Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan							OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	2011					
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058(Code (the Code).) of This Form is Open to Public Inspection					
P	ension Benefit Guaranty Corporation		dance with	n the instructions to the Form 5500	-SF.	1115	pection			
		entification Information				2011				
	calendar plan year 2011 or fisca	al plan year beginning 01/01/201			2/31/2					
	This return/report is for:			-employer plan (not multiemployer)		a one-particip	ant plan			
в	This return/report is:	the first return/report		eturn/report						
-	l. L		•	in year return/report (less than 12 mo	nths)					
C	Check box if filing under:	Form 5558		extension		DFVC progra	m			
		special extension (enter descriptio	,							
		nation—enter all requested informa	ation		1h	Three-digit				
	Name of plan	NG, INC. 412(I) DEFINED BENEFIT	PI AN		1D	plan number				
						(PN) ▶	002			
					1c	Effective date of 01/01/	•			
	Plan sponsor's name and addruin NETH F. HACKETT CONSULT	ess; include room or suite number (er NG, INC.	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 26-29				
1760	SW 54 TERRACE				2c	Sponsor's telept 954-806				
	ITATION, FL 33317				2d	Business code (54199				
3a Plan administrator's name and address (if same as plan sponsor, er KENNETH F. HACKETT CONSULTING, INC. 1760 SW 54			FERRACE		3b	Administrator's E 26-29	EIN 65508			
		PLANTATION			3c	Administrator's t 954-806	elephone number 5-1474			
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN				
а	Sponsor's name				4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	a 2				
b	Total number of participants at	the end of the plan year			5b		2			
С		count balances as of the end of the p	• •		5c					
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)			X Yes No			
b	Are you claiming a waiver of th	e annual examination and report of a	an indepen	ident qualified public accountant (IQP	PA)					
		• •		ons.) SF and must instead use Form 550			X Yes No			
Pa	rt III Financial Informa		5500-	or and must instead use rorm 550	0.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
а	Total plan assets		7a	167402			183228			
b	Total plan liabilities		7b	0			0			
C	Net plan assets (subtract line 7	b from line 7a)	7c	167402			183228			
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or received	vable from:	8a(1)	49254						
			8a(2)	0	-					
)	8a(3)	0						
b			8b	1814						
С		8a(2), 8a(3), and 8b)	8c				51068			
d	Benefits paid (including direct	ollovers and insurance premiums	8d	35242						
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	0						
f	Administrative service provider	s (salaries, fees, commissions)	8f	0						
g	Other expenses		8g	0						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				35242			
i		e 8h from line 8c)	8i				15826			
j	Transfers to (from) the plan (se	ee instructions)	8j	0						

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

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Part IV	Plan Characteristics	
Γαιιν		

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A
- **b** 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								
10	Du	ring the plan year:		Yes	No		Α	mount		
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х					
с	W	as the plan covered by a fidelity bond?		Х						
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
e	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, aurance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	X		985					
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Dio	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х					
i		0h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•			•		Υe	s	X No
(If "Yes," complete 12a or 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 granting the waiver. Month Day Year If 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. C Enter the amount contributed by the employer to the plan for this plan year. 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) e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No NA Part VII Plan Terminations and Transfers of Assets 13a 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 If "Yes," enter the amount of any plan assets that reverted to the employer this year If "Yes," and the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to								N/A		
1		ich assets or liabilities were transferred. (See instructions.) 1) Name of plan(s):		13	c (2) El	N(s)		13c	(3) F	۷N(s)
Caut	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 13c(3) PN(s)									
Unde	Jnder penalties of periury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule									

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/30/2013	KENNETH F. HACKETT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/30/2013	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: 01/01/2011 - 12/31/2011

I hereby authorize Hackett 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.

