#### 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.

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Parti	Annuai Report	identification information	1			
For calenda	ar plan year 2017 or fi	scal plan year beginning 01/01/	2017	and ending 1	2/31/2017	
A This ret	turn/report is for:	x a single-employer plan		olan (not multiemployer) of mployer information in accordance in the matter of the mat		
		a one-participant plan	a foreign plan	,		
<b>B</b> This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC progran	n
	T	special extension (enter desc	. ,			
Part II		rmation—enter all requested in	nformation		T 41	
<b>1a</b> Name JAMES A KO	•	MONEY PURCHASE PENSION P	LAN		1b Three-digit plan number (PN) ▶	
					1c Effective da	
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.			<b>2b</b> Employer lo	dentification Number 59-3618282
	town, state or province of the common terms of	e, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	2c Sponsor's t	telephone number 3-390-3251
					2d Business co	ode (see instructions)
10208 BAY E TAMPA, FL (	BREEZE COURT 33615		AY BREEZE COURT FL 33615			621112
3a Plan a	dministrator's name a	nd address X Same as Plan Spo	onsor.		<b>3b</b> Administrat	or's EIN
					<b>3c</b> Administrat	or's telephone number
		e plan sponsor or the plan name he nsor's name, EIN, the plan name			4b EIN	
•	or's name				4d PN	
C Plan N	iame					
<b>5a</b> Total i	number of participants	at the beginning of the plan year			. 5a	1
<b>b</b> Total i	number of participants	at the end of the plan year			. 5b	1
		account balances as of the end o			5c	1
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the p	olan year		5d(1)	1
		rticipants at the end of the plan ye			5d(2)	1
than	100% vested	terminated employment during th			. 5e	
Caution: A	A penalty for the late	or incomplete filing of this retu	n/report will be assessed	d unless reasonable ca		
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary, plete.				
SIGN		/valid electronic signature.	10/08/2018	JAMES A KOCHALKA	A	

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

HERE

SIGN **HERE**  Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2** 

	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							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannel								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determ	nined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instruction	ons.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	l of Year	
а	Total plan assets	7a	4;	32279				494987	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с	4:	32279				494987	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	(	63462					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						63462	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		754					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						754	
<u>   i                                 </u>	Net income (loss) (subtract line 8h from line 8c)	8i						62708	
	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G	feature co	des from the List of Plant	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	es in the inst	ructions:	
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			,			
	Program)			10a		X			
	reported on line 10a.)			10b		Χ			
С	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?	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.)	e 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			
g		-		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 2520.101			10i		X			
								-	

Form 5500-SF 2017	Page <b>3-</b> 1
-------------------	------------------

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)			В		Yes X 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 Co ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				🛚	Yes No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructioning the waiver.				of the lett Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter the minimum required contribution for this plan year		12b			0
С	Enter the amount contributed by the employer to the plan for this plan year		12c			0
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)		12d			0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		X	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	; <u></u>	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 brough control of the PBGC?	nt under the			Yes	X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
_		_				

