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).

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

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part	I Annual Report	Identification Information					
For cale	endar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 12	2/31/	2012	
A This	return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan
B This	return/report is:	the first return/report	the final return/repor	t		_	
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths))	
C Che	ck box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
	ŭ	special extension (enter descri	ption)			_	
Part I	I Basic Plan Info	rmation—enter all requested info	ormation				
1a Nai	me of plan	•			1b	Three-digit	
KENNET	H F. HACKETT CONSUL	TING, INC. 412(I) DEFINED BENE	FIT PLAN			plan number	
					4 -	(PN) •	002
					10	Effective date of 01/01/	•
2a Pla	n sponsor's name and ad	dress; include room or suite numbe	r (employer, if for a single	e-employer plan)	2b	Employer Identif	
	H F. HACKETT CONSUL		(* *)*	, , , ,			65508
					2c	Sponsor's telep	
	54 TERRACE					954-806	_
PLANTA	TION, FL 33317				2d	Business code (54199	•
3a Pla	n administrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3h	Administrator's I	
Ja i la	ir administrator 3 name ar	la address Poartie as Flair opons	or realite	an oponson Address	0.0	Administrator 3 i	
					3с	Administrator's t	telephone number
4 If th	as name and/or FINI of the	nlan anangar has shangad sinas t	ha last ratura/rapart filad	for this plan, optor the	4h	FINI	
		e plan sponsor has changed since to mber from the last return/report.	ne iast return/report illeu	ioi triis piari, eriter trie	40	EIN	
	onsor's name	•			4c	PN	
5a To	tal number of participants	at the beginning of the plan year			5a		2
b To	tal number of participants	at the end of the plan year			5b		2
		account balances as of the end of the		•	-		
	•			•	5c		Van D Na
		s during the plan year invested in el f the annual examination and report	-				X Yes No
		? (See instructions on waiver eligibil					X Yes No
lf y	ou answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-SI	F and must instead use I	Form	5500.	
Caution	n: A penalty for the late	or incomplete filing of this return	report will be assessed	l unless reasonable cau	se is	established.	
		her penalties set forth in the instruc					
	chedule MB completed at is true, correct, and comp	nd signed by an enrolled actuary, as olete.	s well as the electronic ve	ersion of this return/report,	and	to the best of my	knowledge and
				1			
SIGN	Filed with authorized/	valid electronic signature.	09/30/2013	KENNETH F. HACKET	Т		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ıal siç	gning as plan adn	ninistrator
SIGN	Filed with authorized/	valid electronic signature.	09/30/2013	KENNETH F. HACKET	П		
HERE	Signature of emplo		Date	Enter name of individu	ıal siç	gning as employe	r or plan sponsor
Prepare	er's name (including firm n	ame, if applicable) and address; inc	clude room or suite numb	er (optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

					_					
	rt III Financial Information							.,		
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of		0	
	Total plan assets Total plan liabilities	7a	18322			166850 0				
		7b 7c	18322	0						
	Net plan assets (subtract line 7b from line 7a)	76		.0	-		(b) Tota	16685	J	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tota	ll		
	(1) Employers	8a(1)	5073	2						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b 2890								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5362	2	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7000	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						7000	0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1637	8	
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions	S:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Ar	nount		
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X				
C	Was the plan covered by a fidelity bond?			10c		Χ				
d	· · · · · · · · · · · · · · · · · · ·	fidelity bo	nd, that was caused by fraud	10d		X				
е				100						
C	insurance service or other organization that provides some or all of									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	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	X No	
112	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			01 30	JUOIT	JUZ UI		. 00		
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		letter ru	ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Duy		.ui		
	Enter the minimum required contribution for this plan year	-				12b				

	Form 5500-SF 2012 Page 3 - 1			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

5500-SF Electronic Filing Authorization

Plan Name:

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

EIN/PN:

26-2965508/002

Plan Year:

01/01/2012 - 12/31/2012

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.

gianl

(09.26.2013

date)

