Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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. OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

Part I		t Identification Information				
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/201	7	and ending 1	2/31/2017	
A This ref	turn/report is for:	X a single-employer plan		lan (not multiemployer) nployer information in a	,	
D This was		a one-participant plan	a foreign plan			
D This reti	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	n
	_	special extension (enter descripti	-			
Part II	Basic Plan Inf	ormation—enter all requested inforr	nation		T -	I
1a Name	•	2			1b Three-digit	
LEGAL TAL	ENT SEARCH 401(K	.) PLAN			plan numbe (PN) ▶	001
					1c Effective da	
						01/01/2005
Mailing	g address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. B				dentification Number 65-0986548
-	town, state or proving ENT SEARCH, INC.	nce, country, and ZIP or foreign postal o	code (if foreign, see inst	ructions)		telephone number
						ode (see instructions)
	WOOD BLVD., STE.	. 202				541110
HOLLYWOC	DD, FL 33020					
33 Plan a	dminiatratar'a nama	and address V Same as Dian Spanso	-		3b Administrat	or's EIN
Ja Flall a	diffillistrator s fiame a	and address X Same as Plan Sponso	1.		3D Administrati	OI S LIN
					3c Administrat	or's telephone number
4 If the	name and/or EIN of t	he plan sponsor or the plan name has o	changed since the last r	eturn/report filed for	4b EIN	
this pl	lan, enter the plan sp	onsor's name, EIN, the plan name and				
•	or's name				4d PN	
C Plan N	vame					
5a Total	number of participant	s at the beginning of the plan year			. 5a	3
b Total	number of participant	s at the end of the plan year			. 5b	3
		n account balances as of the end of the		•	5c	3
d(1) Tot	al number of active p	articipants at the beginning of the plan	year		5d(1)	3
d(2) Tot	al number of active p	participants at the end of the plan year			5d(2)	3
		o terminated employment during the pl	-		5e	0
		or incomplete filing of this return/re			use is establishe	d.
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, as we note:				
SIGN		d/valid electronic signature.	05/07/2018	ABBE MALD BUNT		
HERE	Signature of plan		Date	Enter name of individ	lual signing as pla	n administrator

05/07/2018

Date

Filed with authorized/valid electronic signature.

SIGN

HERE

Enter name of individual signing as employer or plan sponsor

ABBE MALD BUNT

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instru	ctions.)
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	l of Year	
а	Total plan assets	7a	90	33192				1040619	
b	Total plan liabilities	7b		0				0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	93	33192				1040619	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from:	80/1)		3759					
	(1) Employers	8a(1)		24000					
	(2) Participants	8a(2) 8a(3)		0					
	Other income (loss)	8b		94184					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		31101				121943	
	Benefits paid (including direct rollovers and insurance premiums	00						121010	
	to provide benefits)	8d		0					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	1	14516					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						14516	
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i						107427	
j	Transfers to (from) the plan (see instructions)	8j		0					
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the insti	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-	,	10a		X			
b	Were there any nonexempt transactions with any party-in-interest			IVa		^			
	reported on line 10a.)			10b		Χ			
С	Was the plan covered by a fidelity bond?			10c	Χ			3400	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som								
	the plan? (See instructions.)			10e		Χ			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a		•	10g		Χ			
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					
									

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	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			
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. 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	s X N	0
	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 control of the PBGC?			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): 13c(2) EIN(s)		13c(3) PN(s)

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 section 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information	The state of the s	ictions to the Form 5500	-31.					
For calendar plan year 2017 or fiscal plan year beginning	01/01/2017	and ending	12/31/20	117				
A This return/report is for: a one-participant plan B This return/report is: the first return/report	a multiple-employer p	an (not multiemployer) (Fi	ilers checking this box must attach cordance with the form instructions.)					
an amended return/report		n/report (less than 12 mor	othe)					
	a orion plan your rotal	Tirreport (1633 than 12 mor	11115)					
C Check box if filing under: Form 5558 special extension (enter description	automatic extension		DFVC	program				
Part II Basic Plan Information enter all requested information								
1a Name of plan	mation		1b Three-digi					
LEGAL TALENT SEARCH 401(k) PLAN			plan numb (PN) ▶					
	~		1c Effective d 01/01/2	The second secon				
Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code	(if foreign, see instruc	tions)		Identification Number				
Legal Talent Search, Inc.				telephone number				
2500 Hollywood Blvd., Ste. 202	2d B							
US Hollywood FL 33020								
3a Plan administrator's name and address			3b Administra	ator's EIN				
			3c Administra	ator's telephone number				
4 If the name and/or EIN of the plan sponsor or the plan name has chan this plan, enter the plan sponsor's name, EIN, the plan name and the plan sponsor's name, EIN, the plan name and the plan sponsor's name, EIN, the plan name and the plan sponsor's name, EIN, the plan name and the plan sponsor's name, EIN, the plan name and the plan sponsor's name, EIN, the plan name and the plan sponsor or the plan name has chan this plan, enter the plan sponsor or the plan name has chan this plan, enter the plan sponsor or the plan name has chan this plan, enter the plan sponsor's name, EIN, the plan name and the plan sponsor or the plan name has chan this plan, enter the plan sponsor's name, EIN, the plan name and the plan sponsor or the plan name and the plan sponsor or the plan name and the plan name and the plan sponsor or the plan sponsor or the plan sponsor or the plan sponsor or the plan name and the plan sponsor or the plan name and the plan sponsor or the plan spo	ged since the last retur	n/report filed for	4b EIN					
a Sponsor's name	dan number nom the is	ist return/report.	4d PN					
C Plan Name			4u FN	PN				
5a Total number of participants at the beginning of the plan year			5a	3				
b T 1 1 1 6 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			5b	3				
C Number of participants with account balances as of the end of the plar complete this item)	,		5c	3				
d(1) Total number of active participants at the beginning of the plan year	***************************************		5d(1)	3				
			5d(2)	3				
e Number of participants who terminated employment during the plan ye less than 100% vested		CALLEST CONTROL OF CON	5e	0				
Caution: A penalty for the late or incomplete filing of this return/repo	ort will be assessed u	nless reasonable cause	is established.					
Under penalties of perjury and other penalties set forth in the instructions, SB or Schedule MB completed and signed by an enrolled actuary, as well a belief, it is true, correct, and complete.	I declare that I have exa as the electronic versio	amined this return/report, in of this return/report, and	ncluding, if applic to the best of my	able, a Schedule knowledge and				
SIGN Who was & Bur		Abbe Mald Bunt						
HERE Signature of plan administrator	Date 5.7.18	Enter name of individual	signing as plan ad	dministrator				