(date)

	Form 5500-SF	Short Form Annual Return/Report of Small Employ				ee	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service		Benefit Plan us form is required to be filed under sections 104 and 4065 of the Employee									
	Department of Labor ployee Benefits Security Administration	Retirement Income Security Act	of 1974 (ER	SA), and secti Code (the Co	The Form of the open te Fame							
-	Pension Benefit Guaranty Corporation	Complete all entries in accord	rdance with	the instructio	ns to the Form 550	00-SF.						
R	art Annual Report lo	dentification Information										
For	the calendar plan year 2011 or fis		01/01	/2011	and ending	12	2/31/2011					
Α	This return/report is for:	a single-employer plan] a multiple-e	mployer plan (i	not multiemployer)	L	a one-participant plan					
в	This return/report is:	the first return/report	the final ret	urn/report								
		an amended return/report	a short plar	n year return/rej	port (less than 12 mc	nths)						
c	Check box if filing under:	Form 5558	automatic e	extension		Г	DFVC program					
Č		special extension (enter descriptio	n)			-	_					
2012	art II Basic Plan Infor											
	Name of plan	mation enter all requested info	ormauon.			1b	Three-digit					
ia	·			- <i>Git</i> - 51			plan number (PN) ► 002					
	Kenneth F. Hackett Consulting, Inc. 412(i) Defi			erit Pian			(PN) ► 002 Effective date of plan					
							01/01/2008					
2a	Plan sponsor's name and addre	ess; include room or suite number (er	nployer, if for	single-employe	er plan)	2b	Employer Identification Number					
	Kenneth F. Hackett Co	nsulting, Inc.					(EIN) 26-2965508					
						2c	Plan sponsor's telephone number					
	1760 SW 54 Terrace			• •	. •		(954) 806-1474					
				•••			Business code (see instructions) 541990					
_	Plantation	FL 33317										
3a	Plan administrator's name and Same	address (If same as plan sponsor, er	iter "Same")			30	Administrator's EIN					
						3c	Administrator's telephone number					
4	If the name and/or EIN of the n	lan sponsor has changed since the la	st return/repr	ort filed for this	olan, enter the	4b	EIN					
4	name, EIN, and the plan number	er from the last return/report.	ist roturnine pr			4c						
	Sponsor's Name			<u></u>		5a						
		the beginning of the plan year				5b	2					
b C		the end of the plan year count balances as of the end of the pl		••••••••••••••••••••••••••••••••••••••	ns do not							
Ŭ	complete this item)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	• • • • •	<u></u>	<u>5c</u>						
6a	Were all of the plan's assets du	rring the plan year invested in eligible	assets? (See	e instructions.)	• • • • • •		<u>X</u> Yes No					
b	Are you claiming a waiver of the	e annual examination and report of a	n independen	t qualified publi	ic accountant (IQPA)		XYes No					
	under 29 CFR 2520.104-46? (S	See instructions on walver eligibility a r 6a or 6b, the plan cannot use For	no conditions m 5500-SE a	•		• • •						
P	art III Financial Inform			and more intotes								
<u>注照</u> 7	Plan Assets and Liabilities			(a) Be	ginning of Year		(b) End of Year					
′ ∘a	Total plan assets		. 7a	······································	167,402		183,228					
b	Total plan liabilities		. 7b		0		0					
c	Net plan assets (subtract line 7.	b from Ilne 7a)	. 76		167,402		183,228					
8	Income, Expenses, and Transfe			(8	a) Amount		(b) Total					
a	Contributions received or received	vable from:			49,254							
	(1) Employers		. 8a(1)		49,234							
	(2) Participants		. 8a(2)		0							
4	(3) Others (including rollovers)		. <u>8a(3)</u> . 8b		1,814							
b	• •	$\cdot \cdot $			1,044		51,068					
c d		8a(2), 8a(3), and 8b)	. 8d		35,242							
е		ve distributions (see instructions)	. 8e		0							
f		s (salaries, fees, commissions)			0							
g	Other expenses		. 8g	•	0							
9 h	•	3e, 8f, and 8g)					35,242					
1		8h from line 8c).					15,826					
1		e instructions)	. 8j		0							
Fo	or Paperwork Reduction Act No	tice and OMB Control Numbers, so	e the instruc	ctions for Forn	n 5500-SF.	_	Form 5500-SF (2011) v.012611					