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

## 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.

1210-0089

OMB Nos. 1210-0110

2017

This Form is Open to Public Inspection

Part	Annual Report Ide	entification Infori						`	
For calend	lar plan year 2017 or fisca	al plan year beginning	01/0	01/201	L7	and e	nding	12/31/20	017
A This re	eturn/report is for:	X a single-employer	plan	_ a multiple	e-employer plan (not	multiem	ployer) (Filers	checking this box	must attach a list
		-	_	_ of partici	pating employer info	rmation i	n accordance	with the form instr	ructions.)
		a one-participant	olan	_ a foreigr	n plan				
<b>B</b> This re	eturn/report is	the first return/rep	ort	the final	return/report				
		an amended retur	n/report	a short	olan year return/re	port (les	s than 12 m	o <u>nt</u> hs)	
C Check	box if filing under:	X Form 5558	. [		tic extension			DFVC progra	am
		special extension	(enter descr	iption)					
Part II	Basic Plan Inform				_				
1a Name						1b	Three-digit		
	A KOCHALKA I	PHD INC					plan numb		002
MONEY	PURCHASE PEN	SION PLAN				1c	Effective d	ate of plan	
								/10/2000	
2a Plan s	ponsor's name (employer	. if for a single-employ	er plan)			2b	Employer I	dentification Nur	mber (EIN)
Mailind	n address (include room. :	apt., suite no, and stre	eet, or P.O. F	Зох)				-3618282	, ,
JAMES'	r town, state or province. A KOCHALKA E	COUNTRY, and ZIP or to PHD INC	reign postai	code (IT TO	reign, see instr.)	2c	Sponsor's	telephone numb	er
	BAY BREEZE C						3-390-		
						2d	Business o	ode (see instruc	tions)
TAMPA		FL 336	515					1112	,
3a Plan a	dministrator's name and	address X Same a	s Plan Spons	sor.		3b	Administra	tor's EIN	
						3с	Administra	tor's telephone r	number
4 If the n	ame and/or EIN of the pla	n sponsor or the plan	name has c	hanged sir	ce the last	4b	EIN		
	report filed for this plan, e								
	mber from the last return	•	0 ((a) () 0, E/( )	i, the plant	Torrio dira tiro				
•	sor's name					4d	PN		•
C Plan						'			
• I tall	Name		1						
5a Total	number of participants at	t the beginning of the	nlan vear			. 5a			1
_	number of participants at					- FI			1
	ber of participants with ac								
	ibution plans complete th					. 5c			1
	otal number of active par						)		1
1.1	otal number of active par	-				5d(2			1
	ber of participants who te	•				54,4	7	· · · · · · · · · · · · · · · · · · ·	
	fits that were less than 10					<sup>'</sup> 5e			
	A penalty for the late or						sonable cau	ıse is establishe	ed.
Under per	nalties of perjury and othe	r penalties set forth in	the instruct	ions, I dec	lare that I have ex	amined	this return/re	eport, including,	if applicable, a
Schedule	nalties offperjury and othe SB or Schedule MB comp edge and belief, it is fue,	oleted and signed by a	an enrolled a	ictuary, as	well as the electro	nic vers	sion of this re	eturn/report, and	to the best of
my knowle	July Marie M	K W//h	16/	1/(0)			***		
SIGN		1010	/ ~/ ~	اک //د <sup>د</sup>					
HERE Si	gnature of plan adminis	trator	Date /	/ -	Enter name of inc	dividual	signing as p	lan administrator	•
<del> </del>	<del>√</del>						J 9 P		
SIGN			1						
HERE	gnature of employer/pla	n snonsor	Date		Enter name of inc	dividual	signing as e	mplover or plan s	sponsor
SI	guature or employer/pla	iii ahoiiaoi	Date		miles hame of the	a, Fidual i	Signing as 6	Thoyer or plairs	POLISOI

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

Form 5500-SF (2017)

v. 170203

ı	P۵	a	6	2

6a	Were all of the plan's assets during the plan year invested in eligible assets? (	See inst	ructions )				<u> </u>	Yes	No
_	Are you claiming a waiver of the annual examination and report of an independent						⊑	J 100	
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and						5	Yes	Пио
	If you answered "No" to either line 6a or line 6b, the plan cannot use Forn		•					<b>J</b>	
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see						No	Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filin				· Ш		L L	-	structions.)
		•							
Pa	rt III Financial Information								
<u>7</u>	Plan Assets and Liabilities		(a) Begin				(b) E	nd of Y	
_a	Total plan assets	7a		4	322	79		4	<u>94987</u>
<u>b</u>	Total plan liabilities	7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		4	322	79		4	<u>94987</u>
8	Income, Expenses, and Transfers for this Plan Year		(a) A	lmo	unt		. (	b) Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss) STATEMENT 1	8b			634	<u>62</u>			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							<u>63462</u>
d	Benefits paid (including direct rollovers and insurance premiums to provide								
	benefits)	8d				-			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions) STMT 2	8f			7	54			
<u>g</u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							<u>754</u>
_i_	Net income (loss) (subtract line 8h from line 8c)	8i						************	62708
j	Transfers to (from) the plan (see instructions)	8j							
Pa	nt IV Plan Characteristics								
9a	1	odes fro	m the List of	Plan	Chara	acteris	tic Codes in	the inst	ructions:
	2C 2F 2G								
b	If the plan provides welfare benefits, enter the applicable welfare feature co	des fron	n the List of Pl	an C	Charac	teristic	c Codes in t	he instru	ctions:
2000000						<del></del>			· · · · · · · · · · · · · · · · · · ·
	rt V Compliance Questions				Γ		<u> </u>		
<u>10</u>	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within		ie į						
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta					١,,	-		
	Fiduciary Correction Program.)			10a		Х		·	
b	Were there any nonexempt transactions with any party-in-interest? (Do not in							•	
	transactions reported on line 10a.)			10b	<del> </del>	X		*	
	Was the plan covered by a fidelity bond?			10c		Λ			
C	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon					<sub>v</sub> -			
	was caused by fraud or dishonesty?			10d	<del></del>	Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons		.						
	insurance carrier, insurance service, or other organization that provides some					v			
	the benefits under the plan? (See instructions.)			10e	<b></b> -	X		·	
	Has the plan falled to provide any benefit when due under the plan?			10f		X			
6			······································	10g	<del></del>	Х			
n	If this is an individual account plan, was there a blackout period? (See instruc					<sub>v</sub>			
. ——	and 29 CFR 2520.101·3.)			10h	<del></del>	Х			
1	If 10h was answered "Yes," check the box if you either provided the required					Х			
	one of the exceptions to providing the notice applied under 29 CFR 2520.10	i-o		10i	L	Λ			

