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

2017

This Form is Open to **Public Inspection**

| Part | I Annual Repor | t Identification Information | | | | | | | | |
|--|---------------------------|---|---|-----------------------------------|---|--|--|--|--|--|
| For cale | endar plan year 2017 or | fiscal plan year beginning 01/01/2 | .017 | and ending 1 | 2/31/2017 | | | | | |
| A This | return/report is for: | a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) | | | | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | | |
| D Inis | return/report is | the first return/report | e first return/report | | | | | | | |
| O 01 | | an amended return/report | a short plan year return/report (less than 12 months) | | | | | | | |
| C Che | ck box if filing under: | Form 5558 special extension (enter descr | automatic extension | 1 | DFVC program | | | | | |
| Dort I | I Pasis Blan Int | ' ' | . , | | | | | | | |
| Part I | | ormation—enter all requested inf | ormation | | 1h Thron digit | | | | | |
| | me of plan | DS, MS, PA PROFIT SHARING PLA | N | | 1b Three-digit plan number | | | | | |
| VVILLIAIVI | L. KOCHENOUK II, DI | 55, MS, PA PROFIT SHARING PLA | 111 | | (PN) | 001 | | | | |
| | | | | | 1c Effective date of plan 01/01/2002 | | | | | |
| | | loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C |) Boy) | | 2b Employer Ide | ntification Number | | | | |
| City | or town, state or proving | nce, country, and ZIP or foreign post | , | structions) | (EIN) 20-0057362 2c Sponsor's telephone number | | | | | |
| WILLIAM | L. KOCHENOUR II, DE | PS, MS, PA | | | 727-7 | 796-2456 | | | | |
| 3005 ENT | ERPRISE ROAD | | | | 2d Business code (see instructions) | | | | | |
| | ATER, FL 33759 | | | | 621210 | | | | | |
| | | | | | | | | | | |
| 3a Plan administrator's name and address ∑ Same as Plan Sponsor. | | | | | 3b Administrator's EIN | | | | | |
| | | | | | 3c Administrator | 3c Administrator's telephone number | | | | |
| | | | | | | | | | | |
| 4 | | | | | 41 | | | | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. | | | | | 4b EIN | | | | | |
| | | L. KOCHENOUR II, MS, PA | | | 4d PN | | | | | |
| C Pla | n Name | | | | | | | | | |
| 5a Tot | tal number of participan | ts at the beginning of the plan year | | | . 5a | 14 | | | | |
| | · | ts at the end of the plan year | | | . 5b | 11 | | | | |
| C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | | | | | . 5c | 4 | | | | |
| d(1) Total number of active participants at the beginning of the plan year | | | | | 5d(1) 11 | | | | | |
| | | participants at the end of the plan year | | | 5d(2) 11 | | | | | |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | | . 5e | 0 | | | | |
| Caution | n: A penalty for the late | e or incomplete filing of this returr | n/report will be assesse | d unless reasonable ca | | | | | | |
| SB or S | | other penalties set forth in the instruc- and signed by an enrolled actuary, a molete. | | | | | | | | |
| SIGN | | ed/valid electronic signature. | 06/27/2018 | WILLIAM L. KOCHENOUR 11 | | | | | | |
| HERE | Signature of plan | administrator | Date | ual signing as plan administrator | | | | | | |
| SIGN Filed with authorized/valid electronic signature. 06/27/2018 WILLIAM L. KOCHE | | | | ENOUR 11 | | | | | | |

Date

HERE

Enter name of individual 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.) 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.) | | | | | | | V Les 140 | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No | | | | | | | | |
| | If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year | | | | | | | | |
| Pa | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | | (b) End | of Year | |
| а | Total plan assets | 7a | 112 | 23499 | | | | 3693 | |
| b | Total plan liabilities | 7b | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7с | 112 | 23499 | | | | 3693 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | (b) · | Γotal | |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | | 0 | | | | | |
| | (2) Participants | 8a(2) | | 0 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| <u>b</u> | Other income (loss) | 8b | 20 | 00805 | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 200805 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 13: | 1315823 | | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | | | |
| g | Other expenses | | | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | 1320611 | |
| <u> </u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -1119806 | |
| J | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Pa | t IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 3D | feature co | des from the List of Pla | an Cha | racteris | stic Co | des in the ins | tructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Pla | n Chara | acterist | ic 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | oluntary F | iduciary Correction | 10a | | X | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | | | | X | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | | Χ | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | | | | | | |
| 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.) | | | | | X | | | |
| f | Has the plan failed to provide any benefit when due under the plan | 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 a | s of year-e | end.) | 10g | Χ | | | 0 | |
| 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) | В | Yes X No | | | | | |
| 11a | | | | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? | | | 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 granting the waiver | | | of the letter ruling Year | | | | |
| 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? | | X Yes | 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 the control of the PBGC? | | | Yes X No | | | | |
| C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) | | | | | | | | |
| 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).

