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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information									
For calenda	ar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018						
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	_						
_		a one-participant plan	a foreign plan								
B This retu	urn/report is	the first return/report	the final return/report	t							
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)						
C Check b	oox if filing under:	Form 5558	automatic extension	ı	DFVC progra	am					
		special extension (enter descr	ription)								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name LEGACY CC	of plan DNSULTING GROUP	401(K) PLAN			1b Three-dig plan num (PN) ▶						
					1c Effective						
		oyer, if for a single-employer plan)			2b Employer	Identification Number					
	,	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	structions)	(EIN)	26-4262405					
-	NSULTING GROUP,		, -	,		s telephone number 59-219-1601					
					2d Business	code (see instructions)					
3306 CLAYS LEXINGTON	MILL ROAD, SUITE , KY 40503	101				523900					
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	ator's EIN					
					3c Administra	ator's telephone number					
		ne plan sponsor or the plan name ha			4b EIN						
	or's name	71301 3 Hame, Env, the plan hame a	and the plan number from	the last return/report.	4d PN						
C Plan N	lame										
5a Total r	number of participants	s at the beginning of the plan year			5a	12					
		s at the end of the plan year			5b	13					
		account balances as of the end of			5c	9					
d(1) Tota	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	9					
		articipants at the end of the plan year			5d(2)	11					
		o terminated employment during the			5e	0					
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable car							
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, and lete.									
SIGN		d/valid electronic signature.	05/02/2019	DAVID W. HUDSON							
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pl	an administrator					
SIGN	Filed with authorized	d/valid electronic signature.	05/02/2019	DAVID W. HUDSON	N						
HERE	Signature of emplo	over/plan sponsor	vidual signing as employer or plan sponsor								

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
_	If the plan is a defined benefit plan, is it covered under the PBGC in							Not deter	rminad
C	If "Yes" is checked, enter the My PAA confirmation number from the					_		(See instruc	
		- BOO P	Territari ming for the pi	ian you	<u>'</u>			(000 monde).iioi io.j
Pa	rt III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning (·		(b) End	of Year	
<u>a</u>	Total plan assets	7a	56	60629	_			475760	
<u>b</u>	Total plan liabilities	7b							
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	56	60629				475760	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		10405					
	(2) Participants	8a(2)		43920					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	4	33564					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						20761	
d		8d	10	05498					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		132					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						105630	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-84869	
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	les in the instr	uctions:	
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 described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction						
	Program)			10a		X			
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
	Was the plan covered by a fidelity bond?			10c	X			5000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	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					

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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 (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	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								
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							
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 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	3c(1) Name of plan(s):	(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).

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

2018

This Form is Open to Public Inspection

		Identification Information	1 <u> </u>							
For	calendar plan year 2018 or fi	scal plan year beginning		01/01/2018	and ending	12	/31/2018			
A	This return/report is for:	a single-employer plan			an (not multiemployer) mployer information in a					
	•	a one-participant plan	=	foreign plan						
В	This return/report is: ,	the first return/report	∐ the	e final return/report						
		an amended return/report	as	short plan year retur	n/report (less than 12 m	onths)	_			
С	Check box if filing under:	Form 5558	au	tomatic extension			DFVC progra	ım		
		special extension (enter desc	ription)							
Б	art III Basic Plan Info	ormation enter all requested	Linforma	tion	· · · · · · · · · · · · · · · · · · ·					
_	Name of plan	Diffiation enter all requested	IIIIOIIIIa	uion	•	1b	Three-digit			
	Legacy Consulting	Group 401(k) Plan					plan number (PN) ▶	001		
							Effective date o	f plan		
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos	O. Box)	(if foreign see instr	uctions)		Employer Ident (EIN) 26-42	fication Number 62405		
	Legacy Consulting		iai code	(II loreign, see msu	uctions)	2c	Sponsor's telep	hone number		
	HEGACA CONSCIENT	Group, Lic					(859) 219-			
								(see instructions)		
	3306 Clays Mill Ro	ad, Suite 101		•	,		523900			
	US Lexington KY 40503									
3 a	Plan administrator's name a	and address X Same as Plan Sp	onsor			3b Administrator's EIN				
						Зс .	Administrator's	telephone number		
4		ne plan sponsor or the plan name h				4b	EIN			
а	Sponsor's name					4d PN				
C										
Ĭ	T Idil T Idillo									
-5a	Total number of participants	s at the beginning of the plan year				5a		12		
b	·	s at the end of the plan year				5b		13		
c	Number of participants with	account balances as of the end of	the plar	n year (only defined	contribution plans	5c		9		
d		rticipants at the beginning of the pl				5d(1)	9		
þ	(2) Total number of active pa	rticipants at the end of the plan yea	ar	***************************************	,	5d(2)	11		
е		terminated employment during the				56)	0		
_		e or incomplete filing of this retu				use is a	established			
		other penalties set forth in the instru						cable a Schedule		
SI	B or Schedule MB completed elief, it is true, correct, and co	and signed by an enrolled actuary,	, as well	as the electronic ve	rsion of this return/repo	rt, and to	o the best of my	knowledge and		
1000	Dail			5/2/19	David W. H	udsan				
100	HERE Signature of plan ad	ministrator		Date	Enter name of individu			nistrator		
410	HERE Signature of plan ad	ministrator		Date	Litter Harne Of Highligh	ar əlgi (II	ig as plan admi	inodatol		
N. 12	SIGN									
	IERE Signature of employ	er/plan sponsor		Date	Enter name of individu	al signi	ng as employer	or plan sponsor		