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Form 5500-SF 2011

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Page **2-**

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:

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

Rart V Compliance Questions											
10	During the plan year:	,		Yes	No	Am	ount				
	Was there a failure to transmit to the plan any participant contributions within the time period desc	cribed in	10a		x						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions re on line 10a.)		10b		x						
С	Was the plan covered by a fidelity bond?.		10c		x						
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused b or dishonesty?		10d		x						
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carri- insurance services or other organization that provides some or all of the benefits under the plan? Instructions.)	(See	10e	x			985				
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						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		10h		x		C. Aller				
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	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500))	s and comple	te So	hedul	e SB (I	Form	Yes X No				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	the Code or	sectio	on 302	2 of ER	ISA?	Yes XNo				
a ify	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s granting the waiver	• • • Moni	ns, ai h	nd ent	Day	date of the lett	er ruling ear				
b	Enter the minimum required contribution for this plan year		•	• L	12b		· · · · · · · · · · · · · · · · · · ·				
c d	Enter the amount contributed by the employer to the plan for this plan year	to the left of a	3		12c 12d						
	negative amount)					Yes [
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		.•.	• • •	• •						
<u>Part</u>	Plan Terminations and Transfers of Assets		· · ·				Yes X No				
13a	Has a resolution to terminate the plan been adopted in any plan year?		•••		13a	<u> </u>					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or					L					
b	of the PBGC?		• •	•••			XYes No				
C	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.)	identify the p	lan(s) to							
	3c(1) Name of plan(s):			1	3c(2) E	IN(s)	13c(3) PN(s)				
Cauti	an A nonativitar the late or incomplete filing of this returning of this returning the assessed unless ret	asonable ca	use i	s esta	ablishe	ed.					
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is trug, contest, or it compose.											
DES C	Kepy	neth F. H	ack	ett							
HE		r name of Ind	lvidu	al sigr	ning as	plan administ	rator				
100000000000000000000000000000000000000		neth F. H	ack	ett							
THE		r name of Ind	ividu	al sigr	ning as	employer or p	lan sponsor				

5500-SF Electronic Filing Authorization

Plan Name:Kenneth F. Hackett Consulting, Inc. 412(i) Defined Benefit PlanEIN/PN:26-2965508/002Plan Year:01/01/2011 - 12/31/2011

I hereby authorize Hackett 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.

Plan

Play Sponsor Hutter Hill Som Hill Macri 19 e Zon

(date

(date)

