	m 5500-SF	Short Form Annual Return/Report of Small Empl Benefit Plan				OMB Nos. 1210-0110 1210-0089					
	tment of the Treasury nal Revenue Service	This form is required to be filed u	065 of the Employee Re	tirement	2017						
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	nternal	This Form is Open to Public Inspection							
	enefit Guaranty Corporation	00-SF.									
Part I		dentification Information	7	and anding 10	124/2047						
For calenda	ar plan year 2017 or fisc				/ <u>31/2017</u>	king this box must attach a					
A This ret	urn/report is for:		list of participating em			with the form instructions.)					
<b>B</b> This retu	urn/report is	a one-participant plan	a foreign plan the final return/report								
_	l	an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)						
C Check b	box if filing under:	Form 5558	automatic extension	[	DFVC p	rogram					
		special extension (enter descript									
Part II		mation—enter all requested infor	mation								
1a Name	•	(K) PROFIT SHARING PLAN			1b Three	e-digit number					
KUSHNEK Ø	KUSHNER, PLLC 401	(K) PROFIT SHARING PLAN			(PN)						
					1c Effect	tive date of plan 01/01/1988					
		er, if for a single-employer plan) apt., suite no. and street, or P.O. I	Box)			oyer Identification Number					
City or	town, state or province,	country, and ZIP or foreign postal		uctions)	(EIN) 2c Spor	59-2290808 nsor's telephone number					
KUSHNER &	KUSHNER, PLLC				239-337-3600						
2121 W. FIRS	ST STREET				<b>2d</b> Business code (see instructions)						
FORT MYER					541110						
<b>3a</b> Plan ad	dministrator's name and	address X Same as Plan Sponso	or		<b>3b</b> Administrator's EIN						
					<b>3c</b> Administrator's telephone number						
4 If the n	name and/or EIN of the p	plan sponsor or the plan name has	changed since the last re	eturn/report filed for	<b>4b</b> EIN 59-2290808						
this pla	an, enter the plan spons	or's name, EIN, the plan name and KUSHNER, ATTORNEYS		ne last return/report.	<b>4d</b> PN	001					
•		INER PROFIT SHARING PLAN				001					
					_						
		t the beginning of the plan year		F	5a 5b	13					
		t the end of the plan year				12 10					
comple	ete this item)			·····	5c						
		cipants at the beginning of the plan	-	F	5d(1) 5d(2)	12					
<ul> <li>d(2) Total number of active participants at the end of the plan year</li> <li>e Number of participants who terminated employment during the plan year with accrued benefits that were less</li> </ul>					5u(2) 5e	<u>12</u> 0					
than 100% vested						-					
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if appl											
	dule MB completed and rue, correct, and completed	signed by an enrolled actuary, as tete.	well as the electronic ver	sion of this return/report,	and to the	best of my knowledge and					
SIGN		alid electronic signature.	06/07/2018	NEENA KUSHNER							
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan administrator					
SIGN											
HERE	HERE Signature of employer/plan sponsor Date Enter name of individ					idual signing as employer or plan sponsor					

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGC premium filing for this plan year</li> <li>c (See instructions on the PBGC premium filing for this plan year</li> <li>c (See instructions on the PBGC premium filing for this plan year</li> </ul>									
Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	2758036	1036492					
b	Total plan liabilities	7b	0	0					
C	Net plan assets (subtract line 7b from line 7a)	7c	2758036	1036492					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	72814						
	(2) Participants	8a(2)	37254						
	(3) Others (including rollovers)	8a(3)	0						
b		8b	303982						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		414050					

	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	303982	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		414050
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2107514	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	28080	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2135594
i	Net income (loss) (subtract line 8h from line 8c)	8i		-1721544
j	j Transfers to (from) the plan (see instructions)		0	
Pa	rt IV Plan Characteristics			

	-	-	-					
9a	If the	plan	provic	les p	ensior	h benef	ts, ent	er the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions
						2T		

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	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)	. 10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	. 10b		x	
С	Was the plan covered by a fidelity bond?	· 10c	Х		200000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	. 10d		x	
е	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.)	. 10e	X		16
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 instructions and 29 CFR 2520.101-3.)	. 10h		X	
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				

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	: <b>(3)</b> F	'N(s)

