-	m 5500-SF	Short Form Annua	I Return/Report Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0 1210-00	
Inter	anal Revenue Service	This form is required to be filed Income Security Act of 1974 (E	under sections 104 and			2014	
Employee Be	enefits Security Administration	_ F	Revenue Code (the Code	e).		This Form is Open to Public Inspection	)
Part I		Complete all entries in ac     dentification Information	cordance with the inst	ructions to the Form 55	00-SF.		
		cal plan year beginning 01/01/201	4	and ending 12/	31/2014		
A This ret	urn/report is for:	a single-employer plan		blan (not multiemployer) ( byer information in accord		king this box must attach a the form instructions)	list
		a one-participant plan	a foreign plan				
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report				
		an amended return/report		rn/report (less than 12 mo			
C Check b	box if filing under:	X Form 5558	automatic extension		Пр	FVC program	
		special extension (enter descript	tion)				
Part II		rmation—enter all requested infor	mation				
<b>1a</b> Name KENNETH F	•	TING, INC. 412(I) DEFINED BENEF	IT PLAN		<b>1b</b> Thre plan (PN)	number	
					( )	ctive date of plan 01/01/2008	
<b>2a</b> Plan sp KENNETH F.	oonsor's name and add HACKETT CONSULT	dress; include room or suite number ING, INC.	(employer, if for a single	e-employer plan)	2b Emp (EIN	loyer Identification Number ) 26-2965508	
1760 SW 54	TERRACE				2c Spo	nsor's telephone number 954-806-1474	
PLANTATION					2d Busi	ness code (see instructions) 541990	)
3a Plan a	dministrator's name an	d address XSame as Plan Sponsor	·.		3b Adm	inistrator's EIN	
4 If the r	name and/or FIN of the	plan sponsor has changed since the	e last return/report filed f	or this plan, enter the	4b EIN	inistrator's telephone numb	
	EIN, and the plan num	hber from the last return/report.			<b>40</b> PN		
5a Total r	number of participants	at the beginning of the plan year			5a		1
<b>b</b> Total r	number of participants	at the end of the plan year			5b		1
		account balances as of the end of the			5c		
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the plan	year		5d(1)		1
		ticipants at the end of the plan year.			5d(2)		1
		rminated employment during the pla			5e		0
		or incomplete filing of this return/r					
SB or Sche		er penalties set forth in the instruction d signed by an enrolled actuary, as lete.					
SIGN		valid electronic signature.					
HERE	Signature of plan ac	dministrator	Date	Enter name of individe	ual signing	as plan administrator	
SIGN							
HERE	Signature of employ		Date			as employer or plan sponso	
		ame, if applicable) and address (inclu			Preparer's	s telephone number (optiona	

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ident qualified public accountations.)	nt (IQ	PA)		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	)21)?	X	Yes	No Not determined
Par	t III Financial Information	•					
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	. 7a	1023	324			108908
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	1023	324			108908
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	<b>Po(1)</b>	150	000			
	(1) Employers     (2) Participants	8a(1) 8a(2)		0			
	(2) Others (including rollovers)	8a(3)		0	_		
	Other income (loss)	8b	30	)70			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					18070
	Benefits paid (including direct rollovers and insurance premiums	00					
	to provide benefits)	8d	114	86			
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			_		11486
	Net income (loss) (subtract line 8h from line 8c)	8i			_		6584
<u> </u>	Transfers to (from) the plan (see instructions)	8j		0			
Par 9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension						
b Part	1A         If the plan provides welfare benefits, enter the applicable welfare fermions         X         Compliance Questions	eature cod	es from the List of Plan Chara	cterist		es in tl	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С	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?			10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10q		Х	
h		(See instru	ictions and 29 CFR	10h			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	. as applica	able.)				

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b		
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d		
e 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?		· 🗆 ۲	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN	

