art I Annual Report Identification Information	<del></del>			10/21/2011
B This return/report is:	For					12/31/2011
C Check box if filing under:	Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
C Check box if filing under:    Part II   Basic Plan Information—enter all requested Information     1a Name of plan   A&K ENGINEERING, INC. 401 (K) RETIREMENT PLAN   1c Effective date of plan number (PN)   N   N   N   N   N   N   N   N   N	В	This return/report is:	the final r	eturn/report		
Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   A Name of plan   A&K ENGINEERING, INC. 401 (K) RETIREMENT PLAN   10   10   101/101/2005   10   101/101/2005   10   101/101/2005   10   101/101/2005   10		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	
Second extension (enter description)	С	Check box if filing under: Form 5558	automatic	extension		DFVC program
1			on)			
1	Pa	art II Basic Plan Information—enter all requested inform	ation			
Ask   EngINEERING, INC. 401 (K)   RETIREMENT PLAN   10   C   Effective date of plan   10   C   Effective date of plan   10   C   C   Effective date of plan   10   C   C   Effective date of plan   10   C   C   C   C   C   C   C   C   C					1b	
10   Effective date of pian   (1,01,47,2005			AN			. 10.00
24   Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan)   A&K					10	
AEK   ENGINEERING, INC.   CENANSTON   RI   02920						
AEK   ENGINEERING, INC.   CENANSTON   RI   02920	2a	Plan sponsor's name and address: include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification Number
78						(EIN) 05-0498737
State   Stat					2c	Sponsor's telephone number
CRANSTON	78	AMANDA STREET				
Sample   S						
Total number of participants with end of the plan year invested in eligible assets? (See instructions.)   Yes   No		1110 1 011				
Total number of participants with end of the plan year invested in eligible assets? (See instructions.)   Yes   No	<b>3a</b> A&	Plan administrator's name and address (if same as plan sponsor, el K ENGINEERING, INC.	nter "Same	i')	ຈນ	
A   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   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 for mitch plan the plan pear.   A   EIN					3с	
Number of participants at the beginning of the plan year   Sa   Sonsor's name   Sonsor's nam		ANSTON RI 02920				
A Sponsor's name	4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN
Sa	а	•			4c	PN
D Total number of participants at the end of the plan year					5a	4
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						4
Second						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104.46? (See instructions on waiver eligibility and conditions.)		complete this item)				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes   No
Five	b	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accountant (IQI	PA)	⊠ yes ∏ No
Part III		under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi orm 5500.	SF and must instead use Form 550	00.	
Total plan assets and Liabilities   (a) Beginning of Year   (b) End of Year	Pa		01111 0000-	Or and indomination do . O		
a Total plan assets         7a         190629         141936           b Total plan liabilities         7b         190629         141936           c Net plan assets (subtract line 7b from line 7a)         7c         190629         141936           8 Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a Contributions received or receivable from:				(a) Beginning of Year		(b) End of Year
b         Total plan liabilities	_		7a	<del></del>	9	141936
C Net plan assets (subtract line 7b from line 7a)		•				
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers			1	19062	9	141936
a Contributions received or receivable from: (1) Employers				(a) Amount		· (b) Total
(1) Employers       8a(1)       5813         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       -6659         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       -846         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       47847         e 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       47847         i Net income (loss) (subtract line 8h from line 8c)       8i       -48693		· · ·				
(3) Others (including rollovers)	_	(1) Employers	. 8a(1)	581	3	
b Other income (loss)		(2) Participants	. 8a(2)		_	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	. 8a(3)		4	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	. 8b	-665	9	語·思思斯·西克斯·西克斯斯·西克斯斯·西克斯斯·西克斯斯·西克斯斯·西克斯斯·西
to provide benefits)	С	• • • • • • • • • • • • • • • • • • • •	. 8c			-846
e Certain deemed and/or corrective distributions (see instructions)	d	Benefits paid (including direct rollovers and insurance premiums	84	4784	7	
f Administrative service providers (salaries, fees, commissions)	^	·				
g Other expenses	_					
h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       47847         i Net income (loss) (subtract line 8h from line 8c)       8i       -48693						
i Net income (loss) (subtract line 8h from line 8c)	ĭ					47847
Net income (loss) (subtract line of from line oc).	n :	•				-48693
L Properore to (group) the bigh (see institutions)	! :	Net income (loss) (subtract line on from line oc)	01			

Par	t IV Plan Characteristics							***************************************
9a	If the plan provides pension benefits, enter the applicable pension feature 2E 2G 2J 3D	e codes from the	List of Plan Character	ristic Co	des in	the instruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare feature of	codes from the L	ist of Plan Characteri	stic Cod	es in ti	ne instruction	S:	······································
Parl	V Compliance Questions				,			
10	During the plan year:		<b></b>	Yes	No	Ar	nount	
	Was there a failure to transmit to the plan any participant contributions with 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C	Correction Progra	m) 10a	1	Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do n on line 10a.)	not include transa	ctions reported 10t	<u>,                                    </u>	x			
С	Was the plan covered by a fidelity bond?	•••••	100	X			2	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	•••••	100		х			
е	Were any fees or commissions paid to any brokers, agents, or other pers insurance service or other organization that provides some or all of the be instructions.)	enefits under the	plan? (See		х		** * *********************************	·····
f	Has the plan failed to provide any benefit when due under the plan?		101	:	X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year	ar end.)	109	,	Х			
h	If this is an individual account plan, was there a blackout period? (See ins 2520.101-3.)	structions and 29	CFR	n	х			
i	If 10h was answered "Yes," check the box if you either provided the requiexceptions to providing the notice applied under 29 CFR 2520.101-3	ired notice or on	e of the					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (I 5500))	(If "Yes," see inst	ructions and complete	Sched	ule SB	(Form	Yes	No
a If y b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No. (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a 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 letter ruling granting the waiver							g
	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)				12d	Л Yes П	No $\square$	N/A
44110000000	ACCOMPANY DESCRIPTION OF THE PROPERTY OF THE P	ung ucaumer		***********				
Part					Пү	es X No		
ısa	Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employe		r	13a	<u> </u>			
b	Were all the plan assets distributed to participants or beneficiaries, transfe of the PBGC?	ferred to another	plan, or brought unde	r the co	•••••		Yes [	
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another p	olan(s), identify the pl			· · · · · · · · · · · · · · · · · · ·		
1	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3) PI				N(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will	ll be assessed u	niess reasonable ca	use is	estabi	ISNEO.	- Cohoo	lulo
SB or	penalties of perjury and other penalties set forth in the instructions, I decl Schedule MB completed and signed by an enrolled actuary, as well as the it is true, correct, and complete.	clare that I have e ne electronic vers	xamined this return/repo	eport, in rt, and	to the t	est of my kno	owledge a	nd
SIGN	Druesh Kumar 7	-6-2012	DMESH KUMAR					
HER		ite	Enter name of individ	dual sig	ning as	plan adminis	strator	
SIGN HERI		ite	Enter name of individ	dual sig	ning as	employer or	plan spor	sor

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