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

		dentification Information									
For calendar p	lan year 2018 or fisc	cal plan year beginning 01/01/2	2018		and ending 12	2/31/20)18				
A This return	a single-employer plan A This return/report is for: 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	af	,							
B This return/	report is	the first return/report	the	e final return/report							
	[an amended return/report	a s	short plan year return	/report (less than 12 m	onths)					
C Check box	if filing under:	X Form 5558	au	itomatic extension		DF	VC program				
		special extension (enter descri	ription)								
Part II E	Basic Plan Infor	mation—enter all requested in	formation	on							
1a Name of	olan	DNEY PURCHASE PENSION PL					Three-digit plan number (PN)	002			
						1c Effective date of plan 01/10/2000					
		er, if for a single-employer plan)	D. Box)					fication Number 618282			
		, country, and ZIP or foreign post		(if foreign, see instru	uctions)		,				
JAMES A KOCH	HALKA PHD INC					20	Sponsor's telep 813-390				
40000 0 437 000	EZE COURT	40000 PA				2d Business code (see instructions)					
10208 BAY BRE TAMPA, FL 336		10208 BA TAMPA, F		EZE COURT 5			6211	12			
3a Plan adm	nistrator's name and	d address 🛛 Same as Plan Spor	nsor.			3b Administrator's EIN					
						3c Administrator's telephone number					
						Administrator's telephone number					
4 If the nam	ne and/or FIN of the	plan sponsor or the plan name ha	as chan	nned since the last re	turn/report filed for	4b	FIN				
this plan,	enter the plan spons	sor's name, EIN, the plan name a									
a Sponsor's						4d PN					
C Plan Nam	е										
5a Total nun	nber of participants a	at the beginning of the plan year				5	3	1			
		at the end of the plan year				5k)	1			
		ccount balances as of the end of				50	:	1			
d(1) Total n	umber of active parti	icipants at the beginning of the pl	lan year	r		5d(1)	1			
		icipants at the end of the plan ye				5d(2)				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5€					
		r incomplete filing of this return									
SB or Schedu	es of perjury and other e MB completed and correct, and completed	er penalties set forth in the instruct signed by an enrolled actuary, a lete.	ctions, I as well a	declare that I have as the electronic vers	examined this return/re sion of this return/repor	port, ir t, and t	ncluding, if applicate to the best of my	cable, a Schedule y knowledge and			
0.0	ed with authorized/v	valid electronic signature.		10/14/2019	JAMES A KOCHALKA	A					
HERE S	ignature of plan ad	ministrator		Date	Enter name of individ	me of individual signing as plan administrator					
SIGN											
HERE S	ignature of employ	er/plan sponsor		Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor			

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		` '					_	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							. X Y	es No
_	If the plan is a defined benefit plan, is it covered under the PBGC in							□ Not d	etermined
C	If "Yes" is checked, enter the My PAA confirmation number from the					_			tructions.)
			remain ming for this p	ian you	'			(000 1110	irdottorio.)
Pa	rt III Financial Information		Г						
7	Plan Assets and Liabilities		(a) Beginning		•		(b) En	d of Year	
<u>a</u>	Total plan assets	7a	4:	94987				46100	4
	Total plan liabilities	7b	4	0.4007				40400	4
	Net plan assets (subtract line 7b from line 7a)	7c		94987				46100	4
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-:	33486					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-3348	6
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		497					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						49	7
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-3398	3
	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:	
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 inst	tructions:	
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 contribu 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		X			
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.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ			
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		X			

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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 Schedule SB (Form 5500) and line 11a below)						
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.)	n 302 of		X Y	es No	
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		he date	of the lette Year _	r ruling	
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?	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	S N	0	
	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	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) 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

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 1.04 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).

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Pension Benefit Guaranty Corporation Part | Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 12/31/2018 and ending A This return/report is for: a single-employer plan __ a mulliple-employer plan (not multiemployer) (Filars checking this box must attach a list of participating employer information in accordance with the form instructions.) a one participant plan. a foreign plan

B. This return/report is C Check box if filing under:	the first return/report an amended return/report a short plan year return/ Form 5558 automatic extension special extension (enter description)	/report (less than 12 months)					
Part II Basic Plan Info	mation - enter all requested Information						
1a Name of plan JAMES A KOCHALKA MONEY PURCHASE P	PHD INC	1b Three-digit plan number (PN) ▶ 0.02					
City or town, state or province JAMES A KOCHALKA	n, apt., suite no, and streef, or P.O. Box). e, country, and ZIP or foreign postal code (If foreign, see instr.) PHD INC	i Shaireane combined unitible					
10208 BAY BREEZE TAMPA 3a Plan administrator's name an	FL 33615	813-390-3251 2d Business code (see instructions) 621112					
4 If the name and/or EIN of the preturn/report filed for this plan,	lan sponsor or the plan name has changed since the last enter the plan sponsor's name, EIN, the plan name and the	3b Administrator's EIN 3c Administrator's telephone number 4b EIN					
plan number from the last retu a Sponsor's name c Plan Name	п/герогт.	4d PN					
b Total number of participantsc Number of participants with	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year (only defined this item)						
d (2) Total number of active pa	articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the plan year with accrued	[5d(1)]					
benefits that were less than 1		. 5e.					

