Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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								
For calend	ar plan year 2018 or fi	scal plan year beginning 01/01/20	018	and ending 1:	2/31/2018					
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instructions.										
		a one-participant plan	a foreign plan							
D This rett	urn/report is	the first return/report	the first return/report							
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)					
C Check box if filing under:										
		special extension (enter descri	. ,							
Part II	Basic Plan Info	ormation—enter all requested info	ormation							
1a Name	of plan				1b Three-digit					
WILLIAM L.	KOCHENOUR II, DDS	S, MS, PA PROFIT SHARING PLAN	N		plan number					
					(PN) ▶	001				
			1c Effective dat	e of plan						
					0	1/01/2002				
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O				entification Number 0-0057362				
•	KOCHENOUR II, DDS	ce, country, and ZIP or foreign posta S, MS, PA	al code (if foreign, see ins	structions)	2c Sponsor's te	elephone number 796-2456				
					2d Business co	de (see instructions)				
3005 ENTER	RPRISE ROAD				621210					
CLEARWAT	ER, FL 33759				0	21210				
3a Plan a	dministrator's name a	nd address X Same as Plan Spon	sor.		3b Administrato	r's EIN				
					3c Administrato	r's telephone number				
A If the a	oomo and/ar FINI of th	o plan ananaar ar tha plan nama ha	a abangad ainaa tha laat	raturn/rapart filed for	4h FIN					
this pl	lan, enter the plan spo	e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN					
a Spons	or's name WILLIAM L	. KOCHENOUR II, MS, PA			4d PN					
C Plan N	lame									
5a Total i	number of participants	at the beginning of the plan year			. 5a	5				
b Total i	number of participants	at the end of the plan year			. 5b	0				
		account balances as of the end of t		•	5c	0				
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	3				
		articipants at the end of the plan yea			5d(2)					
		terminated employment during the			5e 0					
Caution: A	Nonalty for the late	or incomplete filing of this return	/report will be assessed	d unless reasonable ca	use is established					
Under pena SB or Sche	alties of perjury and ot edule MB completed a	ther penalties set forth in the instruction and signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/re	port, including, if ap	plicable, a Schedule				
SIGN	true, correct, and com Filed with authorized	plete. //valid electronic signature.	04/10/2019	WILLIAM L KOCHEN	OUR 11					
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as plan	administrator				
SIGN		I/valid electronic signature.	04/10/2019	WILLIAM L KOCHEN						

Date

HERE

Enter name of individual signing as employer or plan sponsor

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's asset and the plan's asset and the plan's asset as a plant of the plan's asset and the plant of the p	an indeper and condit	ndent qualified public a	account	ant (IC	(PA)			
С	If you answered "No" to either line 6a or line 6b, the plan cannot be 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	surance p	orogram (see ERISA se	ection 4	021)?	[Yes N		termined ructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) E	nd of Year	
a	Total plan assets	7a		3693				C)
b	Total plan liabilities	7b		0				C)
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7с		3693				C)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(I	o) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		386					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						386	6
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4079					
e	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4079)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	ncome (loss) (subtract line 8h from line 8c)						-3693	3
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the	instructions:	
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	des in the ir	structions:	
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 contributed described 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 reported on line 10a.)			10b		Χ			
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		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		Х			
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					

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)		В	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 section ERISA?		f	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, a granting the waiver	nd enter t Day		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	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 the control of the PBGC?	e 		X Yes 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		
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.

