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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in acco	rdance with the instruc	tions to the Form 550	0-SF.	ins	spection	
Part I	Annual Report	Identification Information				•		
For calenda	ar plan year 2013 or fis	scal plan year beginning 01/01/20	14	and ending 0	1/31/2	2014		
	urn/report is for:	a single-employer plan	=	an (not multiemployer)		a one-partici	pant plan	
B This ret	urn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths))		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am	
		special extension (enter descript	ion)					
Part II	Basic Plan Info	rmation—enter all requested inforr	mation					
1a Name	of plan				1b	Three-digit		
A&K ENGINI	EERING, INC. 401(K)	RETIREMENT PLAN				plan number	000	
					10	(PN) Ffactive data s	002	
					10	Effective date of	1/2005	
2a Plan si	ponsor's name and ad	dress; include room or suite number (employer, if for a single-	employer plan)	2b		ification Number	
	EERING, INC.	·		, , , ,			198737	
					2c	Sponsor's telep	phone number	
78 AMANDA						401-94	4-6947	
CRANSTON	I, RI 02920				2d		(see instructions)	
a -:			🗖		01	5413		
		nd address Same as Plan Sponsor	ш	Sponsor Address	30	Administrator's	EIN 498737	
&K ENGINE	K ENGINEERING, INC. 78 AMANDA STREET CRANSTON, RI 02920				3c		telephone number	
							4-6947	
		e plan sponsor has changed since the mber from the last return/report.	last return/report filed fo	or this plan, enter the	4b	EIN		
	, Lin, and the plan hul or's name	niber from the last return/report.			4c	PN		
		at the beginning of the plan year			5a		3	
_		at the end of the plan year			5b		0	
		account balances as of the end of the			30		0	
		account balances as of the cha of the		•	5c		0	
6a Were	all of the plan's assets	s during the plan year invested in eligi	ble assets? (See instruc	tions.)			X Yes No	
		the annual examination and report o					X Yes □ No	
		? (See instructions on waiver eligibility ither line 6a or line 6b, the plan can	,			5500	N Tes NO	
_		it plan, is it covered under the PBGC			_		Not determined	
• ii tile p	dan is a delined benef	it plan, is it covered under the 1 BOC	insulance program (see	ENION SECTION 4021): .	····· <u></u>	163 140		
	•	or incomplete filing of this return/re	•					
		her penalties set forth in the instructio						
	true, correct, and comp	nd signed by an enrolled actuary, as volete.	well as the electronic ver	sion of this return/report	, and	to the best of my	/ knowledge and	
			0.0/0.0/0.0/	<u> </u>				
SIGN HERE	Filed with authorized/	valid electronic signature.	06/30/2014	OMESH KUMAR				
ПЕКЕ	Signature of plan a	dministrator	Date	Enter name of individe	ual sig	ıning as plan adı	ministrator	
SIGN								
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor	
Preparer's	name (including firm n	ame, if applicable) and address; inclu	ide room or suite numbe				e number (optional)	
				ŀ				

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7			(a) Deninning of Vec				(b) F	- f V			
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	OT Y	ear	0	—
	Total plan assets	7a	20070	-						0	
		7b	20678	87						0	
	Net plan assets (subtract line 7b from line 7a)	7c								0	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	<u>otal</u>			
а	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-72	5							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-72	5	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	206062								
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							20606	52	
	Net income (loss) (subtract line 8h from line 8c)	8i					-206787				
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u> </u>	L								
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	stic Co	des in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructi	ons:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		103	140		AIII	Juni		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		Х					
	on line 10a.)	`	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					12	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth										
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	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							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	s [No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				ERISA?	Γ	Yes	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 00	. 5.1011	30 <u>2</u> 01					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date of t	he le		uling]
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Juy					
	Enter the minimum required contribution for this plan year	•			[12b					
							-				

Page	3 -	. 1	
raye	J		

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			
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?	X	es 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 confidence of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

