#### 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).

\_\_\_\_

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

r		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 04/01/2011		and ending 0	3/31/2	012		
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	ſ	a one-partici	ant plan	
			eturn/report	L		·	
			·	antha)			
			in year return/report (less than 12 mo	ontns)	_		
С	Check box if filing under:	automatic	extension		DFVC progra	m	
	special extension (enter description	n)					
Pa	art II Basic Plan Information—enter all requested informa	ation					
1a	Name of plan			1b	Three-digit		
	ELECTRONICS, INC. PROFIT SHARING PLAN				plan number		
					(PN) <b>▶</b>	001	
				1c	Effective date o		
					04/01	/1992	
	Plan sponsor's name and address; include room or suite number (en ELECTRONICS, INC.	nployer, if	for a single-employer plan)		Employer Identit		
ACL	ELECTRONICS, INC.				(=114)	16154	
				2c	Sponsor's telep		
	DLD SAW MILL RIVER ROAD		•	0.1	914-77		
HAVV	THORNE, NY 10532			2a	Business code (		.)
2-		. "0	m	O.L.	42399		
	Plan administrator's name and address (if same as plan sponsor, en ELECTRONICS, INC. 140 OLD SAW			3D /	Administrator's I 13-36	=IN 16154	
, tol	HAWTHORNE			30	Administrator's t		er
					914-773		O.
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report.						_
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			
b	Total number of participants at the end of the plan year			5b			
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not				
	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						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	00.			
	rt III   Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	7a	776672			506562	
b	Total plan liabilities	7b	0			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	776672			506562	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	0				
	(2) Participants	8a(2)	4776				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	-87362				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-82586	
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	182000				
е	Certain deemed and/or corrective distributions (see instructions)	8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f	0				
g	Other expenses	8g	5524				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				187524	
;	Net income (loss) (subtract line 8h from line 8c)	8i				-270110	
:	` ' ` '		0				
J	Transfers to (from) the plan (see instructions)	8j	U				

		$\circ$	004	
Form	<b>カカロロ</b>	->-	ンロコ	-

Page 2 -	1
----------	---

		•	
Part IV	Plan	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 2G 2J
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions		1			
10	During the plan year:		Yes	No	Α	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	X			31957
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	X			100000
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 commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X		
f	Has the plan failed to provide any benefit when due under the plan?	10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X			52877
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ		
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	10i				
Part						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					Yes X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_			
b	Enter the minimum required contribution for this plan year		L	12b		
С	Enter the amount contributed by the employer to the plan for this plan year		L	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	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?			Y	'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ontrol		Yes X No
of the PBGC?						
	3c(1) Name of plan(s):		13	c(2) EI	N(s)	<b>13c(3)</b> PN(s)
			<u>-</u> - <u>-</u>	· ,	\-/	(-)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le cau	ıse is	establ	ished.	
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.	urn/re	port, ir	ncludin	g, if applicab	

SIGN	Filed with authorized/valid electronic signature.	01/14/2013	MARIE BEN AVI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	01/14/2013	MARIE BEN AVI
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

Pension Benefit Guaranty Corporation

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 section 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

