Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the

Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Short Form Annual Return/Report of Small Employee

Benefit Plan

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010
Α -	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	year return/report (less than 12 mg	onths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter descriptio	n)			
Pa	rt II Basic Plan Information—enter all requested informa	ation			
	Name of plan			1b	Three-digit
	NETH F. HACKETT CONSULTING, INC. 412(I) DEFINED BENEFIT	PLAN			plan number 002
				4-	(/
				10	01/01/2008
2a	Plan sponsor's name and address (employer, if for single-employer	(PN) \ 1c Effective date of plan \\ \text{01/01/2008} r single-employer plan) 2b Employer Identification Number \((EIN)\) \(\frac{26-2965508}{26-2965508}\) 2c Plan sponsor's telephone number \(\frac{954-806-1474}{990}\) s Plan sponsor, enter "Same") \(\frac{1760 \text{ SW 54 TERRACE}}{26-2965508}\) PLANTATION, FL 33317 3c Administrator's telephone number \(\frac{954-806-1474}{954-806-1474}\) Inged since the last return/report filed for this plan, enter the \(\frac{1}{9}\) 4b EIN			
	NETH F. HACKETT CONSULTING, INC.	,			(EIN) 26-2965508
1760	SW 54 TERRACE			2c	Plan sponsor's telephone number
	ITATION, FL 33317			2d	
				24	541990
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	<u>e</u> ")	3b	
KEINI		N, FL 3331	: 7	30	
				36	954-806-1474
	the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
1	name, EIN, and the plan number from the last return/report. Sponsor	r's name		40	DNI
52	Total number of participants at the beginning of the plan year			<u> </u>	3
b	Total number of participants at the end of the plan year				3
C	Total number of participants at the end of the plan year			5b	
	complete this item)			5c	
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)		Yes No
b	Are you claiming a waiver of the annual examination and report of a				XI vaa II na
	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		•		Yes No
Pa	rt III Financial Information	JIIII 3300	or and must instead use Form 5.	,,,,,	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	14673	9	167402
	Total plan liabilities			0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	14673	9	167402
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		4925	4	
	(1) Employers	8a(1)		0	
	(2) Participants	8a(2)		0	
L	(3) Others (including rollovers)	8a(3)	140	_	
b	Other income (loss)	8b	140	9	50663
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			30003
u	to provide benefits)	8d	3000	0	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0	
f	Administrative service providers (salaries, fees, commissions)	. 8f		0	
g	Other expenses	8g		0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			30000
i	Net income (loss) (subtract line 8h from line 8c)	8i			20663
i	Transfers to (from) the plan (see instructions)			0	

