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	Identification Information	1									
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018		and ending 12	2/31/2018						
A This ret	turn/report is for:	x a single-employer plan			an (not multiemployer) (ployer information in ac							
		a one-participant plan	a fore	eign plan								
D This retu	urn/report is	the first return/report	the fin	al return/report								
		an amended return/report	a sho	t plan year returr	/report (less than 12 m	onths)						
C Check	box if filing under:	Form 5558	auton	natic extension		DFVC progra	m					
		special extension (enter descri	cription)									
Part II	Basic Plan Info	ormation—enter all requested in	nformation									
1a Name	of plan					1b Three-digi	t					
KUSHNER 8	& KUSHNER, PLLC 40	01(K) PROFIT SHARING PLAN				plan numb	er	004				
						(PN) •	1-1	001				
						1c Effective of	ate of pl 01/01/1					
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	O. Box)			2b Employer (EIN)	Identifica					
•	town, state or provinc KKUSHNER, PLLC	ce, country, and ZIP or foreign post	tal code (if	foreign, see instr	uctions)	2c Sponsor's						
						2d Business	39-337-3 code (se					
2121 W. FIR						541110						
FORT MYER	RS, FL 33901											
3a Plan a	dministrator's name a	nd address X Same as Plan Spoi	onsor.			3b Administra	ator's EIN	N				
		Ц ,				3c Administrator's telephone number						
						JC Auministra	itoi s teie	sprione number				
4 If the r	name and/or EIN of the	e plan sponsor or the plan name ha	nas change	d since the last re	eturn/report filed for	4b EIN						
this pl	an, enter the plan spo	onsor's name, EIN, the plan name a				4d pu						
a Spons C Plan N	or's name					4d PN						
• Halli	iame											
5a Total	number of participants	at the beginning of the plan year				5a		14				
b Total i	number of participants	at the end of the plan year				5b		14				
		account balances as of the end of			•	5c		13				
d(1) Total number of active participants at the beginning of the plan year								14				
		articipants at the end of the plan ye				5d(2)		12				
		terminated employment during the				5e		2				
Caution: A	A penalty for the late	or incomplete filing of this return	rn/report w	ill be assessed	unless reasonable ca							
SB or Sche		ther penalties set forth in the instru- ind signed by an enrolled actuary, a										
SIGN		l/valid electronic signature.	02	/27/2019	NEENA KUSHNER							
HERE	Signature of plan a	administrator	D	ate	Enter name of individ	ual signing as pla	an admir	nistrator				
SIGN	Filed with authorized	//valid electronic signature.	02	/27/2019	NEENA KUSHNER							

Date

HERE

Enter name of individual signing as employer or plan sponsor

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If you answered "No" to either line & aor line 6b, the plan cannot use Form \$500-SF and must instead use Form \$500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 40219?	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 								X Yes	No No
7 Plan Assets and Liabilities 7 Plan Assets and Liabilities 7 Plan Assets 5 Plan Assets 6 Plan Assets 7 Plan Asset	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No		
a Total plan assets	Pa	rt III Financial Information	•							
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
C Net plan assetts (subtract line 7b from line 7a)	a	Total plan assets	7a	103	36492				1073021	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Description (1) Employers. (8) Ba(3) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b	Total plan liabilities	7b		0				0	
a Contributions received or receivable from: (i) Employers (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	10	36492				1073021	
(1) Employers				(a) Amoun	ıt			(b)	Гotal	
(3) Others (including rollovers)	a		8a(1)		71136					
b Other income (loss)		(2) Participants	8a(2)		42245					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 49216 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 49216 e Certain deemed and/or corrective distributions (see instructions) 8d 1000 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 11687 g Other expenses 98 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 90 h Total expenses (add lines 8d, 8e, 8f, and 8g) 91 Transfers to (from) the plan (see instructions) 8i 90 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: 2E 2F 2G 2J 2K 2T 3D 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 4 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.) 10b X c Was the plan covered by a fidelity bond? 10c X 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? 10c Amount 10c X 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? 10c Amount 10c X 200000 d Did the plan have any participant losns? (If "Yes," enter amount as of year-end.) 10c X 200000 f Has the plan failed to provide any benefit when due under the plan? 10c X 200000 f Has the plan failed to provide any benefit when due under the plan? 10c X 10c X 200000		(3) Others (including rollovers)	8a(3)		0					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b	-1	64165					
e Certain deemed and/or corrective distributions (see instructions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						49216	
f Administrative service providers (salaries, fees, commissions)	d		. 8d		1000					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		11687					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0					
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						12687	
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: 2E 2F 2G 2J 2K 2T 3D 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: 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? 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 instructions). 10e X 708 f Has the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) I If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						36529	
Second	<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0					
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	Pai	rt IV Plan Characteristics								
Part V Compliance Questions 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)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	tructions:	
10 During 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? 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 instructions.) f Has the plan failed 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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the insti	uctions:	
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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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 instructions.) f Has the plan failed 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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			20000	00
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	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		Х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides some	ne or all of	the benefits under	10e	X			70)8
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g				10g		X			
· · · · · · · · · · · · · · · · · · ·	_ h	·	•		10h		X			
	i	·	•		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, granting the waiver	and enter Da		e of the letter ruling 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 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