Building Second Second 2011 Description Learning Transmission Second Sec	-	Form 5500-SF	Benefit Plan 1210-00							
Employee market Sourcy Antinuetor The thermal Revenue Code (the Code). The form is Open to Public Instance Prevents work durants/ Constant Compose and management of the public instance/constant with the insthe/constant with the instance/constant with the insthe/			This form is required to be file	ctions 104 and 4065 of the Employ						
Provide solutional decision Complete all entries in accordance with the instructions to the Form 550e.55. Inspection Prior Solutional decision Construction Complete all entries in accordance with the instructions to the Form 550e.55. Inspection Prior Solution Decision Complete all entries in accordance with the instructions to the Form 550e.55. Inspection Prior Solution Decision Complete all entries in accordance with the instructions to the Form 550e.55. Inspection Prior Solution Decision Decision Decision Decision Decision Decision Decision Decision Decision B This returning out is: Define all entries decision Decision Decision Decision B This returning out is: Define all entries decision Device program Device out is decision Device out is decision B This returning out is: Define all entries decision Device out is decision Device out is decision Device out is decision B This returning out is: Define all entries decision Device out is decision Device out is decision B This returning out is: Define all entries decision Device out is decision Device out is decision						(a) of	This Form is Open to Public			
Period Annual Report Meditination in Information D1/01/2011 and ending 12/31/2011 For the calendar give year 2011 of how pinn year binghome D1/01/2012 and ending 12/31/2011 For the calendar give year 2011 of how pinn year binghome D1/01/2012 and ending 12/31/2011 B This naturateport is: Is a single-employer pinn of the mail indumination of the topin year blum/heaped a single-employer pinn of the mail indumination DFVC program B This naturateport is: In a memodel relumination. In a memodel relumination In the first eventhore of the mail indumination of the topin year blum/heaped (less than 12 months) C Check box if fing under: Form 5568 Indumination of the description					. ,		· ·			
For the calendar plan year 2013 or faced plan year plan in the single-mployer plan in the finding of the first number plan in the first numb				lance with	the instructions to the Form 550)-SF.				
A This returningpot is for: B a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This multimeter a bit distributive pot a newood multimeter the final seturivepot a one-participant plan C Check box if filing under: prom 558 automatic extension DFVC program C Check box if filing under: prom 558 automatic extension DFVC program C Check box if filing under: prom 558 automatic extension DFVC program C Check box if filing under: prom 558 automatic extension DFVC program C Check box if filing under: prom 558 automatic extension DFVC program C Check box if filing under: prom 120 002 CC C Check box if filing under: prom number 002 CC C Check box if filing under: prom number 002 CC C Check box if filing under: prom number 002 CC C Check box if filing under: prom soft at a term of a static prome soft at a static prome so				01/01	/2011 and ending	12	2/31/2011			
B This return/report the first return/report the first return/report B This return/report the first return/report the first return/report C C C C This return/report the first return/report C C C C C This return/report the first return/report C C C C C C C C D <th></th> <th></th> <th></th> <th></th> <th></th> <th>]</th> <th></th>]				
C C Check box if fing under as amended return/report a short plan year return/report (less than 12 months) Perf H2 Basic Plan Information				-		L				
C Check boxif flag under: Form 5558 addomatic extension DFVC program 28-bit iii Basic Plan Information enter at requested information. 10 Three-cigit plan number (employer, if for single-employer plan) 28 Fan sponsor's name and address; include room or aulis number (employer, if for single-employer plan) 20 Encluse to the optimized in the plan sponsor has changed ables the last return/report filed for this plan, enter the doright in the optimized in the optimized in the plan sponsor has changed ables the last return/report filed for this plan, enter the doright in the plan the optimized in the plan sponsor has changed ables the last return/report filed for this plan, enter the doright in the plan the optimized in the plan sponsor has changed ables the last return/report filed for this plan, enter the doright in the plan the optimized in the plan sponsor has changed ables the last return/report filed for this plan, enter the doright in the plan sponsor has changed ables the last return/report filed for this plan, enter the doright is an able of the plan sponsor has changed ables the tast return/report filed for this plan, enter the doright is an able of the plan sponsor has changed ables the tast optimized in a sponsor has changed ables the tast return/report filed for this plan, enter the doright is an able of the plan sponsor has changed ables to the plan the plan the plan the optin the optin the plan tenter is the optin the plan tent is the tas	2		╡ '		•					