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Ē	art Annual Report	t Identification Informati		tachens to the Form 55	00-01.					
	r calendar plan year 2018 or fis		01/01/2018	and anding	10/01/00	10				
		x a single-employer plan		and ending r plan (not multiemployer)	12/31/20: (Filers checking the					
Α	This return/report is for:		a list of participatin	g employer information in	accordance with th	e form instructions.)				
_		🔟 a one-participant plan	a foreign plan							
В	This return/report is:	the first return/report	x the final return/repo	ort						
		an amended return/report	a short plan year re	turn/report (less than 12 r	nonths)					
C	Check box if filing under:	Form 5558	automatic extensio	n	DFVC p	rogram				
		special extension (enter de	escription)							
P	art II Basic Plan Info	ormation enter all request	ted information							
_	Name of plan				1b Three-digi	t				
	William L. Kocheno	our II, DDS, MS, PA Pr	ofit Sharing Plan		plan numb	er				
		,,, a			(PN) ▶	001				
					1c Effective of 01/01/2					
2a		loyer, if for a single-employer pla			2b Employer	Identification Number				
	City or town, state or province	oom, apt., suite no. and street, or nce, country, and ZIP or foreign p	P.O. Box) ostal code (if foreign, see in	structions)	(EIN) 20-0057362					
	William L. Kochenou		(1. 10.0.911, 000 11	ou double)	2c Sponsor's	telephone number				
						(727) 796-2456				
	3005 Enterprise Roa	pad			2d Business code (see instructions) 621210					
	US Clearwater FL 33759									
3a	Plan administrator's name a	and address 🗵 Same as Plan	Sponsor		3b Administrator's EIN					
					3c Administra	tor's telephone number				
4	If the name and/or EIN of the this plan, enter the plan spor	ne plan sponsor or the plan name onsor's name, EIN, the plan name	has changed since the lase and the plan number from	return/report filed for the last return/report.	4b EIN					
а		m L. Kochenour II, MS		. •	4d PN					
C	Plan Name									
 5a	Total number of participants	s at the beginning of the plan yea			5a	5				
b		s at the end of the plan year				0				
C	Number of participants with a	account balances as of the end	of the plan year (only define	ed contribution plans	r o	0				
d		articipants at the beginning of the		********************************	5d(1)	3				
d	(2) Total number of active par	nrticipants at the end of the plan y	/ear	*************************************	m 1(0)	0				
е	Number of participants who less than 100% vested	terminated employment during t	he plan year with accrued b	enefits that were	5e	0				
Ca		e or incomplete filing of this re			use is establishe					
Ur SE	nder penalties of perjury and of	other penalties set forth in the ins and sig <i>p</i> ed by an enrolled actuar	structions, I declare that I ha	ve examined this return/re	eport, including, if a	opplicable, a Schedule				
s	IGN Millaux	PachEnoust	April 10,20	214						
3	ERE Signature/of plan adm	L	Date	Enter name of individu	ial signing as plan	administrator				
	10/1/11/12/	chrusa II	April 10,200		en arguing as piati	auminatiator				
	IGN ZEEP A L	S. F. C.	7							
3/11	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									

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Page 2

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_	Were all of the plan's assets during the plan year invested in eligible	•	·				**********	******	X Yes	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 a								ਦਾ∨ _∽	□ No.
	If you answered "No" to either line 6a or line 6b, the plan cannot							•••••	X Yes	<u> </u>
c	If the plan is a defined benefit plan, is it covered under the PBGC in					_		∏No [□ Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the								ee instruc	
D	art III Financial Information	-						-		
7	Plan Assets and Liabilities		(a) Beginning of	Year		1		b) End of	Year	
· a	Total plan assets	7a		3,69	13	1	· · · · · · · · · · · · · · · · · · ·	, , <u> </u>		
b	Total plan liabilities			5,05	0					0
c	Net plan assets (subtract line 7b from line 7a)			3,69						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	<u> </u>				(b) To	tal	
а	Contributions received or receivable from:	266 (K. 1. F.) A M (K. 1. Z.) M			_					S. Yw W. S
	(1) Employers	<u> </u>			0	\$0				e jeda i je
	(2) Participants	. 8a(2)			0	1				e e se e e e
<u> </u>	(3) Others (including rollovers)					\$200 h			reference La viernica	
<u>b</u>	Other income (loss)			38	16 		masir, a.,	5 3 6 2	rang, syde	sae an dese
q	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			ret an				WWW.CO.	386
	to provide benefits)	8d		4,07	9				N. A.	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e				75-49-5 4-11-6-1				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f			0	2		in the endings.		被影響
g	Other expenses	. 8g			0	es de				and the second
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		ATV CAOMIN				•	4,	079
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							(3,6	93)
j	Transfers to (from) the plan (see instructions)	8j				2722				
P	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension f	eature cod	es from the List of Plan Ch	aracte	eristic	Code	es in the	instruction	is:	
	2A 2E 2F 2G 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Cha	racter	istic (Codes	s in the i	nstructions	3:	
36E3										
	art V Compliance Questions						表现实验			
10	During the plan year:	.0			Yes	No	N/A		mount	
č	 Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V 		Y	Ì						
	Program)	•	•	10a		x	\$36.5 3.5			
-1			· · · · · · · · · · · · · · · · · · ·				6/2/4			
	reported on line 10a.)			10b		х	11000			
	Was the plan covered by a fidelity bond?		***************************************	10c		х	250			
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
•	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		x				1 12 12 12
f	Has the plan failed to provide any benefit when due under the pla	an?	***************************************	10f		х				
	J Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		х				
ì	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 texceptions to providing the notice applied under 29 CFR 2520.10	the required	d notice or one of the	10i						