- Hours

X 09-26-2013

(date)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

,	ension Benefit Guaranty Corporation	► Complete all entries in a		structions to the Form 550	0-SF.	
		Identification Information				
For	calendar plan year 2012 or fis	scal plan year beginning	01/01/201		12/31/2012	
Α.	This return/report is for:	🗴 a single-emptoyer plan	a multiple-employ	er plan (not multiemployer)	a one-particl	pant plan
В	This return/report is:	the first return/report	the final return/re	port		
	•	an amended return/report	a short plan year	return/report (less than 12 m	onths)	
^	Check box if filing under:	x Form 5558	automatic extens	on	DFVC progra	am
.	Check box it liling under.	special extension (enter desc	□		<u>.</u>	
(SASSES)	0.0000000000000000000000000000000000000	<u> </u>				
		ormation enter all requested	information		1b Three-digit	T
1a	Name of plan				plan number	1
	Kenneth F. Hackett	Consulting, Inc. 412(i	Defined Benef	it Plan	(PN) ►	002
					1c Effective date of 01/01/2008	•
		ddress; include room or suite num	hor (omployer if for a s	Ingle-employer plan)	2b Employer Ident	
za	Kenneth F. Hackett	Consulting, Inc.	per (employer, ir tor a a	ingle-omployer plany	(EIN) 26-29	
					2c Sponsor's teler	
					(954) 806-	
	1760 SW 54 Terrace			• • • •	2d Business code	(see instructions)
US	Plantation	FL 33317			541990	
3 <u>a</u>	Plan administrator's name a	and address 🗶 Same as Plan Sp	oonsor Name 🔲 Same	as Plan Sponsor Address	3b Administrator's	EIN
					3c Administrator's	telephone number
			····			
4	If the name and/or EIN of the	ne plan sponsor has changed since	e the last return/report f	led for this plan, enter the	4b EIN	
		mber from the last return/report.			4c PN	
	Sponsor's name	the test of the standard		<u></u>	5a	2
		s at the beginning of the plan year sat the end of the plan year			5b	2
b	Number of participants with	account balances as of the end of	f the plan year (defined	benefit plans do not		
	complete this item)	minum management and of the orie of			5c	
6a	Were all of the plan's asset	s during the plan year invested in e	eligible assets? (See In	structions.)	**************	X Yes ☐ No
b	Are you claiming a waiver o	of the annual examination and repo	ort of an independent qu	alified public accountant (IC	PA)	
		? (See instructions on walver eligit		*************************************		XYes No
_		ither line 6a or line 6b, the plan				
Ca	ution: A penalty for the late	or incomplete filing of this retu	ırn/report will be asse	ssed unless reasonable ca	iuse is established.	
Ur	der penalties of perjury and o	other penalties set forth in the instr	ructions, I declare that I	have examined this return/r	eport, including, it appl at and to the best of a	icable, a Schedule
	ief, it is true correct/and co	and signed by an enrolled actuary	, as well as the electron	ile Actaiost of this recommode	it, and to all boot of it	, , , , , , , , , , , , , , , , , , ,
原数				Kenneth F. Hack	et.t.	
S	GIV CAYING		Nat 09-16-24	. with the second secon		inietrator
	ERE Signature of plan air	hihistrator	X 09.26.7			initiatiator
S	IGN X IUIIIIA L		1 07.100			
W.	Signature of employe	riplan sponsor	Date	Enter name of Individu		
Pr	eparer's name (including firm	name, if applicable) and address;	include room or suite i	umber (optional)	Preparer's telephone	number (optional)
					and a second con-	

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Bartill Financial Information							
7 Plan Assets and Liabilities	40.70	(a) Beginning of Year				(b) End of	Year
a Total plan assets	7a	183,22					166,850
b Total plan liabilities			0				0
C Net plan assets (subtract line 7b from line 7a)		183,22	8				166,850
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al
a Contributions received or receivable from:	2 (4)	50,73	12				
(1) Employers	1	50,75	0				4 15 54
(2) Participants			0	1	16		
(3) Others (including rollovers)	8a(3) 8b	2,89					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		2700		\$ ************************************			53,622
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (Including direct rollovers and insurance premiums	-		(X394)				
to provide benefits)	. 8d	70,00	0				
e Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f Administrative service providers (salaries, fees, commissions)	. 8f		0	0.500		4 (8 (6)	
g Other expenses	. 8g		0			Section 1	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	100					70,000
Net income (loss) (subtract line 8h from line 8c)	. 8i			1			(16,378)
Transfers to (from) the plan (see instructions)	. 8j		0				
Rart Vi Plan Characteristics			٠				
9a If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Charac	teristi	c Code	es in t	he instructio	ns:
1A							
b If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Pian Characte	ristic	Codes	in the	e Instruction	s:
Part VII Compliance Questions						··-	
10 During the plan year:			,	Yes	No	A	mount
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidulation)	clary Corre	ection Program)	10a		x		
b Were there any nonexempt transactions with any party-in-interes on line 10a.)		*******************************	10b		х		<u> </u>
c Was the plan covered by a fidelity bond?			10c		х		
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x		
e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all	ther person of the bene	s by an insurance carrier, efits under the plan? (See					
Instructions.)	*******	(19111111111111111111111111111111111111	10e		Х		
f Has the plan falled to provide any benefit when due under the plan	an?	*************************************	10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		х		
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require		101				
Part VIII Pension Funding Compliance	,	1 - 1,					
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If	'Yes," see instructions and com	piete	Sched	ule S	B (Form	Yes X No
11a Enter the amount from Schedule SB line 39		16124.151938654614516161514137101776191111114114114114141			11a		
12 Is this a defined contribution plan subject to the minimum funding					02 of	ERISA?	Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as applic	able.)					
a If a waiver of the minimum funding standard for a prior year is be granting the waiver	ing amortiz	zed in this plan year, see instruc	tions	, and e	nter ti Da	he date of th	e letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedu							
b Enter the minimum required contribution for this plan year			******]	12b		