Fo	orm 5500-SF 2010	Page 2-		
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:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Γ	During the plan year:		Yes	No		Am	ount	
a v	Nas 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				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ				
C '	Was the plan covered by a fidelity bond?	10c		X				
	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				
il	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X					1658
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				
	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
	f 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						
rt V	Pension Funding Compliance							
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com		Sched	ule SB	(Form		_	
5	500))						Yes	X No
	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes Yes	~
l							+	<u> </u>
(I a If	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code If "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, see instructions the waiver	e or se	ction 3	302 of	ERISA?	 of the le	Yes etter rul	No ing
(I a If g	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "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, see instruction in the waiver. Monous completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se ctions, ith	and e	302 of Inter the	ERISA?	 of the le	Yes etter rul	No ing
(I a If g If yo b E	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) To a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructionally in the waiver. Monute completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	e or se	and e	302 of Inter the Day	ERISA?	 of the le	Yes etter rul	No ing
a If yo b E	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "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, see instruction in the waiver. Monous completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se	and e	302 of Inter the	ERISA?	 of the le	Yes etter rul	No ing
i (I a If g If yo b E c E	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "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, see instructionally in the waiver. Moneu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 to the left	ctions,	and e	12b 12c	ERISA?	of the le	Yes etter rul	
i (I a If g If yo b E c E	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "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, see instructional in the waiver. Monor of the minimum funding standard for a prior year is being amortized in this plan year, see instructional interest of the waiver. Monor of the minimum required lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The standard 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 the left regative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c	ERISA?	of the le	Yes etter rul ar	No ing
(I)	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "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, see instructing the waiver. Monoru completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 to the left regative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? III Plan Terminations and Transfers of Assets	ctions, tth of a	and e	12b 12c 12d	ERISA?	of the le	Yes etter rul ar	No ing
(I)	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "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, see instruction in the waiver. Monor of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monor of the minimum required contribution for this plan year. Enter 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 left regative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year?	ctions,	and e	12b 12c 12d	ERISA?	of the le	Yes etter rul ar	No No N/A
I (((()))) (()) (()) (()) (()) (()) (()	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "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, see instructing the waiver. Monoru completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 to the left regative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? III Plan Terminations and Transfers of Assets	ctions, th	and e	12b 12c 12d	ERISA?	of the le	Yes etter rul ar No Yes	No No No
gg	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "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, see instructing the waiver. Monoru completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 to the left legative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Bas a resolution to terminate the plan been adopted during the plan year or any prior year? Subtract 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 brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries.	or se	and e	12b 12c 12d 	ERISA?	of the le	Yes etter rul ar No Yes	No No No
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I (() () () () () () () () () () () () ()	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "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, see instruction for the waiver. Monor or completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? We plan Terminations and Transfers of Assets That a resolution to terminate the plan been adopted during the plan year or any prior year? "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 brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	or se	and e	12b 12c 12d 	ERISA?	of the le	Yes etter rul ar No Yes Yes	No No No
I (() () () () () () () () () () () () ()	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "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, see instruction for the waiver. Monor or completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? We plan Terminations and Transfers of Assets That a resolution to terminate the plan been adopted during the plan year or any prior year? "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 brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	or se	and e	12b 12c 12d 	ERISA?	of the le	Yes etter rul ar No Yes Yes	No No No

SIGN	Filed with authorized/valid electronic signature.	08/16/2011	KENNETH F HACKETT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/16/2011	KENNETH F HACKETT
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

5500-SF Electronic Filing Authorization

Plan Name:

Kenneth F. Hackett Consulting, Inc. 412(i) Defined Benefit Plan

EIN/PN;

26-2965508/002

Plan Year:

01/01/2010 - 12/31/2010

I hereby authorize Mackett Pickering Daugherty & Daugherty to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

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.

9545810945

OMB Nos. 1210-0110

1210-0089

Form 5500-SF

Department of the Treesury internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under acctions 104 and 4005 of the Employee