Pension Benefit Guaranty Corporation

Complete all entries in accordance with the instructions to the Form 5500-SF.

Part Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

| | | fined plan year beginning | 01/01/0017 | and analysis | 10/01/004 | | | | |
|------|--------------------------------|---|---|---|--|---------------------------------------|--|--|--|
| FOI | calendar plan year 2017 or f | | 01/01/2017 | and ending | 12/31/201 | | | | |
| Α. | This return/new out is feet | x a single-employer plan | | ılan (not multiemployer) (| | | | | |
| ~ | This return/report is for: | D a ana nauticinant plan | | employer information in a | ccordance with the | e form instructions.) | | | |
| D | This return/report is: | a one-participant plan | ☐ a foreign plan☐ the final return/report | | | | | | |
| ט | rnis return/report is. | the first return/report | | | | | | | |
| | • | an amended return/report | a short plan year retu | rn/report (less than 12 m | iontins) | | | | |
| c | Check box if filing under: | ☐ Form 5558 | automatic extension | DFVC pr | naram | | | | |
| • | Ondok Dox it lilling drider. | ☐ 51, 10 % | og: am | | | | | | |
| 0.42 | Age topy today | special extension (enter descrip | | | | | | | |
| - | | ormation enter all requested in | formation | | 1b Three-digit | | | | |
| та | Name of plan | | | | | | | | |
| | William L. Kocheno | plan number (PN) ▶ 001 | | | | | | | |
| | | | • | | 1c Effective date of plan | | | | |
| _ | | | | | 01/01/2002 | | | | |
| 2a | Plan sponsor's name (emp | loyer, if for a single-employer plan | | | 2b Employer k | dentification Number | | | |
| ٠ | City or town, state or proving | oom, apt., suite no. and street, or P.O. nce, country, and ZIP or foreign postal | box) I code (if foreign, see ins | ructions) | (EIN) 20 | -0057362 | | | |
| | | our II, DDS, MS, PA | | , | | elephone number | | | |
| | | | | | (727) 7 | | | | |
| | 3005 Enterprise Ro | i jila ka ka ka | | | 2d Business code (see instructions) | | | | |
| | 5005 Enterprise At | Dad | | | 621210 | | | | |
| | US Clearwater FL 33759 | | | | | | | | |
| 3a | Plan administrator's name | and address 🗓 Same as Plan Spor | rsor | | 3b Administrat | or's EIN | | | |
| | | ; | | | | | | | |
| | | i de la composition de la composition La composition de la | en e | | 3c Administrator's telephone number | | | | |
| | | | | | | · | | | |
| | | | | | | | | | |
| 4 | If the name and/or EIN of the | 4b ein | | | | | | | |
| _ | | onsor's name, EIN, the plan name and am L. Kochenour II, MS, P. | | ie iast return/report. | Ad DN | | | | |
| d | | m L. Rochenour II, MS, P. | A | | 4d PN | | | | |
| С | Plan Name | | | | | | | | |
| | | | | | | | | | |
| _ | | | | | _ | | | | |
| | • | s at the beginning of the plan year | | | 5a | 14 | | | |
| b | | is at the end of the plan year | | | 5b | 11 | | | |
| С | | n account balances as of the end of th | | | 5c | 4 | | | |
| dí | | articipants at the beginning of the plan | | | 5d(1) | 11 | | | |
| _ | | | , you | *************************************** | | | | | |
| (II) | • • | articipants at the end of the plan year | | *************************************** | 5d(2) | 11 | | | |
| 6 | less than 100% vested | o terminated employment during the p | lan year with accrued be | nefits that were | 5e | 0 | | | |
| _ | | | *************************************** | | | | | | |
| | | e or incomplete filing of this return | | | | | | | |
| U | nder penalties of perjury and | other penalties set forth in the instruct and signed by an enrolled actuary, as | tions, I declare that I hav | e examined this return/re | port, including, if a | pplicable, a Schedule | | | |
| be | elief, it is true, completed | mplete/ | s won as the electronic V | asion of this return/repor | i, and to the best (| ii iiiy kiiowledge and | | | |
| | 1/1/1/02 | - | 6-27-18 | <u> </u> | | | | | |
| | | | | | | | | | |
| _ t | IERE Signature of plan ad | | Date | Enter name of individu | al signing as plan | administrator | | | |
| S | SIGN Millaux | o chance at | 6-27-18 | | | | | | |
| | IERE Signature of employ | er/plan sponsor | Date | Enter name of individua | al signing as employer or plan sponsor | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | |

| > | a | a | ۵ | 2 |
|---|---|---|---|---|
| | | | | |

| 6a | Were all of the plan's assets during the plan year invested in eligible | assets? (| See instructions.) | Yes | | | | | | No |
|---------|--|--------------|---|---------------|---------------|----------------------------|--------------------|------------------------------|--|------|
| | Are you claiming a waiver of the annual examination and report of ar | | | | | | | _ | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar | | | | | | | ••••• | XYes No | |
| | f you answered "No" to either line 6a or line 6b, the plan canno | | | | | _ | | | _ | |
| - C | f the plan is a defined benefit plan, is it covered under the PBGC ins | surance pi | ogram (see ERISA section | 4021 |)? . | [| Yes | ☐ No ☐ | ☐ Not determine | ∍d |
| | f "Yes" is checked, enter the My PAA confirmation number from the | PBGC pr | emium filing for this year | | | | | (Se | e instructions.) | |
| Da | rt III Financial Information | | | | | | | | <u> </u> | _ |
| | | (87/A), 137- | (a) Beginning of | Voor | | Т | | (b) End of | /oar | _ |
| | Plan Assets and Liabilities | 7- | 1 | | | † | | (b) Liid bi | | |
| - | Total plan assets | 7a | 1,12 | 3,43 | 99 | + | | | 3,693 | |
| | Total plan liabilities | 7b | | | | | · · | * * | | ÷. |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 23,499 | | | 3,693 | | | |
| | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | | Talasa Talasa | or many of a | (b) Tota | ATT Ser Bartis - Jakk F. Orton (y.) | 3.73 |
| | (1) Employers | 8a(1) | | | 0 | 100 mg | | | | |
| | (2) Participants | 8a(2) | | | 0 | | 7.4 | | Sand Carlotte (1861 - 1 | |
| | (3) Others (including rollovers) | 8a(3) | | | | \$ 7.5 | | | | |
| | Other income (loss) | 8b | 20 | 0,8 | 05 | A. 1.14 | \$400 K | | eri (1., William 1997, 1985) | - 7 |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 20.000 21.000 21.000 | rand Daniel a 1919 | un mar (5000 Gergin Co. 1202 | 200,805 | 2 |
| | Benefits paid (including direct rollovers and insurance premiums | | \$100 000 000 000 000 000 000 000 000 000 | Total Hardina | 5 × 7070 / 33 | | | 39/8/87 | | Ž. |
| | to provide benefits) | 8d | 1,31 | 15,823 | | 大学的主义。 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | 0 | | | | | |
| g | Other expenses | 8g | | 4,7 | 88 | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | [1] 시작[1] 이 당 그 지구 시원 상태를 다운 밝혔다. | | | di di | | | ,320,611 | |
| i | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | (1,119,806) | | | |
| ī | j Transfers to (from) the plan (see instructions) | | | | | | | Today sa Seite | | |
| Pa | rt IV Plan Characteristics | | | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension fe | eature cod | es from the List of Plan Ch | aract | eristic | : Code | s in the | instruction: | 3: | |
| | 2A 2E 2F 2G 3D | | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fea | ature code | e from the Liet of Plan Cha | racte | rietic | Codes | in the | instructions: | | _ |
| M | ii (iie plai) provides wellare berielits, effer the applicable wellare lea | ature code | s nom me cist of Fian Ona | II acto | i iouo | Codes | in uic | ii jati uctioi ja. | | |
| Da | rt V Compliance Questions | | | | | | | | | _ |
| 10 | During the plan year: | | | Ţ | Yes | No | N/A | | nount | _ |
| 10 a | Was there a failure to transmit to the plan any participant contribut | tions withi | n the time period | | 163 | NO | INA | Al | nount | |
| 4 | described in 29 CFR 2510.3-102? (See instructions and DOL's Vo | | | | | | | | | |
| | Program) | - | _ | 10a | | x | | | | |
| b | Were there any nonexempt transactions with any party-in-interest | | | | | | | | | |
| | reported on line 10a.) | - | | 10b | | х | | | <u> </u> | |
| C | Was the plan covered by a fidelity bond? | *********** | *************************************** | 10c | | x | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | - | | 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.) | e or all of | the benefits under | 10e | | х | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | ••• | | 10f | | х | 4.7 | | | _ |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | | | 10g | x | | | | | 0 |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | | | 10h | | х | | | | |
| 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 | | | | | | |
| | | | | | | | | | | |