	Pension Benefit Guaranty Corporation	► Complete all entries in ac	cordance with	n the instructions to the Form 550	0-SF.	1		
F	art I Annual Report	Identification Information						
For	the calendar plan year 2011 or	fiscal plan year beginning	04/03	1/2011 and ending	03	/31/2012		
Α	This return/report is for:	a single-employer plan	a multiple-	employer plan (not multiemployer)	Γ	a one-participant plan		
	This return/report is:	the first return/report	- <del></del>	turn/report	L.	T a ove bavachavit brain		
Ь	This return report is.		片	•				
		an amended return/report	a short pla	in year return/report (less than 12 mo	inths)	<del></del> -		
С	Check box if filing under:	x Form 5558	automatic	extension	Ĺ	DFVC program		
		special extension (enter descri	ption)	•				
Þ	art II Basic Plan Info	rmation enter all requested	information					
4000-000	Name of plan	Circle an requested	intormation.		1b	Three-digit		
	•		. 202		l	plan number		
	ACE ELECTRONICS, INC	. PROFIT SHARING PLAN	1.	9		(PN) ▶ 001		
			All Andrews			Effective date of plan 04/01/1992		
22	Plan enoncoric name and add	lress; include room or suite number	/omployer if fa	r pingle ampleyer plan)				
Za	ACE ELECTRONICS, INC		(employer, ii jo	i single-employer plan)		Employer Identification Number (EIN) 13-3616154		
			4		_			
			again a sa sa sa sa sa			Plan sponsor's telephone number (914) 773-2000		
	140 OLD SAW MILL RIV	ER ROAD	11.7.4.5			<u> </u>		
***	***************************************	\T. 10F20		Section 1995		Business code (see instructions) 423990		
	HAWTHORNE	NY 10532 d address (If same as plan sponsor	enter "Came")			Administrator's EIN		
Ų.	Same	raduces (ii saine as plan sponsor	, cinci danic )		05,	Administrator 3 Eliv		
					2			
		T.			3C /	Administrator's telephone number		
				· .				
4	If the name and/or EIN of the r	plan sponsor has changed since the	e last return/rep	ort filed for this plan, enter the	4b (	EIN		
а	name, EIN, and the plan numb Sponsor's Name	per from the last return/report.			4c	PN .		
		I the heginning of the plan year			5a	8		
b				· · · · · · · · · · · · · · · · · · ·	5b	8		
C		count balances as of the end of the						
	complete this item)	<del> </del>	<u> </u>	<u> </u>	5c	8		
				e instructions.)		XYes ☐No		
b	Are you claiming a waiver of th	ne annual examination and report o	f an independer	nt qualified public accountant (IQPA)				
	·	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						
<b>.</b>			E 5500 0E	and an attended to the control of th		A les Lino		
7 7		er 6a or 6b, the plan cannot use	Form 5500-SF	and must instead use Form 5500.	• • •	<u>K</u> les <u>i</u> no		
1	rt III Financial Inform	er 6a or 6b, the plan cannot use	Form 5500-SF					
_	Plan Assets and Liabilities	er 6a or 6b, the plan cannot use		(a) Beginning of Year		(b) End of Year		
a	Plan Assets and Liabilities Total plan assets	er 6a or 6b, the plan cannot use	7a	(a) Beginning of Year 776,672		(b) End of Year 506,562		
b	Plan Assets and Liabilities Total plan assets Total plan liabilities	nation	. 7a	(a) Beginning of Year 776,672		(b) End of Year 506,562 0		
b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7	ner 6a or 6b, the plan cannot use nation	7a	(a) Beginning of Year 776,672 0 776,672		(b) End of Year  506,562  0  506,562		
b c 8	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf	nation  To from line 7a)  To for this Plan Year	. 7a	(a) Beginning of Year 776,672		(b) End of Year 506,562 0		
b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7	nation  To from line 7a)  To for this Plan Year	. 7a	(a) Beginning of Year 776,672 0 776,672		(b) End of Year  506,562  0  506,562		