2010

1	mployee Benefits Security Administration		nuth wet of 18	/4 (ERISA), and	section 6058(a) of t	he		
_	Penalon Benefit Guaranty Corporation	inte	mai Kevende (Code (the Code	a).		This Form i	s Open to Public
-		Complete all entries in a	ccordance wi	th the instruct	ions to the term se			spection .
	anti Annual Report lo	aenuncauon minimatio	n	1110 11121 1100	ions to the Form 55	00-5F.		
Fo	r the calendar plan year 2010 or	fiscal plan year beginning		01/2010	3 m d 4 m d 4 m			
	i his return/report is for.	7		, , , , , , , , , , , , , , , , , , , 	and ending		2/31/2010	
	This return/report is for:	lirst return/report	_	employer plan (i m/report	not multiemployer)		one-participa	nt plan
	;	an amended return/report	=					
_	<u></u>	-	anort pla	u Aear Letniu/tet	oort (less than 12 mon	ths)		
Ų	Check box if filing under:	Form 5558	automati	¢ extension		ſ	DEVC progra	-
		special extension (onter descri	lption)			Ŀ	_ o. 10 biogla	111
	antill Basic Plan Inform	nation enter all requested	Information					
1a	Name of plan	erner sir Todoested	illioimation,			т		
	Konnoth E. Hartana	•				1b	Three-digit	
	Kenneth F. Hackett Con	nsulting, Inc. 412(i)	Defined Bo	enefit Plan			pian number (PN) ►	002
							Effective date of	
20	Plan engaged a nome and add-		<u></u>				01/01/2008	pian
	Plan sponsor's name and addres Kenneth F. Hackett Cor	ss (employer, if for single-emplo)	yer plan)				Employer Identil	ination Number
	Manuall F. Hackert Col	surernd, Inc.					(EIN) 26-296	55508
	1760 SW 54 Terrace					2c	Plan sponsor's t	elephone number
							<u>(954)</u> 806-1	474
	Plantation	FL 33317				2d	Business code (;	see instructions)
зa	Plan administrator's name and a	ddress (if same as plan employe	r, enter "Same	")			541990 Administrator's F	
	pame					"" '	-Kumustrator a F	ill y
						3c /	\dministrator's te	elephone number
4	If the name and/or EIN of the pla	i) spurisor has changed since the	e last return/rep	oort filed for this	plan, enter the	4b 6	-IN	
	name, EIN and the plan number	mom the lest return/report. Spon	sor's Name		,			
5a	Total number of participants at the	o haginning of the planting				4c F	>N	
b	Total number of participants at the	e and of the plan year		7		<u>5a</u>		3
C	Total number of participants with complete this item)	account balances se of the and	af the sien wa			_5b		3
	3371131313131 0 10 1111 V 1 2 1					БC		
6a	Main on the highly \$82602 COU	ng the plan year invested in eligil	ble assets? (Se	o instructione \	-	- NC	<u> </u>	—
b	Are you claiming a walver of the :	annual examination and report a	fac Indonesia		ic accountant (IOPA)	• •		X Ycs ☐ No
		# PISCOCIONS ON WAIVOR OR BIRTH.	/ ADM COOdificati	e \				XYes No
1-0/5	If you answered "No" to either	ba or 66, the plan cannot use I	Form 5500-SF	and must inste	ed use Form 550g.			121,00 T100
Щą	Financial Informa	tion				-		
ſ	Plan Assets and Liabilities			(a) Bc	ginning of Year		(h) Emal	
а	Total plan assets		7a			+	(b) End o	
b	Total plan liabilities		7b		146,739	┼-		167,402
c	Net plan assets (subtract line 7b i	Manu lina Tah			0			0
		1177	76		146,739			167,402
a	Income, Expenses, and Transfers	s for this Plan Year		(=) Amount		(b) To	otal
a	Contributions received or receival (1) Employers	ble from:		j				STATE OF THE STATE
			· · 8a(1)		49,254			
	(2) Participants		Ca(2)		0			
ı_	(3) Others (including rollovers).		· . 8a(3)		0			
b	Other Income (loss) ,		8b		1,409		e di kata	
Ç	Total income(add lines 8a(1), 8a(2	2), 8s(3), and 8b)	8c		VERTICAL PERMITTERS	U:	mike-retshing salahazakesindeliheda	Carrier Carrier St. Carrier Ca
đ	Benefits paid (Including direct rolls	overs and insurance premiums				100 To 10	CHECK VOLUME OF THE PARTY OF TH	50,663
	to provide benefits)		<u>8d</u>		30,000			
e	Certain deemed and/or corrective	distributions (see instructions)	8e		O			
f	Administrative service providera (s	salaries, foot, commissions) .	8f		0			
ġ	Other exponses		вg		0	機機		
h	Total expenses (add lines 8d, 8e,	Sf and So)	7			्रक्षाकः(५४८५) व	NAME OF TAXABLE PARTY.	
	Net Income (loss) (subject line 8h		· · 8h	OF THE PARTY OF TH		<u> </u>		30,000
			8i			1 1 1	Mary Company	20,663
J 200	Transfers to (from) the plan (see in	istructions)	8j		. 0			
rut	Paperwork Reduction Act Notice	and OMB Control Numbers, s	see the instruc	tions for Form	5500-SF.	25.00	For	m 5500-5F (2010)
								v.092308.1

