## 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	t Identification Information										
For calenda	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018							
A This ret	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.)											
<b>B</b> This retu	B This return/report is the first return/report the final return/report											
		urn/report (less than 12 m	months)									
C Check b	pox if filing under:	X Form 5558	automatic extension	1	DFVC progra	am						
		special extension (enter descr	' '									
Part II	Basic Plan Info	ormation—enter all requested in	formation									
<b>1a</b> Name MICHAEL T.	of plan MCHUGH, DDS, PA	ı, 401(K) PLAN			1b Three-dig plan num (PN) ▶	·						
					1c Effective							
		oyer, if for a single-employer plan)	) Payl		2b Employer Identification Number							
	,	ce, country, and ZIP or foreign post	,	structions)	(EIN) 82-0518485  2c Sponsor's telephone number							
MICHAEL T.	MCHUGH, DDS, PA				208-238-0125							
1046 VELLO	WSTONE, STE. D3				2d Business code (see instructions)							
POCATELLO	), ID 83201				621210							
3a Plan administrator's name and address				<b>3b</b> Administrator's EIN								
Ja Flall a	ummistrators name a	ind address M Same as Flan Spoi	1501.		30 Auministr	ator S LIIV						
					<b>3c</b> Administr	ator's telephone number						
		ne plan sponsor or the plan name ha			4b EIN							
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name				4d PN								
C Plan N	lame											
<b>5a</b> Total r	number of participants	s at the beginning of the plan year			5a	6						
<b>b</b> Total r	number of participants	s at the end of the plan year			5b	6						
		account balances as of the end of			5c	5						
d(1) Total number of active participants at the beginning of the plan year												
		articipants at the end of the plan year			5d(2)							
		o terminated employment during the			5e	0						
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca								
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, an oplete.										
SIGN	Filed with authorized	d/valid electronic signature.	08/28/2019	MICHAEL T. MCHUG								
HERE Signature of plan administrator Date Enter name of indiv					ividual signing as plan administrator							
SIGN	Filed with authorized	d/valid electronic signature.	08/28/2019	MICHAEL T. MCHUG	Н							
HERE	Signature of empl	over/plan sponsor	idual signing as employer or plan sponsor									

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If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filling for this plan year  Part III Financial Information  7 Plan Assets and Liabilities (a) Beginning of Year  a Total plan assets 5 (a) Beginning of Year  b Total plan liabilities 7b from line 7a) 7c 864984  C Net plan assets (subtract line 7b from line 7a) 7c 864984  8 Income, Expenses, and Transfers for this Plan Year (a) Amount  a Contributions received or receivable from: (1) Employers 8a(1) 9525  (2) Participants 8a(2) 23746  (3) Others (including rollovers) 8a(3)	Yes No Not determined						
7 Plan Assets and Liabilities 7a 864984  b Total plan assets 7b 7c 864984  C Net plan assets (subtract line 7b from line 7a) 7c 864984  8 Income, Expenses, and Transfers for this Plan Year (a) Amount  a Contributions received or receivable from: (1) Employers 8a(1) 9525  (2) Participants 8a(2) 23746	832014 832014 (b) Total						
a Total plan assets 7a 864984 b Total plan liabilities 7b from line 7a) 7c 864984  C Net plan assets (subtract line 7b from line 7a) 7c 864984  Income, Expenses, and Transfers for this Plan Year (a) Amount  a Contributions received or receivable from: (1) Employers 8a(1) 9525 (2) Participants 8a(2) 23746	832014 832014 (b) Total						
b Total plan liabilities	832014 (b) Total						
C Net plan assets (subtract line 7b from line 7a)	(b) Total						
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers	(b) Total						
a Contributions received or receivable from:       8a(1)       9525         (2) Participants							
(1) Employers       8a(1)       9525         (2) Participants       8a(2)       23746	-32686						
(2)	-32686						
(3) Others (including rollovers)	-32686						
	-32686						
<b>b</b> Other income (loss)	-32686						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)							
e Certain deemed and/or corrective distributions (see instructions) 8e							
f Administrative service providers (salaries, fees, commissions) 8f 0							
<b>g</b> Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	284						
i Net income (loss) (subtract line 8h from line 8c)	-32970						
j Transfers to (from) the plan (see instructions)							
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 2G 2J 3D							
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Co	odes in the instructions:						
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)							
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?							
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.)	3599						
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 exceptions to providing the notice applied under 29 CFR 2520.101-3							

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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 section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
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							
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				□ 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							
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 plant which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)					

QMB Nos. 1210-0110 1210-0089

## Form 5500-SF

Department of the Treasury Internet 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 (ERI\$A), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2018