b c 8	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei	nation  To from line 7a)  To for this Plan Year	7a 7b 7c	(a) Beginning of Year 776,672 0 776,672 (a) Amount		(b) End of Year  506,562  0  506,562		
b c 8	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers (2) Participants	nation  7b from line 7a)  fers for this Plan Year ivable from:	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 776,672 0 776,672 (a) Amount		(b) End of Year  506,562  0  506,562		
b c 8	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers	nation  7b from line 7a)  fers for this Plan Year ivable from:	7a 7b 7c 8a(1)	(a) Beginning of Year 776,672 0 776,672 (a) Amount 0 4,776		(b) End of Year  506,562  0  506,562		
b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	nation  To from line 7a)  fers for this Plan Year ivable from:	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 776,672 0 776,672 (a) Amount 0 4,776		(b) End of Year  506, 562  0  506, 562  (b) Total		
b c 8 a b	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8	nation  To from line 7a)  fers for this Plan Year ivable from:	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 776,672 0 776,672 (a) Amount 0 4,776 0 (87,362)		(b) End of Year  506,562  0  506,562		
b 8 a b	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8	nation  To from line 7a)  fers for this Plan Year ivable from:	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 776,672 0 776,672 (a) Amount 0 4,776		(b) End of Year  506, 562  0  506, 562  (b) Total		
b 8 a b	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct r	nation  To from line 7a)  fers for this Plan Year ivable from:	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 776,672 0 776,672 (a) Amount 0 4,776 0 (87,362)		(b) End of Year  506, 562  0  506, 562  (b) Total		
b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct r to provide benefits) Certain deemed and/or correcti	rer 6a or 6b, the plan cannot use nation  To from line 7a)  fers for this Plan Year ivable from:    8a(2), 8a(3), and 8b)   rollovers and insurance premiums	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 776,672 0 776,672 (a) Amount 0 4,776 0 (87,362)		(b) End of Year  506, 562  0  506, 562  (b) Total		
b c 8 a b c d e	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct r to provide benefits) Certain deemed and/or correcti	rer 6a or 6b, the plan cannot use nation  To from line 7a)  fers for this Plan Year ivable from:   8a(2), 8a(3), and 8b)  rollovers and insurance premiums  ive distributions (see instructions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Beginning of Year 776,672 0 776,672 (a) Amount  0 4,776 0 (87,362)  182,000		(b) End of Year  506, 562  0  506, 562  (b) Total		
b c 8 a b c d e f	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct r to provide benefits) Certain deemed and/or correcti Administrative service providers	nation  To from line 7a)  fers for this Plan Year ivable from:   8a(2), 8a(3), and 8b) rollovers and insurance premiums ive distributions (see instructions) rs (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 776,672 0 776,672 (a) Amount  0 4,776 0 (87,362)  182,000 0		(b) End of Year  506, 562  0  506, 562  (b) Total		
b c 8 a b c d e f g	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct r to provide benefits) Certain deemed and/or correcti Administrative service providers Other expenses	rer 6a or 6b, the plan cannot use nation  To from line 7a)  fers for this Plan Year ivable from:   8a(2), 8a(3), and 8b)  rollovers and insurance premiums  ive distributions (see instructions) s (salaries, fees, commissions)  8e, 8f, and 8g)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 776,672 0 776,672 (a) Amount  0 4,776 0 (87,362)  182,000 0		(b) End of Year  506,562  0  506,562  (b) Total  (82,586)		