Page	3-	
------	----	--

Pa	rt VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp Schedule SB (Form 5500) and line 11a below)			Yes	X 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 of section 302 of ERISA?			X Yes	☐ No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			<u> </u>	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	ons, a	and ente	er the date of	the letter
	ruling granting the waiver. Month Da	y		Year	
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			0
c	Enter the amount contributed by the employer to the plan for this plan year	120	:		0
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			0
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	X	Yes	No	N/A
Pa	rt 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			0
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 liabilities were transferred. (See instructions.)	plan	(s) to wh	nich assets o	r
-	13c(1) Name of plan(s): 13c(2)	EIN(	s)	13c(3)	PN(s)
				1	

### Form **5558**

(Rev. August 2012)

Department of the Treasury Internal Revenue Service

# **Application for Extension of Time To File Certain Employee Plan Returns**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Pai	Identification		<del></del>			
E	Name of filer, plan administrator, or plan sponsor (see instructions)	В	Filer's ident	ifvina num	her (see i	netr\
•	Traine of files, plan administrator, or plan operior (500 files actions)		Employer identifi		-	•
	JAMES A KOCHALKA PHD INC		59-361		(Eliv) (# digite	
	Number, street, and room or suite no. (If a P.O. box, see instructions)					
	10208 BAY BREEZE COURT		Social security n	umber (SSN) (9	digits XXX-X	x-xxxx)
	City or town, state, and ZIP code TAMPA,FL 33615					
			Pian	Р	lan year e	nding -
C	Plan name		number	ММ	DD	YYYY
,	JAMES A KOCHALKA PHD INC MONEY PURCHASE PENSI		002	12	31	2017
*******	till Extension of Time To File Form 5500 Series, and/or Form 8955-SSA	.1	002			1 4047
1 2	Check this box if you are requesting an extension of time on line 2 to file the first Formal in Part 1, C above.  I request an extension of time until 10/15/2018 to file Form 5			·	the plan lis	ted
_	Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series		1163 (300 11130	ructions).		
	Note. A signature is NOT required if you are requesting an extension to like Form 5500 series	cs.				
3	I request an extension of time until to file Form 8	3955-S	SA (see instru	ıctions).		
	Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA	٨.				
	The application is automatically approved to the date shown on line 2 and/or line 3 (above due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested later than the 15th day of the third month after the normal due date.					
	Extension of Time To File Form 5330 (see instructions)					
4	I request an extension of time until to file Form 5					
	You may be approved for up to a 6 month extension to file Form 5330, after the normal due	e date c	of Form 5330.			
а				Τ'' Γ'''		
b				b		*
C	·	date	<b>&gt;</b>			
5	State in detail why you need the extension:					
•						
		**				
			· ·			
				•		
				7		
				<del></del>	<del></del>	
				<del></del>		
						· · · · · · · · · · · · · · · · · · ·
	er penalties of perjury, I declare that to the best of my knowledge and belief, the statements rethat I am authorized to prepare this application.	made o	n this form ar	e true, con	ect, and c	omplete,
			Du N			
<u>sigr</u>	nature ►		Date >		_ EEE	0
					Form 000	<b>8</b> (Rev. 8-2012)

#### Service Provider Affidavit

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filling, in addition to any other required schedules or attachments, a true and correct PDF copy of the first two pages of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury; (3) I advised the plan administrator/employer that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

Terro ha Carnel

81-20-01

TERESA MCCORMICK

Signature of service provider (optional)

Date

Enter name of individual signing as service provider