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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 550	0-SF.					
Part I		Identification Information								
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012				
	turn/report is for:	a single-employer plan	=	olan (not multiemployer)		a one-particip	oant plan			
B This ret	urn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retui	rn/report (less than 12 m	onths)	_				
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	ım			
		special extension (enter descri	ption)							
Part II	Basic Plan Info	ermation—enter all requested info	ormation							
1a Name	•	•			1b	Three-digit				
A&K ENGINE	EERING, INC. 401(K)	RETIREMENT PLAN				plan number				
						(PN) •	002			
					1c	Effective date or	•			
0					01	01/01/				
A&K ENGIN	ponsor's name and ad EERING, INC.	dress; include room or suite number	r (employer, if for a single	-employer plan)	2b	Employer Identification (EIN) 05-04	fication Number 98737			
					2c	2c Sponsor's telephone number				
78 AMANDA	STREET					401-944	4-6947			
CRANSTON	I, RI 02920				2d	Business code (54133	(see instructions)			
		nd address Same as Plan Sponso	—	n Sponsor Address	3b	Administrator's I	EIN 198737			
&K ENGINEI	ERING, INC.	78 AMAND/ CRANSTON			3c	Administrator's	telephone number			
						401-944				
		e plan sponsor has changed since th	ne last return/report filed f	or this plan, enter the	4b	EIN				
	•	mber from the last return/report.			4					
a Sponso					4c	PN	4			
5a lotalr	number of participants	at the beginning of the plan year			5a	а				
b Total r	number of participants	at the end of the plan year			5b		4			
		account balances as of the end of the		•	5c		4			
6a Were	all of the plan's asset	s during the plan year invested in eli	gible assets? (See instru	ctions.)			X Yes No			
_	•	f the annual examination and report	•	,						
under	29 CFR 2520.104-46	? (See instructions on waiver eligibil	ity and conditions.)				X Yes No			
lf you	answered "No" to e	ither line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.				
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau	ıse is	established.				
		her penalties set forth in the instruct								
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as	s well as the electronic ve	rsion of this return/report	, and	to the best of my	knowledge and			
DOILOT, IC 13 t	inde, correct, and com	, , , , , , , , , , , , , , , , , , ,		_						
SIGN	Filed with authorized	valid electronic signature.	05/21/2013	OMESH KUMAR						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sic	ning as plan adr	ninistrator			
SIGN	- sg					printing are present areas.				
HERE		- , 				 				
Droparor's	Signature of emplo	oyer/plan sponsor name, if applicable) and address; inc	Date	Enter name of individ	_		er or plan sponsor number (optional)			
i-Tepatet S	name (including ilm r	ame, ii applicable) and address, inc	adde room of Suite Huffibe	ει (υμιιυπαι)	Fι υ μ	arer s telepriorie	number (optional)			

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Do	rt III Financial Information										
_ <u>Pa</u>	•		(a) De alamba a c Ven	_			/I- \ F	.1 . ()	·		
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) En	d of Y		_	
_ <u>a</u>	Total plan assets	7a	14193	Ю					16677	9	
	Total plan liabilities	7b	4.44.00	.0					40077	_	
	Net plan assets (subtract line 7b from line 7a)	7c	14193	6	+				16677	9	
8_	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	Total			
а	(1) Employers	8a(1)	668	8							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1995	5							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							26643	3	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	180	0							
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							180	0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							2484	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	, ,,									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instr	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	les in t	he instru	ctions	:		
Par	t V Compliance Questions										
10					Yes	No		Λ			
a	During the plan year: Was there a failure to transmit to the plan any participant contribute.	tions withi	n the time period described in		103	140		AIII	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X					
C	Was the plan covered by a fidelity bond?			10c	Χ					125	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				120	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			Х					
	instructions.)			10e							
	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Par	VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11:	11a Enter the amount from Schedule SB line 39										
12											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	enter th	ne date o			ling	
If	granting the waiver										
	Enter the minimum required contribution for this plan year	•				12b					

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	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)	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?		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 under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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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