Part IV	A 2 A 1924 A	institution distriction of		<b>W</b> . (80.8) 1.00 1	RISHLIGHTON	32	
9a If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan				Silving and an in the party of the party of	***	
<b>b</b> 11 th	2A 2E 2E 2G 2J eplan frovides welfare benefits, enter the applicable welfare feature codes from the List of Plan to plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan to	Characteristic:	Codes	in the ir	structions		
Part V	Compliance Questions	· company in the second	-	1224	TANGER OF THE		<u> </u>
វរីរ ភ	iring the olan year:	Total Control	Yes	No		Amount	<del></del>
a W	Ias there a failure to transmit to the plan any participant contributions within the time period descr 9 CFR 2510 3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions re		×		9181 <u>811 - 1 1</u>	<del></del>	31,9
Of	n line (10a)	<u>10</u> 1		ж			100,0
d D	ias the plan covered by a fidelity bond?.  Id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by a distributed by the plan's fidelity bond, that was caused by a distributed by the plan's fidelity bond, that was caused by a distributed by the plan's fidelity bond, that was caused by a distributed by the plan's fidelity bond, that was caused by the plan's fidelity bond.	y fraud		x			
e W	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance card- isurance services or other organization that provides some or all of the benefits under the plan? ( instructions.)	ier,	e .	X.			
1⊓ 1: ≇	las the plan failed to provide any benefit when due under the plan?	10	i i	Х			
			a X				52,8
b ⊪	old the plan have any participant loans? (If "Yes," enter amount as of year end.) this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520,101-3.)	10		x			
ž iz	10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3.	10	ii 📗				
m	Barolon Funding Compliance						
11 is					s X		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Life's IXI						(227)	
12 ls	s this a defined contribution plan subject to the minimum funding regulrements of section 412 of the section	the Code or se	ction 3	02 of E	RISA?		
12 Is	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	the Code or se	ction 3	02 of E	RISA?		
12 Is (I	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the fire of the minimum funding requirements of section 412 of the fire of the minimum funding standard for a prior year is being amortized in this plan year, seconds the minimum funding standard for a prior year is being amortized in this plan year, seconds the market.	the Code or se see instructions Month	ction 3	02 of E	RISA?		
12 Is (I	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the fire of the minimum funding requirements of section 412 of the fire of the minimum funding standard for a prior year is being amortized in this plan year, succeeding the waiver of the minimum funding standard for a prior year is being amortized in this plan year, succeeding the waiver of the fire 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	the Code or se see instructions , , Month o line 13.	ction 3	enter the	RISA?		
12 Is (I a If you be E	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the section	the Code or se see instructions , , Month o line 13.	ction 3	enter the	RISA?		
12 Is (I) a If g If you b E	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the property of the minimum funding standard for a prior year is being amortized in this plan year, a complete the waiver of the minimum funding standard for a prior year is being amortized in this plan year, a completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign)	the Code or se see instructions 	ction 3	enter the	RISA?		
12 is () a if g if you b E c E	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the property of the minimum funding standard for a prior year is being amortized in this plan year, a complete the minimum funding standard for a prior year is being amortized in this plan year, a completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the regative amount).	the Code or se see instructions Month o line 13.	ction 2	enter the Da 12b 12c 12d	RISA?		ing
12 is () a if g if you b E c E	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the property of the minimum funding standard for a prior year is being amortized in this plan year, a complete the minimum funding standard for a prior year is being amortized in this plan year, a completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the regative amount).	the Code or se see instructions Month o line 13.	ction 2	enter the Da 12b 12c 12d	RISA?	ne letter rufi Year	ing
12 is () a if g if you b E c E	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the minimum funding requirements of section 412 of the minimum funding standard for a prior year is being amortized in this plan year, supported line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the gative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	the Code or se see instructions Month o line 13.	s, and	12b 12c 12d	RISA?	ne letter rufi Year	ing
12 Is (I) a If 9 If you be 6 S on 6 Part V	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the minimum funding requirements of section 412 of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the minimum required contribution for this plan year. Senter the minimum required contribution for this plan year.  Subtract the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the grantine amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Has a resolution to terminate the plan been adopted in any plan year?	the Code or se see instructions Month o line 13.	ction 2	12b 12c 12d	RISA?	ne letter rufi Year	ing
12 Is (I) a III g If you be a c e v Part V	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the minimum funding requirements of section 412 of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver are completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to complete the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in tine 12b. Enter the result (enter a minus sign in the plan the minimum funding amount reported on line 12d be met by the funding deadline?  We have 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 employer this year.	the Code or se see instructions Month o line 13. to the left of a	ection 2	12b 12c 12d	RISA?	e letter rufi Year	es X
12 Is (I) a II g If you be a c is d is c in the control of the con	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the minimum funding requirements of section 412 of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the waiver of the waiver of the minimum required contribution for this plan year.  Enter the minimum required contribution for this plan year of the amount contributed by the employer to the plan for this plan year of the amount in line 12c from the amount in tine 12b. Enter the result (enter a minus sign the gative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  We plan Terminations and Transfers of Assets  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 employer this year of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s)	the Code or se see instructions Month o line 13. to the left of a	s, and	enter the Da 12b 12c 12d 13a control	RISA?	e letter rufi Year	es X
12 Is () a If you be a c e v Part V 13a F	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the minimum funding requirements of section 412 of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the minimum required contribution for this plan year. Subtract the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to regative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred (See instructions.)	the Code or se see instructions Month o line 13. to the left of a	s, and	enter the Da 12b 12c 12d 13a control	RISA?	e letter rufi Year	es X