Date 5.7. \8

Abbe Mald Bunt

Enter name of individual signing as employer or plan sponsor

HERE Signature of employer/plan sponsor

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62	Word all of the plants accepte during the alexander in the state of the plants and the state of					-				
b	Were all of the plan's assets during the plan year invested in eligible as			•••••	•••••		••••••	Х Үе	s No	
D	Are you claiming a waiver of the annual examination and report of an in under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	ndependent								
	If you answered "No" to either line 6a or line 6b, the plan cannot	conditions	.)		•••••	••••••		Х Үе	s No	
С	If the plan is a defined benefit plan, is it covered under the PBGC insur	use Form	5500-SF and must inste	ead us	se Fo					
•				1021)?		•••••	Yes	No Not	determined	
	If "Yes" is checked, enter the My PAA confirmation number from the P	BGC prem	ium filing for this year					(See inst	ructions.)	
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Yea	r	T	(b) End of Year		
a	Total plan assets	7a		33,1		+	,	1,040	0 619	
b	Total plan liabilities	7b		,	0	1		1,04	0	
С	Net plan assets (subtract line 7b from line 7a)	7c	9	33,1	92			1,040		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total		
a	Contributions received or receivable from:									
-	(1) Employers	8a(1)		3,7		-				
-	(2) Participants	8a(2)		24,0		-				
b	(3) Others (including rollovers)	8a(3)		0		-				
C	Other income (loss)	8b		94,1	84					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				-		121	,943	
	to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e	,		0					
f	Administrative service providers (salaries, fees, commissions)	8f		14,516						
g	Other expenses	8g	0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					14,516			
i	Net income (loss) (subtract line 8h from line 8c)	8i							,427	
j	Transfers to (from) the plan (see instructions)	8j			0					
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension feature	ire codes fr	om the List of Plan Chara	cteris	ic Co	des in	the instru	ctions:		
	2A 2E 2F 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare feature	e codes fro	m the List of Plan Charac	teristic	Code	e in th	ne instruc	tions:		
	The second of th	0 00000 1101	THE LIST OF FIGHT OFFICE	teristic	Cour	33 III U	ie iristruc	dons.		
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
a		s within the	e time period	Т	165	140	IN/A	Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volume	ntary Fiduci	iary Correction							
	Program)			10a		x		1		
b	(2									
	reported on line 10a.)			10b		Х				
С	,			10c	Х				340,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fide by fraud or dishonesty?			10d		x				
e				100						
	carrier, insurance service, or other organization that provides some or									
	the plan? (See instructions.)	••••••		10e		х				
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	e instruction	ns and 29 CFR							
	2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the re	equired not	ice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i						

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Par	t VI	Pension Funding Compliance						
11	ls this a (Form 5	defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 500 and line 11a below)	te Schedu	ule SB		Yes	x	No
_11a	Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		112				
12	Is this a	defined contribution plan subject to the minimum funding requirements of section 412 of the Code or subject." complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	section 30	22 -6	••••••	☐ Yes	X	No
a	If a waiv granting	er of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver		ter the		e letter rulin Year	g	
If y	ou comp	leted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				rear		
b		e minimum required contribution for this plan year.		12b				
С	Enter th	e amount contributed by the employer to the plan for the 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 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 re	solution to terminate the plan been adopted in any plan year?		Г	Yes	X No)	
	If "Yes,"	enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were all control of	the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?				res X	No	
С	If, during which as	this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plasts or liabilities were transferred. (See instructions.)						
13	c(1) Nan	e of plan(s):	13c(2) EIN	V(s)		13c(3) PN(s)		