Form 5500-SF	/ee	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service	This form is required to be fi	2	2013					
Department of Labor Employee Benefits Security Administration	ctions 6057(b) and 6058 ode).		This Form is Open to Public Inspection					
Pension Benefit Guaranty Corporation	Complete all entries in acco	ordance with the instruc	tions to the Form 5500)-SF.	Inspection			
Part I Annual Report Id For calendar plan year 2013 or fisca	entification Information	110	and ending 1	2/31/2	2010			
	al plan year beginning 01/01/20		4	2/31/2				
A This return/report is for:			an (not multiemployer)		a one-participant plan			
B This return/report is:	the first return/report an amended return/report	the final return/report						
	n/report (less than 12 mo	ontnsj	_					
C Check box if filing under:	Form 5558	automatic extension			DFVC program			
	special extension (enter descrip	,						
	nation—enter all requested infor	mation		1h	Throe digit			
1a Name of plan A&K ENGINEERING, INC. 401(K) RE	TIREMENT PLAN			1D	Three-digit plan number			
					(PN) ▶ 002			
				1c	Effective date of plan			
2a Plan sponsor's name and addre	es: include room or suite number	(omployer if for a single	omplovor plan)	2h	01/01/2005			
A&K ENGINEERING, INC.		(employer, in for a single-	employer plan)	20	Employer Identification Number (EIN) 05-0498737			
				2c	Sponsor's telephone number 401-944-6947			
78 AMANDA STREET CRANSTON, RI 02920				2d	Business code (see instructions)			
				24	541330			
3a Plan administrator's name and			Sponsor Address	3b	Administrator's EIN 05-0498737			
A&K ENGINEERING, INC.	78 AMANDA CRANSTON		·	3c Administrator's telephone number				
name, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	e last return/report filed fo	or this plan, enter the		EIN			
a Sponsor's name	the beginning of the plan year			4c				
5a Total number of participants atb Total number of participants at				5a	4			
C Number of participants with acc				5b	3			
				5c	3			
6a Were all of the plan's assets d	uring the plan year invested in elig	ible assets? (See instruc	tions.)		X Yes No			
b Are you claiming a waiver of th					X Yes 🗌 No			
	See instructions on waiver eligibilit er line 6a or line 6b, the plan car							
C If the plan is a defined benefit p	•			_				
Caution: A penalty for the late or Under penalties of perjury and other	· · ·	•						
SB or Schedule MB completed and belief, it is true, correct, and comple	signed by an enrolled actuary, as							
SIGN Filed with authorized/valid electronic signature. 06/30/2014 OMESH KUMAR			OMESH KUMAR					
HERE Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator			
SIGN								
HERE Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sponsor			
Preparer's name (including firm nam	ne, if applicable) and address; inclu	ude room or suite numbe	r (optional)	Prep	parer's telephone number (optional)			

Pai	t III Financial Information										_
7	n Assets and Liabilities (a) Beginning of Ye				(b) End of Year						
а	Total plan assets	7a	16677	9	206787						
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	16677	9	20678				06787		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from:	• (1)									
	(1) Employers	8a(1)									_
	(2) Participants	8a(2)									-
	(3) Others (including rollovers)	8a(3) 8b	4225	8							-
-	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00 28	7220	<u> </u>					42258		-
	Benefits paid (including direct rollovers and insurance premiums	00			-				42200		
	to provide benefits)	8d	225	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							2250		
	Net income (loss) (subtract line 8h from line 8c)	8i							40008		_
j	Transfers to (from) the plan (see instructions)	8j									
Par	t 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 Chara	acteris	stic Co	odes in	the instru	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	aature cod	es from the List of Plan Chara	otoriet		lee in t	he instruc	tione:			
N	in the plan provides wehare benefits, enter the applicable wehare it			JIENSI							
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	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	fidelity bo	nd, that was caused by fraud			~					
	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										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х					_
h		•				х					
<u> </u>	2520.101-3.)			10h		~					
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							
Part											
11											
11a	Enter the unpaid minimum required contribution for current year fr					11a					_
12	Is this a defined contribution plan subject to the minimum funding		· · ·				EDISV3	ТГ	Yes	X No	
12						502 UI	LRIJA!		103		<u>_</u>
а	(If "Yes," complete line 12a or lines 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										
lf	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule			ui		Day		Yea	I		—
-	Enter the minimum required contribution for this plan year					12b					_

c	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?	XY	′es I	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Ye	es 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1:	3 c(2) El	N(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	ust's EIN		