2012

This Form is Open to Public Inspection

Part I	Annual Penart	Identification Information	iance w	71611 61	e mada	tions to the rolling	<u> </u>				
			/01/2	2012		and ending		12/31/2012			
	urn/report is for:	🛛 a single-employer plan	a multir	ole-en	nployer p	an (not multiemployer)		a one-participant plan			
	urn/report is:	the first return/report			n/report			L			
D marca	ummepore is.				-	n/report (less than 12 m	onths))			
C Chark h	oox if filing under:	☐ Form 5558 ☐	automa					☐ DFVC program			
special extension (enter description)											
Part II	Basic Plan Info	rmation—enter all requested information									
1a Name		· · · · · · · · · · · · · · · · · · ·					1b	Three-digit			
		C. 401(K) RETIREMENT PL	AN					plan number 002			
							10	(PN) ► 002 Effective date of plan			
							10	01/01/2005			
2a Plan sr	onsor's name and ad	dress; include room or suite number (er	nployer	, if for	a single-	employer plan)	2b	Employer Identification Number			
	GINEERING, IN							(EIN) 05-0498737			
							2c	Sponsor's telephone number			
78 AMAN	IDA STREET						24	401-944-6947 Business code (see instructions	<u> </u>		
CRANSTO)NT	RI 02920					Zu	541330)		
		nd address Same as Plan Sponsor N	ame [Sam	e as Plar	Sponsor Address	3b	Administrator's EIN			
	SINEERING, IN		· L.	l		•		05-0498737			
	•						3с	Administrator's telephone numb	er		
78 AMAN	IDA STREET						401-944-6947				
CRANSTO	M	RI 02920									
		plan sponsor has changed since the la	st retur	n/repo	ort filed fo	r this plan, enter the	4b EIN				
name, a Sponso	•	nber from the last return/report.					4c	PN			
		at the beginning of the plan year					5a		4		
		at the end of the plan year					5b		4		
		account balances as of the end of the p									
							5c		4		
		during the plan year invested in eligibl						X Yes []	No		
		the annual examination and report of a (See instructions on waiver eligibility a						X Yes	No		
		ther line 6a or line 6b, the plan canno									
		or incomplete filing of this return/rep									
Under nena	Ities of periury and oth	er penalties set forth in the instructions	. I decla	are tha	t I have	examined this return/rep	oort, in	ncluding, if applicable, a Schedule	е		
	dule MB completed ar	d signed by an enrolled actuary, as we	ll as the	elect	ronic vers	sion of this return/report	, and I	to the best of my knowledge and			
Dellet, it is ti	ae, correct, and comp	icc.		1	,	l					
SIGN	Ornest Ki	umæl	5	18	13	OMESH KUMAR					
HERE	Signature of plan a	lministrator	Date	e		Enter name of individ	ual sig	ning as plan administrator			
SIGN											
HERE	Signature of employ	/er/plan sponsor	Date				X	ning as employer or plan sponso			
Preparer's n	ame (including firm na	ame, if applicable) and address; include	room c	or suite	e numbei	· (optional)	Prep	parer's telephone number (option	al)		
									1		

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	~~~
а	Total plan assets	7a	1	4193	36				166779
	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1	4193	36				166779
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	Γotal	
а	Contributions received or receivable from: (1) Employers	8a(1)		668	38				
	(2) Participants	8a(2)							
***************************************	(3) Others (including rollovers)	8a(3)			T				
b	Other income (loss)	8b		1995	55				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							26643
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d		180	70				
<u>e</u>	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							1800
i	Net income (loss) (subtract line 8h from line 8c)	8i							24843
i	Transfers to (from) the plan (see instructions)	- 8i				11.11			
Da		1	<u> </u>		L				
	Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	the instruct	ions:	
Par	t V Compliance Questions				I				
10	During the plan year:			·	Yes	No		Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	rection Program)	10a		х			
b 	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х				125000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	n?	***************************************	10f		Х			
g				10g		х	†		***************************************
— 9 h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10h		Х			
ī	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10ii					
Dow						L			
Part 11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							☐ Yes	s ∏ No
11a	la Enter the amount from Schedule SB line 39								
12									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	ed in this plan year, see instruc	ctions, th	and e	nter th Day	ne date of t	he letter n Year	uling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.				r		
b	Enter the minimum required contribution for this plan year					12b			

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	Enter the amount contributed by the employer to the plan	for this plan year	T	12c		**************************************
d	Subtract the amount in line 12c from the amount in line 1 negative amount)	2b. Enter the result (enter a minus sign to the left	of a	12d		
е	Will the minimum funding amount reported on line 12d be	e met by the funding deadline?			Yes	No ∏ N/A
Part	VII Plan Terminations and Transfers of A	ssets				
13a	Has a resolution to terminate the plan been adopted in any pl	an year?		□ 1	res X No)
	If "Yes," enter the amount of any plan assets that reverted	d to the employer this year		13a		
b	Were all the plan assets distributed to participants or ben of the PBGC?		ınder the c	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction		e plan(s) t	0		
1	3c(1) Name of plan(s):		13	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				***************************************	
14a Name of trust						