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 applicable, a Schedule SB of Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of

	Migdala late name! it is this consect and combises	4	
SIGN HERE	polake	DUT 14,2019	JAMES A KOCHALKA Enter name of individual simpling as plan administrator
		Date	Enter name of individual signing as plan administrator
SIGN HERE	V		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2018)

	ror(n abuttar (2018) Page 2								
6 a	Were all of the plan's assets during the planter for the planter of the planter o		- ,					·	
	The state of the s						X Yes	No	
,	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)							₽	·rm·
	If you answered "No" to either line 6a or line 6b, the plan cannot use For	EEA/	(IOH)	5.7 _{//}				X Yes	∐ No
Ċ	If the plan is a defined benefit plan, is it covered under the PBGO insurance program (so	111 00UL	とっか	• 800 MUST II	stego	use F	orm 5500.	п	
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium fill	na for th	n opi	ullOD 4UZIJE. Ioduniar	···· [] Yes	∐ No	∐ Not de	
	The state of the s	isti ini it	itz h	igii Aesi ——				(Sea in	structions
P	int III Financial Information	<u>-</u>						· · · · · ·	
7	Plan Assets and Liabilities	1 v 0		(a) Beginni	ng of	Year.	10) End of Y	aor
<u>a</u>		78	╼╄			987			61004
_b	Total plan liabilities	76	~-		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>		<u></u> - <u></u> - <u></u> -	OTOU
C	Net plan assets (subtract line 7b from line 7a)	. 70	_		494	987	- 	.A.	61004
8	Income, Expenses, and Transfers for this Plan Year	10.18		(a) An		<u> </u>	 -	(b) Total	OTOUR
а	Contributions received or receivable from:		1	12/15/1			ENOUGH.	(D) TOTAL	250a 1780
	(1) Employers	. 8a(1	,						
****	(2) Participants	8a(2	~				6/688426010 4/690312608		Wei Tebellion Lai Dibellio
	(3) Others (including rollovers)	8a(3	_			··	Sted office	ek avalonde bet 1. zarove betak	ary art raight. For the art areas
b:	Other income (loss) STATEMENT 1	86	"	· · · · · · · · · · · · · · · · · · ·	-33	486	_ 0.000mm/s no 60.8150/f=x	naturkasa Karologi	34 (. 1
_C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	10				Armatra 27 11 240		
ά	Benefits paid (including direct rollovers and Insurance premiums to provide	1	† <u> </u>		7	. W. 1999	18-798-5-3	atrakani	33486
	benefits)	Bd							
е.	Certain deemed and/or corrective distributions (see instructions)	8e	1				25,685,536,536,53	ATTOMETY SECTION	as af it 1909 Pasan dan
f	Administrative service providers (salaries, fees, commissions) STMT 2	8f	\vdash			497	6700 3388 No		
g	Other expenses	89				= 2 1	A Part Control	a sanait e e e it. Paritte Bareck	er er som er Si kalandar
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		ali i kwe	4449	12 YE	1 Philippi 175	Salahara (Salah)	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81			MATE.		 		497
. j.	Transfers to (from) the plan (see instructions)	8í	-			Carlotte de	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Carrier Se	3983
	rt IV Plan Characteristics						17.15.131.5.27. 15.0	A CONTRACTOR	<u> </u>
9a	If the plan provides pension benefits, enter the applicable pension feature of	des fro	m t	he List of Plan	Char	acteris	tic Codes in	the instru	adia
·	AC AT AG								
b	If the plan provides welfare benefits, enter the applicable welfare feature cod	es from	ı the	List of Plan	Charac	eteristic	c.Codes in t	he instruct	longs
	. [iio alsticci	wis,
	TV 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 tim	ė					TOTO SALES	 -
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntar	у.		j .		i i			
	Fiduciary Correction Program.)			10a		х			
Þ	Were there any nonexempt transactions with any party in interest? (Do not incl	lude :							
	transactions reported on line 10a.)	44		10b		X.	•		
C	Was the plan covered by a fidelity bond?			10c		Х			
d:	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond,	that	.,					,	
	was caused by fraud or dishonesty?		44444	10d		ж			
€.	Were any fees or commissions paid to any brokers, agents, or other persons by	y an						·	
	insurance carrier, insurance service, or other organization that provides some c	r all of			ł	ŀ			
	the benefits under the plan? (See instructions.)		i	10e	i	\mathbf{X}^{a}			
<u>f.</u>	Has the plan falled to provide any benefit when due under the plan?		27744	10f		X		****	
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.		4222	10g		X	· · · · · · · · · · · · · · · · · · ·	*	
	If this is an individual account plan, was there a blackout period? (See instruction	ons					% 01,4400	in Later services	38.474.74
	and 29 CFR 2520,1013.)			10h	1	x	naka.		
·i	If 10h was answered "Yes," check the box if you either provided the required no	otice or	,				City James	No. 1 Dest	
	one of the exceptions to providing the notice applied under 29 CFR 2520.1013		i	101		y l	対象を対象的		