For	m 5500-SF	Short Form Annual F	•	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe				e 2013				
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) o Employee Benefits Security Administration the Internal Revenue Code (the Code).						of This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.						Ins	pection	
Part I		entification Information	10		0/04/0	2040		
_	ar plan year 2013 or fisca	al plan year beginning 01/01/20			2/31/2	—		
	urn/report is for:			lan (not multiemployer)		a one-particip	oant plan	
B This retu	urn/report is:	the first return/report	the final return/report					
•	Ĺ	an amended return/report		n/report (less than 12 mc	onths)	-		
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m	
		special extension (enter description	,					
Part II		nation—enter all requested inform	nation		1h	Three digit		
1a Name of KENNETH F.	•	NG, INC. 412(I) DEFINED BENEFI	T PLAN		ID.	Three-digit plan number (PN) ▶	002	
					1c	Effective date or 01/01	•	
	oonsor's name and addre . HACKETT CONSULTI	ess; include room or suite number (NG, INC.	employer, if for a single-	employer plan)	2b	Employer Identii (EIN) 26-29	fication Number	
4700 011/ 54	TEDDAGE				2c	Sponsor's telep 954-800		
1760 SW 54 PLANTATIOI					2d		see instructions)	
3a Plan ad	Iministrator's name and	address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	Administrator's	-	
							elephone number	
name,	EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	last return/report filed for	or this plan, enter the		EIN		
a Sponso		the beginning of the plan wars			4c	PN		
		the beginning of the plan year the end of the plan year		4	5a		2	
		count balances as of the end of the			5b		1	
					5c			
6a Were	all of the plan's assets d	uring the plan year invested in eligi	ble assets? (See instruc	tions.)			🗙 Yes 🗌 No	
		e annual examination and report of See instructions on waiver eligibility					X Yes 🗌 No	
	•	er line 6a or line 6b, the plan can	,					
C If the p	lan is a defined benefit p	blan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	🗌	Yes No	Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/re	port will be assessed	unless reasonable cau	se is	established.	•	
Under pena SB or Sche	lties of perjury and other	r penalties set forth in the instruction signed by an enrolled actuary, as v	ns, I declare that I have	examined this return/rep	ort, in	cluding, if applic		
	Filed with authorized/va	lid electronic signature.						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ial sig	ning as plan adn	ninistrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individu				
Preparer's r	name (including firm nan	ne, if applicable) and address; inclu	de room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)	

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Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ar		
а	al plan assets		16685	166850			102324				
b	Total plan liabilities			0					0		
С	Net plan assets (subtract line 7b from line 7a) 7c 166850			0	102324						
8	Income, Expenses, and Transfers for this Plan Year (a) Amount				(b) Total						
	Contributions received or receivable from: (1) Employers	8a(1)		0							
				0							
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	_	-					489		
	Benefits paid (including direct rollovers and insurance premiums	00							100		
	to provide benefits)	8d	6501	5							
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							65015		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-	64526		
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	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions			
	1A										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cteristi	c Cod	les in t	ne instructi	ons:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
	Was there a failure to transmit to the plan any participant contribu					X		7 4110	unt		
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	-		10a		~					
	on line 10a.)			10b		Х					
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 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 instructions.)		• •	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
				-		Х					
b		-		10g		~					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h							
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the								
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part											
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a											
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								X No			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)											
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver											
lf	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					12b					