	t Identification Information							
For calendar plan year 2018 or t	fiscal plan year beginning	01/01/2018	and ending	12/31	/2018			
A This return/report is for:	X a single-employer plan		an (not multiemployer) (aployer information in a					
	a one-participant plan	a foreign plan						
B This return/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 progra	am			
	special extension (enter desc	ription)						
Part II Basic Plan Info	ormation—enter all requested in	formation		-				
1a Name of plan				1b Three-dig				
Kushner & Kushner,	PLLC 401(k) Profit S	haring Plan		plan num (PN) ▶	ber 001			
				1c Effective	The same of the sa			
				01/01/				
	oyer, if for a single-employer plan)				Identification Number			
City or town, state or province	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign pos		uctions)		-2290808			
Kushner & Kushner,	PLLC		,		s telephone number 337-3600			
				2d Business	code (see instructions)			
2121 W. First Stree	t							
Fort Myers			33901	541110				
3a Plan administrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Administrator's EIN				
				3c Administrator's telephone number				
				7 Administr	ator a telephone number			
	e plan sponsor or the plan name h			4b EIN				
this plan, enter the plan spo a Sponsor's name	nsor's name, EIN, the plan name a	and the plan number from th	e last return/report.	4d PN				
C Plan Name								
5a Total number of participants	at the beginning of the plan year.			5a	14			
	at the end of the plan year			5b	14			
	account balances as of the end of			5c	. 13			
d(1) Total number of active pa	rticipants at the beginning of the pl	an year		5d(1)	14			
d(2) Total number of active pa	rticipants at the end of the plan year	ar		5d(2)	12			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e			
triair 100% vested			nefits that were less	5e	2			
Caution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is establish	ed.			
Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed a	or incomplete filing of this return her penalties set forth in the instruend and signed by an enrolled actuary, a	n/report will be assessed	unless reasonable car examined this return/re	l use is establish port, including, if	ed. applicable, a Schedule			
Caution: A penalty for the late Under penalties of perjury and ot	or incomplete filing of this return her penalties set forth in the instruend and signed by an enrolled actuary, a	n/report will be assessed	unless reasonable car examined this return/re	l use is establish port, including, if	ed. applicable, a Schedule			
Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed at belief, it is true, correct, and com	or incomplete filing of this return her penalties set forth in the instructed and signed by an enrolled actuary, a plete.	n/report will be assessed	unless reasonable car examined this return/re sion of this return/repor	l use is establish port, including, if t, and to the bes	ed. applicable, a Schedule t of my knowledge and			
Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed a belief, it is true, correct, and com SIGN HERE	or incomplete filing of this return her penalties set forth in the instructed and signed by an enrolled actuary, a plete.	n/report will be assessed ctions, I declare that I have as well as the electronic ver	unless reasonable car examined this return/re sion of this return/repor Neena Kushner	l use is establish port, including, if t, and to the bes	ed. applicable, a Schedule t of my knowledge and			

Form	5500-	CE.	/201	Q١	
-OHH	2200-	OF 1	IZU I	OI	

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6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an indepe	endent qualified public	accoun	tant (I	QPA)	X Yes [] No
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance	program (see ERISA s	ection 4	1021)?	· [Yes No Not determined
Pa	rt III Financial Information						
7	Plan Assets and Liabilities	n die	(a) Beginning	of Yea	-		(b) End of Year
a	Total plan assets	. 7a	1,	036,	492		1,073,021
<u>b</u>	Total plan liabilities	. 7b			0		0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7с	1,	036,	492		1,073,021
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)			136		
	(2) Participants	8a(2)		42,	245		
	(3) Others (including rollovers)	8a(3)			0		
	Other income (loss)	8b		-64,	165		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				Ermiller St	49,216
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1,	000		
	Certain deemed and/or corrective distributions (see instructions)	8e		······································	0		
<u>f</u> _	Administrative service providers (salaries, fees, commissions)	8f		11,			
g	Other expenses	8g			0		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					12,687
	Net income (loss) (subtract line 8h from line 8c)	8i					36,529
5000000000	Transfers to (from) the plan (see instructions)	8j			0		
Par 9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for						
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 Program)	oluntary F	iduciary Correction	10a	100	Х	Amount
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		×	
С	Was the plan covered by a fidelity bond?			10c	Х		200,000
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		Х	
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.)	ner person ne or all of	s by an insurance the benefits under	10e	Х		708
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 as	s of year-e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х	
İ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i			

	Form 5500-SF (2018) Page 3 -					
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)	hedule	SB] Ye	s 🛛 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? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302 (of] Ye	s 🛛 No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, as granting the waiver. Month	nd enter Da		of the le		ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
<u>b</u>	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				
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?		Yes	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a	I			
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(which assets or liabilities were transferred. (See instructions.)	s) to				

13c(2) EIN(s)

13c(3) PN(s)

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