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	Form 5500-SF	Short Form Annual F	leturn/Report	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Garrice	This form is required to be fil Retirement income Security Act					2014 Is Open to Public
	ployee Benefits Security Administration Pension Benefit Guaranty Corporation	Complete all entries in acco	nel Revenue Code (li rdance with the Inst	·	10-SF.		spection
		lentification information		and and in a	104	/31/2014	
A B	This return/report is for:	a single-employer plan	of participating emp a forsign plan the final return/repo	turn/report (less than 12 n	(Filers ch dance wi	recking this bo	tructions)
		special extension (enter description	on)	., .			
		nation enter all requested info	mation				
1a	Name of plan					hree-digit an number	
	Xenneth F. Hackett C	onsulting, Inc, 412(1) I	efined Benefit	t Plan		PN) ►	002
					0.	fective date of 1/01/2008	
2a	Plan sponsor's name and addr Kenneth F. Hackett C	ess; include room or suite number ( onsulting, Inc.	employer, if for a sing	gle-employer plan)		nployer identi IN) 26-296	fication Number
						iqelet a'roanoo	
	1760 SW 54 Terrace					954) 806-1	
	US Plantation FL 33317					usiness code ( 41,990	see instructions)
3a		address 🗶 Same as Plan Sponso	or Name		3b Ad	iministrator's l	IN
4	If the name and/or EIN of the p	lan sponsor has changed since the	last return/report filed	for this plan, enter the	4b Ell		elephone number
_	name, EIN, and the plan numbe	er from the last return/report.			4		
	Sponsor's name				4C PN	1	
	· · ·	the beginning of the plan year			5a		1
b	-	the end of the plan year		•	5b		1
C	complete this item)	ount balances as of the end of the j		•	50		
d(;	<ol> <li>Total number of active participation</li> </ol>	pants at the beginning of the plan ye	186	ski mensi den dan menidari bala d	5d(1)		1
d()	• • •				5d(2)		1
¢		ninated employment during the plan			50		O
Ca		incomplete filing of this return/re	······		ise is est	tablished.	
Une	ier penalties of perjury and other	penalties set forth in the instruction signed by an enrolled actuary, as w	s, I declare that I hav	e examined this return/rep	ubani, Inciu	iding, if applic	able, a Schedule knowledge and
ks.	AFT THIMAY WHI	٢	X 09-12-15	Kenneth F. Hacke	tt		
鐗	RE Signature of planade Ini	strator	Date	Enter name of individual	signing a	as plan admin	strator
	1 X 1 TILL AH TOM	Þ	X 09-12-15	Kenneth F, Backe			
ίį.	Signant or emproyempt	an abouso.	Date	Enter name of individual	signing (	aş employer o	plan sponsor
Pro	ักธุม min gnibulagi) อ่าทุศก 61616	e, if applicable) and address; iriclud	le room or suite numt	per (optional)	Preparer	's telephone n	umber (optional) .
For	Paperwork Reduction Act Not	ice and OMB Control Numbers, s	se the instructions f	or Form 5500-SF.		For	m 5500-SF (2014) v.140124

Form	5500-SF	= 2014
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Page 2

6a	Were all of the plan's assets duri	ig the plan	year invested in eli	gible assets? (	See instructions.)	41111300000EE1111130000EE1413000EEE413000EEE	X Yes	א[	lc

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ........ 🕱 Yes 🗌 No 🗋 Not determined

## Part III Financial Information (b) End of Year 7 Plan Assets and Liabilities (a) Beginning of Year Total plan assets ..... 108,908 7a 102,324 а Total plan liabilities..... b 7b 0 108,908 Net plan assets (subtract line 7b from line 7a) 7c 102,324 С 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: а 15,000 8a(1) (1) Employers ..... 0 (2) Participants ..... 8a(2) AND ADDRESS SECTION AND ADDRESS (3) Others (including rollovers) 0 8a(3) b 3,070 Other income (loss) 8b С Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c 18.070 d Benefits paid (including direct rollovers and insurance premiums 11,486 8d to provide benefits) ..... 0 е Certain deemed and/or corrective distributions (see instructions) ... 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 Other expenses 8g g 11,486 h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 8h 6,584 i. Net income (loss) (subtract line 8h from line 8c) 81 0 Transfers to (from) the plan (see instructions) 8j 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: 1**A** h If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: **Compliance Questions** Part V Amount 10 During the plan year: Yes No Was there a failure to transmit to the plan any participant contributions within the time period described in а 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a х b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported х 10h on line 10a.) х Was the plan covered by a fidelity bond? 10c С d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud х or dishonesty? 10d e 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 х 10e instructions.) Has the plan failed to provide any benefit when due under the plan? ..... 10f х 10g х Did the plan have any participant loans? (If "Yes," enter amount as of year end.) g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.) ..... 10h 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 pla	n subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form
	5500) and line 11a below)	

Yes 🛛 No

11a	Enter the unpaid minimum required contribution for current year from	n Schedule SB (Form 5500) line 39	*******

.......