Form 5500-SF Department of the Treasury Internal Revenue Service Service Service This form is required to be filed under sections 104 and 4065 of the Employee						OMB Nos. 1210-0110 1210-0089				
						2013				
Employee	Department of Labor Benefits Security Administration Benefit Guaranty Corporation	B(a) of This Form is Open to Public Inspection								
Part I	Annual Report Id	Complete all entries in accordation Interview of the second s								
	dar plan year 2013 or fisca		/01/2013	and ending		12/31/2013				
	runneportio ioi. L		a multiple-employer p he final return/report	blan (not multiemployer)		a one-participant plan				
	eturn/report is: [box if filing under: [an amended return/report	short plan year retur automatic extension	m/report (less than 12 m	onths)	DFVC program				
Part II	Basic Plan Inform	nation-enter all requested informat	ion	ann an Constant an Anna a' Canada an Anna an An	detet meny kan					
1a Name A&K EN	•	401(K) RETIREMENT PLA	N			Three-digit plan number (PN) ▶ 002				
						Effective date of plan				
	sponsor's name and addre IGINEERING, INC.	ess; include room or suite number (em	ployer, if for a single	-employer plan)		Employer Identification Number EIN) 05-0498737				
78 AMA	NDA STREET				1	Sponsor's telephone number 401-944-6947				
CRANST	ON	RI 02920				Business code (see instructions) 541330				
3a Plana	administrator's name and	address Same as Plan Sponsor Na	me Same as Plar	n Sponsor Address		Administrator's EIN 05-0498737				
	GINEERING, INC. NDA STREET ON	RI 02920			1	Administrator's telephone number 101-944-6947				
4 If the	name and/or EIN of the pl	lan sponsor has changed since the las	st return/report filed for	or this plan, enter the	4b	EIN				
	or's name				4c	PN				
5a Total	number of participants at	the beginning of the plan year			5a	4				
b Total	number of participants at	the end of the plan year			5b	3				
c Numb	per of participants with acc	count balances as of the end of the pla	in year (defined bene	elit plans do not	5c	3				
		uring the plan year invested in eligible				X Yes No				
b Are yo under If you	ou claiming a waiver of the 29 CFR 2520.104-46? (S answered "No" to eithe	e annual examination and report of an See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot	independent qualifie d conditions.) use Form 5500-SF	ed public accountant (IQ and must instead use	PA) Form t	XYes [] No 5500				
c If the p	plan is a defined benefit p	lan, is it covered under the PBGC insu	Irance program (see	ERISA section 4021)? .	····· []	Yes No Not determined				
Caution: A	A penalty for the late or i	ncomplete filing of this return/repo	rt will be assessed	uniess reasonable cau	ise is e	stablished.				
SB or Sche	alties of perjury and other edule MB completed and s true, correct, and complet	penalties set forth in the instructions, signed by an enrolled actuary, as well e.	I declare that I have as the electronic vers	examined this return/rep sion of this return/report	ort, inc , and to	luding, if applicable, a Schedule the best of my knowledge and				
SIGN	Drush Kun	NOW	62814	OMESH KUMAR						
HERE	Signature of plan adm		Date	Enter name of individu	ual sign	ing as plan administrator				
SIGN		····		<u> </u>						
HERE	Signature of employer	/plan sponsor	Date	Enter name of individu	ame of individual signing as employer or plan spo					
Preparer's	name (including firm nam	e, if applicable) and address; include r	room or suite numbe	r (optional)	Prepa	rer's telephone number (optional)				
				1						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2013)

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year	
a Total plan assets	7a	The second s	.667	79		(10) 2010 01 1 000	206787
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	1	667	79			206787
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) Total	
a Contributions received or receivable from:		(
(1) Employers	8a(1)						
(2) Participants	8a(2)						
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		422	58			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						42258
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		225	50		· · · · · · · · · · · · · · · · · · ·	
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						2250
i Net income (loss) (subtract line 8h from line 8c)	8i						40008
j Transfers to (from) the plan (see instructions)	8j						
 9a If the plan provides pension benefits, enter the applicable pension for the 2E 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare fer 							
Part V Compliance Questions 10 During the plan year:		······································		Yes	No	A	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 	ions within	the time period described in	10a		x	Amoun	L
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not ir	nclude transactions reported	10b		x		
c Was the plan covered by a fidelity bond?			10c	x		*************************	125000
d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	fidelity bon	d, that was caused by fraud	10d		x		
e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		x		
f Has the plan failed to provide any benefit when due under the plan			10f		x		
					x		
g Did the plan have any participant loans? (If "Yes," enter amount as			10g				
h If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the			10h		x	<u></u>	
exceptions to providing the notice applied under 29 CFR 2520.101	•		10i				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)							s 🗌 No
11a Enter the unpaid minimum required contribution for current year fro					11a		
12 Is this a defined contribution plan subject to the minimum funding r	requiremer	nts of section 412 of the Code	or se	ction 3	302 of E	RISA? Ye	s X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
a If a waiver of the minimum funding standard for a prior year is being granting the waiver.		Mon	tions,	and e	nter the Day	e date of the letter r Year	ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule b Enter the minimum required contribution for this plan year					12b		

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Page	3	-	
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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)	12d		
e	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?	X `	Yes 🗌 No)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	1	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Ves 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):	13c(2) E	IN(s)	13c(3) PN(s)
			ł	
Part	VIII Trust Information (optional)			
14a I	Name of trust	14b T	rust's EIN	