This Form Is Open to Public Inspection

► Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part Annual Report Identification Information									
For	calendar plan year 2018 or fi	scal plan year beginning	01/01/2018	and ending	12/31/20	18			
_	This return/report is for: This return/report is:	a single-employer plan  a one-participant plan the first return/report an amended return/report	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 foreign plan the final return/report a short plan year return/report (less than 12 months)						
	Check box If filing under:	x Form 5558 [ special extension (enter descript	automatic extension		DFVC	program			
P	art II Basic Plan Info	ormation enter all requested inf	formation			1			
1a	Name of plan	DDS, PA, 401(k) Plan		110	1b Three-dig plan num (PN) ► 1c Effective	ber 001			
_					01/01/	2008			
2a	Mailing Address (include roo City or town, state or province	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. I ce, country, and ZIP or foreign postal (	Box) code (if foreign, see insi	ructions)	2b Employer Identification Number (EIN) 82-0518485  2c Sponsor's telephone number				
	Michael T. McHuqh,	DDS, PA				s telephone number 238-0125			
	1246 Yellowstone, Ste. D3					2d Business code (see instructions) 621210			
3-	US Pocatello ID 83201	nd address X Same as Plan Spons			3b Administr				
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.				3c Administrator's telephone number 4b EIN					
			<b>4d</b> ₽N						
C	a Sponsor's name  C Plan Name								
5a	Total number of participants	at the beginning of the plan year			5a	6			
b	Total number of participants	at the end of the plan year	7 T T T T T T T T T T T T T T T T T T T		5b	6			
C	Number of participants with a	account balances as of the end of the	plan year (only defined	contribution plans	5c	5			
d(1	i) Total number of active part	ticlpants at the beginning of the plan y	/ear		5d(1)	5			
d(2		ticipants at the end of the plan year	***************************************	M	5d(2)	5			
0	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	Ō				
Cau	ution: A penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable cau	ise is establishe	d.			
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 or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
-8∤	SN ///MARIAN 77	11712 Cz - QD 7	8.28.2019	Michael T. McHud	àp				
HE	HERE Signature of Stan administrator Date Enter name of individ					idual signing as plan administrator			
A STATE OF THE	GN ////////////////////////////////////	MANIN 2017	9-28-2019	Michael T. McHud	qh	NUM I			
509086	Signature of employer	April apolisor	Date	Enter name of individua	ıı sıgnıng as emp	oyer or plan sponsor			

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No				
b	b 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.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
c	If the plan is a defined benefit plan, is it covered under the PBGC in							- The The december				
•	If "Yes" is checked, enter the My PAA confirmation number from the						res					
Not man	11 165 is directed, effici the My FAA confirmation number from the	РВСС рк	emium tiling for this year					(See instructions.)				
P	irt III. Financial Information											
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End of Year				
a	Total plan assets	7a	80	54,9	84			832,014				
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c	86	54,9	84		832,014					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	it				(b) Total				
a	Contributions received or receivable from: (1) Employers	8a(1)		9.5	25		in the state of					
	(2) Participants	8a(2)	3	9,525 g			Mark I					
	(3) Others (including rollovers)	8a(3)		,,		F/35/4						
b	Other income (loss)	8b	(6)	5,95	71							
C	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			20063	A CORTAGO PASS PASS PASS PASS PASS PASS PASS PAS	(32,686)					
d	Benefits paid (including direct rollovers and Insurance premiums		207 2 1 1 1 1 1 (	Barlath Barre	164 1/1/1000 W	3020	Crosson					
	to provide benefits)	8d				4,720,72						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				20/30/20 20/30/20						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			O.	Service of the servic						
g	Other expenses	8g	Provident Court (COE In 1982, CANCELL IN M. MARKS, CONTINUES IN	2	84							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				284						
<u> </u>	Net income (loss) (subtract line 8h from line 8c)				NA XX	87 70 70 (1700.00)	our Source Little med T	(32,970)				
6.850SA	Transfers to (from) the plan (see instructions)	8)				150		The second second second				
·	Partity Plan Characteristics											
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:											
$\rightarrow$	2E 2G 2J 3D											
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (	Code	s in the	instructions:				
ENEX.493	(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4											
***************************************	nt V Compliance Questions			-			D. JANGSOGSWI					
10	During the plan year:			,	Yes	No	N/A	Amount				
а												
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fic	iuclary Correction	10a		x						
b	· · · · · · · · · · · · · · · · · · ·	Do not in	nclude transactions	104			3423					
	reported on line 10a.)			10b		x						
C	Was the plan covered by a fidelity bond?			10c		x	SYV					
d												
	by fraud or dishonesty?			10d		х	65.60/6 000000000					
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some											
	the plan? (See instructions.)			10e	x		9.3	3,599				
f	f Has the plan failed to provide any benefit when due under the plan?			10f		х	1.445.10t 001.184.16					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					ж	N.C.					
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instru	ctions and 29 CFR	10g								
i				10h		x	27-67 A					
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101			10ì								

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F								
Par	Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an (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 ERISA?  (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					Yes	x	No
а	The state of the s							
15.	granting the waiver		D	ау	Ye	ar		
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin							
b	Enter the minimum required contribution for this plan year.	***************************************	12b					
c	Enter the amount contributed by the employer to the plan for the plan year							
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)							
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				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?	*********	E	Yes	X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
Ь	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	13c(1) Name of plan(s): 13c(2) E.				13	c(3) P	N(s)	