12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes 🗶 No
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(If "Yes," complete line 12a or lines 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, and enter the date of the letter ruling Day Year

	Form 5500-SF 2014	Page <b>3-</b>				
lf y	ou 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		
с	Enter the amount contributed by the employer to the plan for this plan year			12c		<u></u>
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)			12d		
е	Will the minimum funding amount reported on line 12d be met by the funding dead	ine?			Yes [	<u>No N/A</u>
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	*******		🗌 Ye	es XN	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		
	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?			ontrol	[	Yes X No
	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), identify	the plan(s) to	)		
1:	Bc(1) Name of plan(s):		13c	(2) EIN(	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
	ame of trust			14b Tr	ust's EIN	

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## Application for Extension of Time To File Certain Employee Plan Returns

Department of the Treasury Internal Revenue Service

Signature >

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

ı	Name of filer, plan administrator, or plan sponsor (see instructions) Kenneth F. Hackett Consulting, Inc.	В	Emp	oloyer ide		-		) xx-xxxxxx
	Number, street, and room or suite no. (If a P.O. box, see instructions)			296550				
	1760 SW 54 Terrace	-1	Soc	al securi	y number (S	6SN) (9 di	igits XXX-X	(-XXXX)
	City or town, state, and ZIP code							
	Plantation FL 33317						<u> </u>	
	Plan name		Pla			Plan y	ear endir	
			num	ber ¦	MM		DD	
	Kenneth F. Hackett Consulting, Inc. 412(i) Defined Benefit Plan	0	0	2	12		31	2014
Pai	rt II Extension of Time To File Form 5500 Series, and/or Form 8955	-SSA						
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	ne first	Form	5500 s	eries retur	n/repor	t for the p	lan listed
2	I request an extension of time until <u>10 / 15 / 2015</u> to file Form Note. A signature IS NOT required if you are requesting an extension to file Fo	5500 s 57m 55	series i00 sei	(see in: ies.	structions)	).		
3	I request an extension of time until <u>10 / 15 / 2015</u> to file Form Note. A signature IS NOT required if you are requesting an extension to file Fo	8955-9 0rm 89	SSA (1 55-SS	see inst A.	ructions).			
	The application is automatically approved to the date shown on line 2 and/or	line 2						or hoforo
. rf	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r	s exter	nsion i	s reque	) the Form sted, and	1 5558 i (b) the	s filed on date on li	ne 2
art 4	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r EXTENSION OF TIME TO FILE Form 5330 (see instructions)	s exter normal	due d	s reque	sted, and	(b) the	s filed on date on li	ne 2
	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file Form 5 You may be approved for up to a 6 month extension to file Form 5330, after the	s exter normal	due d	s reque	sted, and	(b) the	s filed on date on li	ne 2
4	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r <b>Extension of Time To File Form 5330</b> (see instructions) I request an extension of time until / / to file Form 5 You may be approved for up to a 6 month extension to file Form 5330, after the	s exter normal	al due	s reque	sted, and	(b) the	s filed on date on li	ne 2
4 a	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r Extension of Time To File Form 5330 (see instructions) I request an extension of time until /// to file Form 5 You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	5330. ►	al due	date of	Form 533	(b) the	s filed on li	ne 2
4 a b	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r         III Extension of Time To File Form 5330 (see instructions)         I request an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax         Enter the payment amount attached         For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	5330. ►	al due	date of	Form 533	(b) the 30.	s filed on li	ne 2
4 a b	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r         III Extension of Time To File Form 5330 (see instructions)         I request an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax         Enter the payment amount attached         For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	5330. ►	al due	date of	Form 533	(b) the 30.	s filed on li	ne 2
4 a b	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r         III Extension of Time To File Form 5330 (see instructions)         I request an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax         Enter the payment amount attached         For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	5330. ►	al due	date of	Form 533	(b) the 30.	s filed on li	
4 a b	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r         III Extension of Time To File Form 5330 (see instructions)         I request an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax         Enter the payment amount attached         For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	5330. ►	al due	date of	Form 533	(b) the 30.	s filed on li	
4 a b	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r         III Extension of Time To File Form 5330 (see instructions)         I request an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax         Enter the payment amount attached         For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	5330. ►	al due	date of	Form 533	(b) the 30.	s filed on li	
4 a b	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r         III Extension of Time To File Form 5330 (see instructions)         I request an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax         Enter the payment amount attached         For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	5330. ►	al due	date of	Form 533	(b) the 30.	s filed on li	
4 a b	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r         III Extension of Time To File Form 5330 (see instructions)         I request an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax         Enter the payment amount attached         For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	5330. ►	al due	date of	Form 533	(b) the 30.	s filed on li	
4 a b	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r         III Extension of Time To File Form 5330 (see instructions)         I request an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax         Enter the payment amount attached         For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	5330. ►	al due	date of	Form 533	(b) the 30.	s filed on li	
4 a b	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r         III Extension of Time To File Form 5330 (see instructions)         I request an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax         Enter the payment amount attached         For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	5330. ►	al due	date of	Form 533	(b) the 30.	s filed on li	

Form 5558 (Rev. 8-2012)