	Form 5500-SF 2010						
Pa	fill Plan Characteristics				THIN .	······································	*****
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 1A.	rictio.	Coul	:- 41			
b	1A. If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character	istic C	odes i	in ເກຍ າ the ji	nstruction:	nis: 3:	
Pa	Compliance Questions			****	.		
10	During the plan year;				T		
a	Was there a failure to transmit to the plan any participant contribution within the		Yes	No		Amount	
b	20 Of 17 20 10:0-102 (1000 instructions and DOE's Voluntary Fiduciary Correction Program)			x			.,,
c		105		x			
ď	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10c		х			
	or dishonesty?	10d		х		,	,,
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10g	*				1,658
f	Has the plan failed to provide any bonafit when duo under the plan?			<u>-</u>			¥1000
g	Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	10f					<u></u>
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g		X			
İ	If 10h was answered "Yes," check the hox if you either provided the required and			х	45-m		
gar	exceptions to providing the notice applied under 29 CFR 2520.101-3. Pension Funding Compliance	10i					
11	Is this a defined bonefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500))						X No
12	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e bolow, as applicable.)	sectio	n 302 i	of ERI	SA? .	. Yes	X No
a If y	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver and standard for a prior year is being amortized in this plan year, see instruction of granting the waiver and standard for a prior year is being amortized in this plan year, see instruction of granting the waiver and standard for a prior year is being amortized in this plan year, see instruction of granting the waiver and standard for a prior year is being amortized in this plan year, see instruction of the waiver and year.	ns, an th	d ente	the d Day	ate of the	letter ruling Year	
b	Enter the minimum required contribution for this plan year			2ь		· · · · · · · · · · · · · · · · · · ·	
C	Enter the amount contributed by the employer to the plan for this plan year			2c			··
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)			2d	VALUE		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		·		Yes	No	□N/A
	Yig Plan Terminations and Transfers of Assets					V-2	107
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					, ∐Yes	Nn Nn
	this year the amount of any plan assets that reverted to the employer this year		1 - 2	20	<u> </u>		110
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?	er the	contro	<u></u> _L 1			
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.)	ian(s)	to	• •		. X Yes	□No
1	3c(1) Name of plan(s):		13c	(2) EII	ا(s)	13c(3)	PN(\$)
							,
autic	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca				•••		
Inder Bor:	penalties of periury and other penalties set forth in the instructions, I declare that I have examined this return/re- schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report t is true, gonect, and complete.					a Schedule /ledge and	
	Standard Comment F. H						
	Date 10 11 Linter name of indi			g as pi	an admini	strator	***
	Kenneth F. H.						
C. Burney	Signature of employer/plan sponsor Date 11-2011 Enter name of indi	vīdual	signing) ás ei	aployer o	' plan apons	or

Form 5558 (Rev. January 2008) Department of the Treasury

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

Form 5558 (Rev. 1-2008)

	rmen of the Treasury all Revenue Service For Privacy Act and Paperwork Reduction Act Notice, sec	- manucuons (on page 3.	File With IRS Onl
A	Name of filer, plen administrator, or plan sponsor (see instructions) Kenneth F. Hackett Consulting, Inc. Number, street, and room or suite no. (If a P.O. box, see instructions.) 1760 SW 54 Terrace City or town, state and ZIP code Plantation FL 33317 Plan name	26-2: Social s	er identification nur 96550fi ecurity number (SS	
	TKenneth F. Hackett Consulting, Inc. 412(i) Defined Ben	0 0 1	r MM	31 201.0
	3	1 1		
	Extension of Time to File Form 5500 or Form 5500-EZ (see	instructions	e)	
1	The application is automatically approved to the date shown on line 1 (above) if normal due date of Form 5500 or 5500-EZ for which this extension is requested, a months after the normal due date.	: (a) the Form and (b) the da	5558 is filed on t te on line 1 is no	more the 2 1/2
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ file.			plans listed in C above.
	A signature is not required if you are requesting an extension to file Form 5500 or Elli Extension of Time to File Form 5330 (see instructions)	Form 5500-E2	7	
2	I request an extension of time until to file Form. You may be approved for up to a six (6) month extension to file Form 5330, after the same of the same o	5330, he normal duc	e date of Form 50	330.
а	Enter the Code section(a) imposing the tax	▶ <u>a</u>	 .	
b	Enter the payment amount attached			b
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the revision/ame State in detail why you need the extension	ndment date	, - 1	С
		***************************************	70.44	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.44
dor	penalties of perjury, I doclare that to the best of my knowledge and belief the statements mad zed to prepare this application.	in on this form a	are true, correct, an	d complete, and that I am