Image: Section 1.1 Image: Section 1.1 Image: Section 1.1 Name of plan Kenneth F. Backett Consulting, Inc. 412 (1) Defined Benefit Plan Ib Three-digit plan number (PR) Image: Section 1.1 The sponsor's name and address; include noom or sule number (employer, if for single-employer plan) Xenne of plan Ib Three-digit plan number (PR) Image: Section 1.1 Section 1.1 Image: Section 1.1 Image: Section 1.1 Image: Section 1.1 Section 1.1	~			•		າເກຣ) ໂ				
Part L Basic Plan Information	U	Check box if filing under:			extension	L	_ DFVC program			
1a Name of plan 1b Three-digit 1b Three-digit 1c Effective date of plan number (PN) > 002 2a Plan aponsor's name and address, include room or sule number (employer, if for single-employor plan) 2b Employer identification Number (EIN) 262-2655508 2a Plan aponsor's name and address, include room or sule number (employer, if for single-employor plan) 2b Employer identification Number (EIN) 262-2655508 2b Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's ElN 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's talephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asses three of plan queser. 5a 1 5a Total number of participants with account blances as of the end of the plan year. 5a 1 5b 5a Total number of participants with account blances as of the end of the plan year. 5a 1 5b 5a Total number of participants with account blances as of the end of the plan year. 5a 1 5b 5a Total number of participants with account blances as of the end of the plan year. 5a 5a	10000									
Kenneth F. Hackett Consulting, Inc. 412 (1) Defined Benefit Flam plan number Image: State of Plan 002 Image: State of Plan 00			mation enter all requested inform	mation.		16				
2a Files sponsor's name and address; include room or suite number (employer, if for single-employer plan) Kennech: P. Etacksett Consulting, Toc. 2b Encloyer destification Number (EN) 26-286508 2b Plan administrator's name and address (if same as plan sponsor, enter "Same") Same 2b Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3b Administrator's EIN 3c Administrator's EIN 3b Tata number of participants at the baginning of the plan year. 5a 1 5a Total number of participants at the baginning of the plan year. 5a 1 5a Total number of participants at the edin of the plan year. 5c 5a 6d Ware all of the plan's easts (See instructions.)	Ia									
2a Plan spotsor's name and address: include room or sulle number (employer, if for single-employer plan) Kenneth F. Hackett Consulting, Inc. 2b Employer identification Number (EIN) 26-2965508 1760 SW 54 Terrace 2b Plan spotsor's talephone number (S54) 806-1474 2d Butation FL 33317 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") Same 3b Administrator's talephone number (B4) 806-1474 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. 3c Administrator's talephone number (B4) 51 5 Total number of participants at the begrinning of the plan year. 5a 1 5 Total number of participants at the begrinning of the plan year. 5c 5c 6 Were all of the plan second and or of the plan year. 5c 5c 6 Were all of the plan year invested in eligible assets? (See instructions.) 5c 5c 6 Were all of the plan sees a of the end of the plan year invested in eligible asset? (See instructions.) 5c 5c 7 Pan Assets and Liabilities 7a 167,402 185,310 7 Pan Assets and Liabilities 7b 0 0 7 P		Kenneth F. Hackett Co	onsulting, Inc. 412(i) Def:	ined Ber	nefit Plan		(11)			
2a Plan sponsor's name and address: include room or suble number (employer; if for single-employer plan) 2b Employer identification Number (EN) 25-255508 1760 5% 54 Terrace 2b Employer identification Number (954) 806-1474 2c 180 Plantation FL 33317 2d 2d Employer identification Number (954) 806-1474 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's telephone number (954) 806-1474 3a Plan administrator's telephone number (954) 806-1474 3d Administrator's telephone number (954) 806-1474 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's telephone number (954) 806-1474 4 If the name and/or EN of the plan sponsor has changed since the test return/report. 4b EIN 5a 1 5a 1 5a 1 5a 1 5b 1 5b 5a 1						•				
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	i						· · · · · · · · · · · · · · · · · · ·			
Transfers to (from) the plan (see instructions)	<u> </u>									