	Form 5500-SF 2012		Page 3-					
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. Entennegative amount)	er the result (enter a	minus sign to the l	eft of a	12d	<u></u>		
е	the state of the s	the funding deadli	10?	***********************		Yes	No [N/A
Par	VI Plan Terminations and Transfers of Assets	·						
13a	Has a resolution to terminate the plan been adopted in any plan	year?	531 5+8 8 8 8 8 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8		☐ Ye	s X N	o	
	If "Yes," enter the amount of any plan assets that reverted to the	employer this year	44199994414 <u>19419419919</u> 1679 <u>1</u>		13a			
b	Were all the plan assets distributed to participants or beneficiarie of the PBGC?	es, transferred to an	other plan, or broug	ht under the c	ontrol	[Yes [X No
С	If during this plan year, any assets or liabilities were transferred f which assets or liabilities were transferred. (See instructions.)	from this plan to and	other plan(s), identif	y the plan(s) to	·		·	
	13c(1) Name of plan(s):			130	(2) EIN(s)	13c(3)	PN(s)
	9787.71D.				<u> </u>			
KOL	VIII Trust Information (optional)	·	<u></u>		14h T	rust's EIN		
14a	Name of trust				170	iuoto Elit		

5558 (Rev. August 2012)

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Application for Extension of Time To File Certain Employee Plan Returns

➤ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

	ent of the Treasury Revenue Service	► Information about Form 5558 and its instruction	ns is at v	ww.i	rs.gov	//form5558	<u> </u>	-		
Part	I Identificati	on								
; i	Kenneth F. Hack Number, street, and ro	ministrator, or plan sponsor (see instructions) ett Consulting, Inc. Dom or sulte no. (if a P.O. box, see instructions)	B Filer's identifying number (see in Employer identification number (EIN 26-2965508 Social security number (SSN) (9 dig					EIN)(9 digits XX-XXXXXX)		
_	1760 SW 54 Terrace City or town, state, and ZIP code		-	Socia	ı secum	y number (abiy) (s	digits xxx-x	A-2222AJ		
	City or town, state, and Plantation	FL 33317								
-		Plan name		Plar			year endi	ng YYYY		
			<u> </u>	numb	er 	MM	טט	1 1111		
	Kenneth F. Hack	eett Consulting, Inc. 412(i) Defined Benefit Plan	0	0	2	12	31	2012		
Par		of Time To File Form 5500 Series, and/or Form 895		<u>-</u>						
1	Check this bin Part 1, C	pox if you are requesting an extension of time on line 2 to file above.	the first i	orm	5500 s	eries return/rej	oort for the	plan listed		
2	I request an exte Note. A signatu	ension of time until <u>10 / 15 / 2013</u> to file Forr re IS NOT required if you are requesting an extension to file	n 5500 s Form 550	eries ()0 ser	(see ir ies.	estructions).				
3	l request an ext Note. A signatu	ension of time until <u>10 / 15 / 2013</u> to file Forr re IS NOT required if you are requesting an extension to file	n 8955-S Form 895	SA (s 55-SS	ee ins A.	tructions).	,			
•	the normal due	is automatically approved to the date shown on line 2 and/ date of Form 5500 series, and/or Form 8955-SSA for which to pove) is not later than the 15th day of the third month after the	his exter	ision i	s requ	a) the Form 559 ested, and (b)	58 is filed o the date on	n or before line 2		
Part	Extension	of Time To File Form 5330 (see instructions)								
4	I request an ext You may be ap	ension of time until / / to file Forn oroved for up to a 6 month extension to file Form 5330, after	m 5330. the norm	al due	date	of Form 5330.				
а	Enter the Code	section(s) imposing the tax	. •	a	1_					
b	Enter the paym	ent amount attached				· · •	b	· · · · · · · · · · · · · · · · · · ·		
с 5	For excise taxe State in detail	s under section 4980 or 4980F of the Code, enter the reversi why you need the extension:	on/amen	dmen	t date	, , ▶	С			
					-					
			· · · ·							
				-4-		<u> </u>				