>	a	a	e	2	

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	•••••					XYes	□No	
b	Are you claiming a waiver of the annual examination and report of a	-								_	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at		•					••••••	X Yes	∐No	
_	If you answered "No" to either line 6a or line 6b, the plan canno							Пма	. □ Nia4	determined	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins			402	1)?	*******	res		_		
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year						(See instr	uctions.)	
P	art III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of	Year				(b) End	of Year		
а	Total plan assets	7a	560,629				475,760				
b	Total plan liabilities	7b				1					
C	Net plan assets (subtract line 7b from line 7a)	7c	56	0,62	29					,760	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			ļ,	a via via via	(b)	Total	Complete to the Complete Complete	
а	Contributions received or receivable from: (1) Employers	8a(1)	1	0,40	05						
	(2) Participants	8a(2)		3,92		TV.	产业 ,到			Alere in	
	(3) Others (including rollovers)	8a(3)				4, 4, 2			. s#10.4%	Philips, 5	
b	Other income (loss)	8b	(33	,564	4)		Lange de			Personal Con-	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	 	. el			5, 7, 4,	***************************************	20	,761	
d	Benefits paid (including direct rollovers and insurance premiums		1.0	F 41		1.3			u rujus		
	to provide benefits)		10	5,49	70						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		1 1	32	1100 (1997) 1 (1997)					
<u></u>	Administrative service providers (salaries, fees, commissions)	8f			<u> </u>						
g	Other expenses (add lines 2d, 2e, 2f, and 2e)	8g 8h				+1	Part Care			,630	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8i	1			3)		,		869)	
÷	Transfers to (from) the plan (see instructions)	8j		Twitte in S	5842×9	*4 (*) (*)	(1 Ta	Aun.			
P	art IV Plan Characteristics	·	<u>.</u>				1. 00 C	10 p. 12 12 12 12 12 12 12 12 12 12 12 12 12	A A A A A A A A A A A A A A A A A A A		
<u> </u>	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Ch	aract	eristic	c Code	e in the	e instruct	ions:		
- Uu	2E 2F 2G 2J 2K 2T 3D	Jaiai O OOG	oo nom the ziet of ritan on	u, u o.	J. 1011	,,,,,,,,	JO				
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	e from the List of Plan Cha	racte	rietic	Code	in the	instructio	nne'		
D	i the plan provides wellare benefits, effer the applicable wellare les	iture code	s iloni the List of Flan Ona	racici	13110	OUGE.	, III III I	III GOGG	J113.		
P	art V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
		tions within	the time period			1111					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	duciary Correction		·						
	Program)			10a		Х	28.9		•	· · · · · · · · · · · · · · · · · · ·	
k	• Were there any nonexempt transactions with any party-in-interest			10b		×				:	
	reported on line 10a.)			10b	x	<u> </u>	9, 1			50,000	
				100		1	A-part			30,000	
•	by fraud or dishonesty?	•	· ·	10d		x					
-	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance		Ÿ						
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		x	1 20				
				10f		x	W. Mar				
			· · · · · · · · · · · · · · · · · · ·			+	10.00				
				10g	·	X		3.66	· Language	s and the	
. }	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	······································	~~~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						123		
	exceptions to providing the notice applied under 29 CFR 2520.10			10i			and states				

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Pári	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirement (Form 5500 and line 11a below)					☐ Yes	X No
11a	a Enter the unpaid minimum required contributions for all years from So		******	11a			
12	Is this a defined contribution plan subject to the minimum funding rec ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a					☐ Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver		tructions, an	id enter		of the letter Year	ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and skip to line 1	13.				
b	Enter the minimum required contribution for this plan year		***********	12b			
С	Enter the 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 th negative amount)			12d		•	*
e`	Will the minimum funding amount reported on line 12d be met by the	funding deadline?			Yes 🗌	No 🗌	N/A
Part	t VII Plan Terminations and Transfers of Assets	•					
13a	a 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 emp	loyer this year	**********	13a			
b	Were all the plan assets distributed to participants or beneficiaries, tracontrol of the PBGC?	• • • • • • • • • • • • • • • • • • • •	-			es X	No
С	If, during this plan year, any assets or liabilities were transferred from	this plan to another plan(s), identi	ify the plan(s) to			

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):