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

Form 5500-SF (2011) v.012611 Form 5500-SF 2011

Page 2-

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Plan Characteristics

1a If the plan provides pension banefits, enter the applicable ponsion feature codes from the List of Plan Characteristic Codes in the instructions; 1.8

b If the plan provides welfare benefits, enter the applicable welfare feature orders from the List of Plan Characteristic Codes in the Instructions;

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Rai	Compliance Questions							•	
0	During the plan year:	• • • • • • • • • • • • • • • • • • •			Yas	No	A	mount	
a	Was there a failure to transmit to the plan any participant contributions	s within the time peri	od described in			x			
b	29 GFR 2510.3-1027 (See Instructions and DOL's Voluntary Flduclary Were there any nonexempt transactions with any party-in-interest? (Do			10a					
	on line 10a.)			10b		X,			
С	Wes the plan covered by a fidelity bond?.			10c		·X-			
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidel	Ry bond, that was ca	used by fraud						
	ordishonesly?	e e en bliblio bl		101		· · ·			
e	Were any fees or commissions paid to any brokers, agents, or other per insurance services or other organization that provides some or all of the instructions.)	to bonefits under the	ninn? (See	106			1	•	985
f	Has the plan folled to provide any benefit when due under the plan? .			HOF		X :			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	yoar end.)		10a		х			
ĥ	If this is an individual account plan, was there a blackout period? (See 2529.101-3.)	Instauctions and 29	•	10h		. ж			
i	If 10h was answored "Yes," check the box if you other provided the re- exceptions to providing the notice applied under 29 CFR 2528,101-3 -	iquired notice or one	af lho	101					
Sari	V Pension Funding Compliance				•				
1	Is this a defined benefit plan subject to minimum funding requirements 5500)		uctions and comple	ita Sc	hoduk	2 SB (F	-om	Yes	XNo
2	Is this a defined contribution plan subject to the minimum funding required (if "Yee," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	inements of section -	112 of the Code or	sectio	on 302	of ER	15/17	🛄 Yas	XNo
	If a waiver of the minimum funding standard for a prior year is being an granting the waiver	mortized in this plan	Mon	(18, 4) 15	nd onlo	or the c Day	late of the le	ttor ruling 'oar	
if y	ou completed line 12a, complete lines 3, 8, and 10 of Schedule MB				·	·			
b	Enter the minimum required contribution for this plan year			• •	· –	<u>12h</u>	-		
d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in time 12c from the amount in line 12b. Enter the pegative amount)	-			· -	12c 12d	<u> </u>		
·.	negative amount) Will the minimum functing amount reported on line 12d he met by the fi		• • • • • • •	,	·L		∐Yas	No	
ian.	Plan Terminations and Transfers of Assets	unang besaline :	• • • • • • •	• •	• •				
	Has a resolution to terminate the plan been adopted in any prior year?							Yes	TT No
.ua	If "Yos," onter the amount of any plan assols that revorted to the empty					13a			1 <u>v</u> no
h	Were all the plan assets distributed to participants or beneficiaries, trai								
	of the PBGC?			• •		. +	1 1 1 1	X Yos	Na
C	If during the plan year, any assets or liabilities were transferred from th which easets or liabilities were transferred. (See Instructions.)	nis plan to another pl	en(s), identify the p	ian(s)) to				
	3c(1) Name of plan(s):				13	r(2) Fi	N(#)	13:(3)	PN(s)
.				-				<u> </u>	
aufi	m: A penalty for the late or incomplete filing of this return/report wi	ill he assessed unio	ies resconsble ce	uco le	a actai	hlicha	A	<u>.</u>	
Inder 8 ar	penalties officing and other penalties set forth in the instructions, I de Schooling MD completed and signed by an enrolled actuary, as well as t It is true, correct, and complete.	clare that I have exa	mined this return/re	aprin,	includ	ing, life	applicable, a	Schedule adgo and	- <u>+</u>
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X: X		03-14-2012	···· ··· · · · · · · · · · · · · · · ·						
消費		Dain	Fotor name of Ind			من منه		lon esser	<u>.</u>
		a creat t	a arten atentete sit fitte	1.61.61.61	•	and etch it		PRODUCT CALLERS	7 8

Entor name of Individual signing as compover or plan sponsor