12 Is () a If you be a c e v Part V 13a F	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the minimum funding requirements of section 412 of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the waiver of the waiver of the minimum required contribution for this plan year.  Enter the minimum required contribution for this plan year of the amount contributed by the employer to the plan for this plan year of the amount in line 12c from the amount in tine 12b. Enter the result (enter a minus sign the gative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  We plan Terminations and Transfers of Assets  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 employer this year of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s)	the Code or se see instructions Month o line 13. to the left of a	s, and	enter the Da 12b 12c 12d 13a control	e date of the	e letter rufi Year	es X
12 Is () a If you be a c e v Part V 13a F	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the minimum funding requirements of section 412 of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the minimum required contribution for this plan year. Subtract the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to regative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred (See instructions.)	the Code or se see instructions Month o line 13. to the left of a	s, and	enter the Da 12b 12c 12d 13a control	e date of the	e letter rufi Year	es X
12 Is  a II  g If you  b E  d S  Part V  13a I	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the lift "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, subjected line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to complete the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to regative amount).  All the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)	the Code or se see instructions Month o line 13.  to the left of a  or brought under	ection 5	enter the Da  12b 12c 12d 12d 13c 13ac 13c(2)	RISA?	e letter rufi Year	es X
12 Is  (I)  a If you  b E  c E  d S  Part V  13a I	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the it "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, and the standard for this plan year.  If the minimum required contribution for this plan year.  If the minimum funding amount reported on line 12b, Enter the result (enter a minus sign in the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)  In: A penalty for the late or incomplete filling of this return/report will be assessed unless.	the Code or se see instructions . Month o line 13.  to the left of a or brought under or brought under identify the p	ection 5, and section	enter the Da  12b 12c 12d 12d 13c 13ac 13c(2)	e date of the state of the stat	No No 134	es X es X
12 Is (I) a III g III you be a c E d S III III III III III III III III III	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the state of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the minimum required contribution for this plan year.  It is the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  If Yes, enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan (s) which assets or liabilities were transferred. (See instructions.)  The A penalty for the late or incomplete filling of this return/report will be assessed unless penalties of perjury and other penalties set forth in the instructions, I declare that I have examine schedule MB completed and signed by an enrolled actuary, as well as the electronic version of the true, correct, and complete.	the Code or se see instructions . Month o line 13.  to the left of a or brought under or brought under identify the p	ection 5, and section	enter the Da  12b 12c 12d 12d 13c 13ac 13c(2)	e date of the state of the stat	No No 134	es X
12 Is  (I)  a II  g  If you  b E  c E  V  Part V  13a II  b V  C II  13	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the string of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver of the minimum required contribution for this plan year. Subtract the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  If Yes, enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)  The Panalty for the late or incomplete filling of this return/report will be assessed unless penalties of perjury and other penalties set forth in the instructions, I declare that I have examine for the true, correct, and complete.	the Code or se see instructions Month o line 13.  to the left of a or brought under or brought under identify the p reasonable se ed this return/repo	er the fan(s)	12b 12c 12d 13a control 13c(2)	EIN(s)  ished.  I if applicated of my	No No 134	es X  es X  c(3) PN4
12 Is (I) a III g If you be E V Part V 13a II	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, significantly the waiver.  If a completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to complete the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Enter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to be interested to a mount).  Mill the minimum funding amount reported on line 12d be met by the funding deadline?  MILL Plan Terminations and Transfers of Assets.  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 employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or of the PBGC?  If during his plan year, any assets or liabilities were transferred from this plan to another plan (s) which assets or liabilities were transferred. (See instructions.)  In: A penialty for the late or incomplete filling of this return/report will be assessed unless penalties of perjury and other penalties set forth in the instructions, I declare that I have examine schedule MB completed and signed by an enrolled actuary, as well as the electronic version of the true, correct, and complete.	the Code or se see instructions Month o line 13.  to the left of a or brought under or brought under or brought under this return/repo	er the fan(s)	12b 12c 12d 13a control 13c(2)	EIN(s)  ished.  I if applicated of my	No No 134	es X  es X  c(3) PN(
12 Is  (I)  a II  g  If you  b E  c E  V  Part V  13a II  b V  C II  13	solis a defined contribution plan subject to the minimum funding requirements of section 412 of the minimum funding standard for a prior year is being amortized in this plan year, arganting the waiver of the minimum funding standard for a prior year is being amortized in this plan year, arganting the waiver of completed lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign in the plan to the minimum funding amount reported on line 12d be met by the funding deadline?  All the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)  In: A penalty for the late or incomplete filling of this return/report will be assessed unless penalties of perjury and other penalties set forth in the instructions, I declare that I have examine schedule MB completed and signed by an enrolled actuary, as well as the electronic version of the true, correct, and complete.  If It is true, correct, and complete.	the Code or se see instructions Month o line 13.  to the left of a or brought under or brought under identify the p reasonable se ed this return/repo	er the (an(s))	enter the Da 12b 12c 12d 12d 13c(2) s establinctuding to the b	e date of the y seed of the y	No No You have a Scheknowledge	es X es X es A

### 5500-SF Electronic Filing Authorization

Plan Name:

ACE ELECTRONICS, INC. PROFIT SHARING PLAN

EIN/PN:

13-3616154/001

Plan Year:

04/01/2011 - 03/31/2012

I hereby authorize Charles Stipelman, FSPA to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (BFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator	Plan Sponsor
(sign)	{sign}
Jan/11/2013	(date)