Short Form Annual Return/Report of Small Employee Benefit Plan

	arlment of the Treasury ernal Revenue Service	This form is required to be f	DUIGIII Bed under se		and 4065 of the Employe	ър	2013			
Employee	Department of Labor Benefits Security Administration	Retirement Income Security Act		ISA), and s	ections 6057(b) and 605					
	Benefit Guaranty Corporation	➤ Complete all entries in acc	ordance wit	h the Instru	uctions to the Form 550	0-SF.	1	***************************************		
Part I	Annual Report Id	entification Information	01/01/20	13.4	and ending		01/31/2014			
		a single-employer plan	*****			r				
A This re	eturn/report is for:				plan (not multiemployer)	L	a one-participant plan			
B This re	eturn/report is:		느	eturn/repor						
	Ĺ	an amended return/report	X a short pl	an year retu	rn/report (less than 12 m	onths)	****			
C Check	box if filing under:	Form 5558	automatic	extension		[DFVC program			
		special extension (enter descrip	otion)					l.		
Part II	Basic Plan Inforn	nation—enter all requested infor	mation							
1a Name	of plan					3	Three-digit			
A&K EN	GINEERING, INC.	401(K) RETIREMENT B	PLAN			ł '	plan number 002			
						1	(PN) ▶ 002 Effective date of plan	·		
							01/01/2005			
2a Plan s	sponsor's name and addre	ess; include room or suite number	(employer, it	for a single	e-employer plan)	2b I	Employer Identification Nu	ımber		
	GINEERING, INC.		, ., .,	ŭ		f	(EIN) 05-0498737			
						2c :	Sponsor's telephone num	ber		
78 AMA	NDA STREET					4	401-944-6947			
						1	Business code (see instru	ctions)		
CRANST		RI 02920					541330			
		address Same as Plan Sponsor	Name US	ame as Pla	in Sponsor Address	3b Administrator's EIN 05-0498737				
A&K EN	GINEERING, INC.					3c Administrator's telephone number				
						401-944-6947				
78 AMA	NDA STREET									
CRANST	ON	RI 02920								
		an sponsor has changed since the	last return/	enort filed t	for this plan enter the	4b (FIN			
		er from the last return/report.	, 1000 10001111	aport mou	of the plant of the	The Gales				
a Spons	or's name					4c	PN			
5a Total	number of participants at t	the beginning of the plan year	***************		***************************************	5a		3		
b Total	number of participants at t	the end of the plan year				5b		0		
	• •	ount balances as of the end of the				5c		0		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				<u>· , , , , , , , , , , , , , , , , , , ,</u>		I Vor	P-14		
		iring the plan year invested in eligi					X Yes	. П ио		
b Are yo	ou claiming a waiver of the 29 CFR 2520.104-467 (S	e annual examination and report of see instructions on waiver eligibility	r an indepen v and conditi	aent quann ons.)	ed public accountant (ica		X Yes	No No		
If you	answered "No" to eithe	r line 6a or line 6b, the plan can	not use For	m 5500-SF	and must instead use	Form 5	5500.			
		an, is it covered under the PBGC						mined		
							<del></del>			
Caution: A	penalty for the late or i	ncomplete filling of this return/re penalties set forth in the instructio	no Adaptoro	that I have	ovamined this return/ren	ort Inc	tuding if applicable a Sci	redule		
SB or Sche	dule MB completed and s	igned by an enrolled actuary, as v	vell as the el	ectronic ve	rsion of this return/report	and to	the best of my knowledge	and		
	rue, correct, and complete									
SIGN	Omesh Kier	01	612	8/14	OMESH KUMAR					
HERE				0111	Cator name of individu	ol ciani	ing as plan administrator			
200	Signature of plan admi	mistrator	Date		Luci name of moraldr	iai oiyili	my as bion commission			
SIGN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Freparer's name (lincluding firm name, if applicable) and address; include room or suite number (optional)  Preparer's name (lincluding firm name, if applicable) and address; include room or suite number (optional)										
Preparer's	name (including tirm name	e, ii applicable) and address; inclu	ue room or s	uite numbe	si (ohiiongi)	Lichgi	гога тегернопе пинов! (О	puoriar)		

OMB Nos. 1210-0110 1210-0089

**	
Page	4

7	Plan Assets and Liabilities		(a) Beginning of Yes		- 1		/h\ End of V		
		Plan Assets and Liabilities				(b) End of Year			
a	Total plan assets	7a	2	0678	37	7			0
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	. 2	067	37	7			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		····
а	Contributions received or receivable from:								
************	(1) Employers	8a(1)	THE CONTRACT					<u>- 4.4 -</u>	
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)			) E				
	Other income (loss)	8b		-7:	45	ore co		2000	775
***************************************	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			384 383	524.00	7.5		-725
α	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	0606	52				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g						an alice	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						20	6062
$\frac{\cdot \cdot \cdot}{i}$	Net income (loss) (subtract line 8h from line 8c)	81						-20	6787
	Transfers to (from) the plan (see instructions)	8j							
is no	TIV Plan Characteristics	<u> </u>			\$40,000	-01-60-e-11-21-61		ACTION OF PROPERTY	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Plan Chan	acteri	stic Co	des in	the instructions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cterist	ic Coo	les in t	he instructions:		
Par	Compliance Questions				T.v.				
10	During the plan year:				Yes	No	Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		х			
b 	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		x			<del></del>
C	Was the plan covered by a fidelity bond?			10c	Х			12	5000
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 cinstructions.)	of the bene	efits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		X			
a	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		Х			
	If this is an individual account plan, was there a blackout period? (. 2520.101-3.)	See instru	ctions and 29 CFR	10h		Х			
i		e required	notice or one of the	101					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Schec	lule SE	3 (Form	Yes	No
11a	Enter the unpaid minimum required contribution for current year fro					11a	l		
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction :	302 of	ERISA?	Yes 3	No
	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ible.)						
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	ed in this plan year, see instruction	tions th	and e	nter th Day	ne date of the le Yea	tter rulin r	9
íf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	n 5500), and skip to line 13.		<del></del>				
b	Enter the minimum required contribution for this plan year				<u> </u>	12b	<u> </u>		

	Form 5500-SF 2013 Page 3 - [ ]					
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?		<u>l</u>	Ye	s 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] \	res [	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?				X Ye	s No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	olan(s) t	0			No.
1	3c(1) Name of plan(s):	13	3c(2) E	N(s)	13c(3	3) PN(s)
<del></del>						
***************************************						
Part	VIII Trust Information (optional)			******	······································	
	Name of trust		14b Ti	rust's E	IN	