Form 5500-SF	Short Form Annu	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service	This form is required to be file			2017			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open					
Pension Benefit Guaranty Corporation	Complete all entries in		,	500 CT	Public Inspection		
Part I Annual Report le	dentification Information		tructions to the Form 5	500-SF.			
For calendar plan year 2017 or fisc	al plan year beginning	01/01/2017	and ending	12/	31/2017		
A This return/report is for:	X a single-employer plan	a multiple-employer	olan (not multiemployer) (	Filers check	ing this box must attach a		
	a one-participant plan	a foreign plan	mployer information in a	cordance w	in the form instructions.)		
B This return/report is	the first return/report	the final return/report					
[	an amended return/report		ırn/report (less than 12 m	onths)			
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram		
Ĩ	special extension (enter desc	ription)			-		
Part II Basic Plan Infor	mation—enter all requested in	formation					
1a Name of plan				1b Three	-diait		
Kushner & Kushner, P	LLC 401(k) Profit S	haring Plan		plan r	number		
				(PN)			
					ive date of plan		
2a Plan sponsor's name (employe	er, if for a single-employer plan)				01/1988 over Identification Number		
Mailing address (include room,	, apt., suite no. and street, or P.C	D. Box)			59-2290808		
Kushner & Kushner, Pl	country, and ZIP or foreign post	tal code (if foreign, see ins	tructions)		sor's telephone number		
Rasinicz a Rasinici, II					9)337-3600		
				2d Busin	ess code (see instructions)		
2121 W. First Street							
Fort Myers		FI	33901	541	110		
3a Plan administrator's name and	address 🛛 Same as Plan Spo				istrator's EIN		
	السبا						
				<b>3c</b> Admir	istrator's telephone number		
	blan sponsor or the plan name h			4b EIN			
a Sponsor's nameRushner & Kush	or's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN	59-2290808		
C Plan Name Kushner & Ku		ng Plan		40 PN			
	asimer restre sindre.	ng ritun		(	001		
5a Total number of participants at	the beginning of the plan year			5a	13		
	the end of the plan year		1	5b	13		
C Number of participants with ac	count balances as of the end of	the plan year (only define	d contribution plans	5c			
			, , , , , , , , , , , , , , , , , , ,		10		
d(1) Total number of active partic			•	5d(1)	12		
d(2) Total number of active partic				5d(2)	12		
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0		
Caution: A penalty for the late or	incomplete filing of this return	n/report will be assessed	l unless reasonable cau	ise is estab	ished.		
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and comple	signed by an enrolled actuary, a	ctions, I declare that I have as well as the electronic ve	e examined this return/report rsion of this return/report	oort, includin , and to the	g, if applicable, a Schedule best of my knowledge and		
SIGN V MOD	2	-6718	Neena Kushner				
HERE Signature of plan adn	ninistrator	Date	Enter name of individu	ual signing a	s plan administrator		
SIGN AM		- 61711B	Neena Kushner	orgranig a	Pian daministrator		
HERE Signature of employe	r/nlan snonsor		Talan ann fin di i t	· - 1			
For Paperwork Reduction Act Notice,		Date	criter name of individu	ial signing a	s employer or plan sponsor Form 5500-SF (2017)		

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6a Were all of the plan's assets during the plan year invested in of	igible appets	2 (Coolingfording)		X Yes No		
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> </ul>						
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 ca	annot use F	orm 5500-SF and must instead	l use For	m 5500.		
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBG	C insurance	program (see ERISA section 40	21)?	Yes No Not determined		
If "Yes" is checked, enter the My PAA confirmation number fron	1 the PBGC	premium filing for this plan year_		(See instructions.)		
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
a Total plan assets	7a	2,758,0	36	1,036,492		
<b>b</b> Total plan liabilities			0			
C Net plan assets (subtract line 7b from line 7a)	7c	2,758,0	36	1,036,492		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
<ul> <li>a Contributions received or receivable from:</li> <li>(1) Employers</li> </ul>	8a(1)	72,8	14			
(2) Participants	8a(2)	37,2				
(3) Others (including rollovers)	8a(3)		0			
<b>b</b> Other income (loss)		303,98	32			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				414,050		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		2,107,53	. 4			
e Certain deemed and/or corrective distributions (see instructions)	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f	28,08	30	-		
g Other expenses	8g		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			2,135,594		
i Net income (loss) (subtract line 8h from line 8c)	8i			-1,721,544		
j Transfers to (from) the plan (see instructions)	··· 8i		0			
Part IV Plan Characteristics			<u> </u>			
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	on feature co	odes from the List of Plan Chara	cteristic C	odes in the instructions:		
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	e feature coo	des from the List of Plan Charact	eristic Co	des in the instructions:		
Part V Compliance Questions		· · · · · · · · · · · · · · · · · · ·				
10 During the plan year:		Τγ	es No	Amount		
				runoun		

10	During the plan year:		Yes	No	Amount
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)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	1		X	
C	Was the plan covered by a fidelity bond?		X		200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
е	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.)	10e	x		16
f	Has the plan failed to provide any benefit when due under the plan?			x	10
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 instructions and 29 CFR 2520.101-3.)	10h		x	
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				

Part	VI	Pansion Funding Compliance					
11		Pension Funding Compliance					
	Is tr (Foi	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple rm 5500) and line 11a below)	nedule S	B	Yes 🕅	No	
<u>11a</u>	Ent	er 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?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						. [] Yes 🔀	No
	lf a grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio nting the waiver	ns, ar	id enter f		of the letter ruling Year	
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					<u> </u>
b	Ente	r the minimum required contribution for this plan year		12b			
		r the amount contributed by the employer to the plan for this plan year		12c			******
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	3	12d			
<u>e</u>		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	
		es," 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 🛛 No	
c	lf, di	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ch assets or liabilities were transferred. (See instructions.)	olan(s	) to	L		
1	3c(1)	Name of plan(s):	13c(2)	EIN(s)	T	13c(3) PN(s)	
				<u>`</u>			