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es 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 🗙 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) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Form 5500-SF	Short Form Annual Re	turn/Report o	of Small Employ	ee	<u> </u>	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe				2	013	
Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 605 the Internal Revenue Code (the Code).					8(a) of This Form is Open to P Inspection		
Perision Benefit Guaranty Corporation	► Complete all entries in accorda	ance with the instru	ctions to the Form 5500	0-SF.			
	Ientification Information	01 101 10010	and and ind	10/3	1/2013	······································	
For calendar plan year 2013 or fisca		01/01/2013	and ending		a one-particip:	ant olan	
· · · · · · · · · · · · · · · · · · ·			lan (not multiemployer)	s	a one-participa	an pian	
B This return/report is:	- · · · · · · · · · · · · · · · · · · ·	he final return/report	(
			rn/report (less than 12 m	_	DEVIC program		
C Check box if filing under:	4	utomatic extension		Цı	DFVC program	l‡	
	special extension (enter description))					
	mation enter all requested inform	ation		1b Thr	ree digit		
1a Name of plan				plai	n number	002	
Kenneth F. Hackett C	Consulting, Inc. 412(i) De	fined Benefit	Plan	`	4) ►		
					/01/2008	higu	
2a Plan sponsor's name and add	ress; include room or suite number (en	nployer, if for a single	e-employer plan)			ication Number	
Kenneth F. Hackett C	onsulting, Inc.				N) 26-296		
				(9	onsor's teleph 54) 806-1	474	
1760 SW 54 Terrace					siness code (« 1990	see instructions)	
JS Plantation	FL 33317				ministrator's E		
3a Plan administrator's name and	l address X Same as Plan Sponsor	Name [] Same as I	Plan Sponsor Address	SID AU	ministrator s c	.113	
	plan sponsor has changed since the la	et returnirenort filed i	for this plan, enter the	4b EIN			
name, EIN, and the plan numb	plan sponsor has changed since the la per from the last return/report.	st latannahort mág i	or and plan, onlor and	4c PN		<u></u>	
a Sponsor's name	t the beginning of the plan year			5a		2	
	t the end of the plan year minimized			5b		1	
c Number of participants with ac	count balances as of the end of the pla	an year (defined ben	efit plans do not	Ea			
				5c		XYes No	
	luring the plan year invested in eligible re annual examination and report of an				*********		
b Are you claiming a waiver of it under 29 CFR 2520,104-46? (See Instructions on waiver eligibility an	d conditions.)				XYes No	
If you answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form 550	0.		
c If the plan is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No	Not determined	
Caution: A penalty for the late of	r incomplete filing of this return/rep	ort will be assessed	l unless reasonable cau	use is est	ablished.		
Links way allow of porture and allo	er penalties set forth in the instructions d signed by an enrolled actuary, as we	I declare that I have	e examined this return/re	port, inclu	iding, if applic	able, a Schedule knowledge and	
SIGN CHARACTERS		X	Kenneth F. Hacke	ətt			
HERE Signature of pichlanny	Natrator	Date 67-23-2014	Enter name of individua	il signing a	as plan admin	istrator	
SIGN Althe Mar		X ′	Kenneth F. Hacke	att			
NERE Signature of employer/	olan sponsor	Dat 07232614	Enter name of individua				
Preparer's name (including firm na	ime, if applicable) and address; include	e room or suite numb	ier (optional)	Preparer	's telephone r	umber (optional)	
				An			
						ne de la companya de La companya de la comp	

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Part III Financial Information

7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets	0 24								
b Total plan llabilities	0 24								
Dotation Dotation 102, 32 C Net plan assets (subtract line 7b from line 7a) 7c 166, 850 102, 32 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 8 Contributions received or receivable from: 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 (3) Others (including rollovers) 8a(3) 0 (1) Employers 8a(3) 0 (2) Participants 8a(1), 8a(2), 8a(3), and 8b) 8b 9 Other income (loss) 8b 489 (2) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 44 (3) Others (including direct rollovers and Insurance premiums to provide benefits) 8c 44 (3) Other expenses 8d 65, 015 44 (4) Benefits patd (including direct rollovers and Insurance premiums to provide benefits) 8c 64 (5) Other expenses 8d 65, 015 65, 015 (6) Other expenses 8g 0 65, 01 (1) Net Income (loss) (subtract line 8h from line 8c) 8t 65,									
0 Hot pan essets (constant for this Plan Year (a) Amount (b) Total 8 Income, Expenses, and Transfers for this Plan Year 8a(1) 0 4 Contributions received or receivable from: 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 5 Other income (loss) 8b 489 6 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 41 7 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 41 6 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 65, 015 9 Certain deemed and/or corrective distributions (see instructions) 8e 0 41 1 Total expenses (add lines 8d, 8e, 8f, and 8g) 8d 0 45, 01 1 Net Income (loss) (subtract line 8h from line 8c) 8i 61 65, 01 1 Net Income (loss) (subtract line 8h from line 8c) 8i 0 65, 01 1 Net Income (loss) (subtract line 8h from line 8c) 8i 0 65, 01 1 Transfers to (from) t									
a Contributions received or receivable from: 0 (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) (3) Others (including rollovers) 8a(3) (4) Employers 8a(3) (5) Total income (loss) 8b (6) Densitive (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Total encome (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Total expenses (add lines 8d, 8e, 8f, and 8g) 8d (9) Other expenses (add lines 8d, 8e, 8f, and 8g) 8t (7) Transfers to (from) the plan (see instructions) 8t (7) Transfers to (from) the plan (see instructions) 8t (7) Plan Characteristics 8t									
(1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 (3) Others (including rollovers) 8a(3) 0 (1) Employers 8a(3) 0 (3) Others (including rollovers) 8a(3) 0 (3) Other income (loss) 8b 489 (1) Employers 8b 489 (2) Participants 8b 489 (2) Other income (loss) 8c 449 (3) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 449 (2) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 449 (3) Other expension and insurance premiums to provide benefits) 8d 65, 015 (4) Certain deemed and/or corrective distributions (see instructions) 8e 0 65, 015 (4) Other expenses 6g 0 65, 015 65, 015 (5) Other expenses (add lines 8d, 8e, 8f, and 8g) 6h 65, 01 65, 01 (6) Transfers to (from) the plan (see instructions) 8i 0 64, 526 (7) Transfers to (from) the plan (see instructions) 8i 0	19								
(2) Participants	19								
(3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 489 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 489 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 449 d Benefits paid (including direct rollovers and Insurance premiums to provide benefits) 8d 65,015 e Certain deemed and/or corrective distributions (see instructions) 8o 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 0 65,015 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 655,015 i Net income (loss) (subtract line 8h from line 8c) 8i (64,524) j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9j 0 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes In the instructions:	19 19								
b Other income (loss) 8b 489 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 46 d Benefils paid (including direct rollovers and Insurance premiums to provide benefils) 8d 65, 015 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (sataries, fees, commissions) 8f 0 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 65, 015 i Net income (loss) (subtract line 8h from line 8c) 8i 664, 526 j Transfers to (from) the plan (see instructions) 8j. 0 Part:IV Plan Characteristics 8j. 0 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	<u>)9</u>								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 41 d Benefits paid (including direct rollovers and Insurance premiums to provide benefits) 8d 65, 015 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (sataries, fees, commissions) 8f 0 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 65, 015 i Net Income (loss) (subtract line 8h from line 8c) 8i (64, 526) j Transfers to (from) the plan (see instructions) 8i 0 Part: IV Plan Characteristics 8j. 0 g If the plan provides pension benefilts, enter the applicable pension feature codes from the List of Plan Characteristic Codes In the Instructions:	<u>}9</u>								
d Benefits paid (including direct rollovers and Insurance premiums to provide benefits)									
O Certain deemed and/or corrective distributions (see instructions) 80 0 f Administrative service providers (sataries, fees, commissions) 8f 0 g Other expenses									
Image: Contain desired anoth corrective distributions (see instructions)									
Image: Provider's service provider's (statules, less, continustions) 01 Image: Provider's service provider's (statules, less, continustions) 8g 0 Image: Provider's statules, less, continustions) 8g 0 Image: Provider's statules, less, continustions) 8h 65, 01 Image: Provider's statules, less, continustions) 8h 65, 01 Image: Provider's statules, less, continustions) 8h 65, 01 Image: Provider's statules, less, continustions) 8i 66, 526 Image: Provider's statules, less, less, continustions) 8i 0 Image: Provider's statules, less, less, continustions) 8i 0 Image: Provider's statules, less,									
y Other expenses Image: Second s	CERTINA CONACESS								
In Total expenses (add lines od, de, ol, and dg) Initial difference i Net income (loss) (subtract line 8h from line 8c) 8i (64, 526) j Transfers to (from) the plan (see instructions) 8j 0 Part: IV Plan Characteristics 9a If the plan provides pension benefilts, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
I Transfers to (from) the plan (see instructions) 0 Part IV 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:									
Part IV 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:	i) जनसन्दर्भाष								
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	SECTORY :								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	1A								
Denvy Compliance Questions									
Part V Compliance Questions									
U Duning the plan year.									
a Was 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)									
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
C Was the plan covered by a fidelity bond?									
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)									
f Has the plan falled to provide any benefit when due under the plan?									
g Did the plan have any participant loans? (if "Yes," enter amount as of year end.)									
g Did the plan have any participant loans? (If 'Yes," enter amount as or year end.) Image: second seco									
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 2520,101-3 101	i Minelije Poseoduje								
Part VI Pension Funding Compliance									
11 Ja this a defined hanafil plan subject to minimum funding requirements? (If "Yes " see instructions and complete Schedule SB (Form									
5500) and line 11a below)	No No								
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12 Is this a demed commodion plan subject to the manifold refining requirements of decident right of the octor of additional subject to the manifold refining requirements of decident right of the octor of additional subject to the manifold refining requirements of decident right of the octor of additional subject to the manifold refining requirements of decident right of the octor of additional subject to the manifold refining requirements of decident right of the octor of additional subject to the manifold refining requirements of decident right of the octor of additional subject to the manifold refining requirements of decident right of the octor of additional subject to the manifold refining requirements of decident right of the octor of additional subject to the manifold refining requirements of a decident right of the octor of additional subject to the manifold refining requirements of a decident right of the octor of additional subject to the manifold refining requirements of a decident right of the octor of the octor of a decident right of the octor of a decident right of the octor o									
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a walver 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 rulir granting the walver	9								
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									

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			* * ••
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 negative amount)	1	12d	
Will the minimum funding amount reported on line 12d be met by the funding deadline?		🗀 Yes	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?		Ves	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, of the PBGC?	ontrol	Yes X 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 plan(s) to		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)			
I4a Name of trust		14b Trust's	s EIN

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