Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 6058(a) of the Internal Revenue Code (the Code).

Short Form Annual Return/Report of Small Employee

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

| Р | ension Benefit Guaranty Corporation | ▶ Complete all entries in accord | dance witl | h the instructions to the Form 5500 | 0-SF. | | | | |
|--------|--|---|-------------|--|--|-------------------------|--------------------|--|--|
| | | lentification Information | | | | | | | |
| For | calendar plan year 2009 or fisca | al plan year beginning 01/01/2009 | 9 | and ending 1 | 2/31/ | 2009 | | | |
| Α . | This return/report is for: | x single-employer plan | multiple-e | employer plan (not multiemployer) | | one-participa | ant plan | | |
| В . | This return/report is for: | first return/report | final retur | n/report | | _ | | | |
| | ' | an amended return/report | short plan | year return/report (less than 12 mor | nths) | | | | |
| C | Check box if filing under: | ☐ Form 5558 | • | extension | DFVC program | | | | |
| • | | special extension (enter description | | , extension | | Di vo piogit | | | |
| De | ut II Basia Blan Inform | _ ` ` ` . | , | | | | | | |
| | | mation—enter all requested information | ation | | 1h | Throo digit | 1 | | |
| | Name of plan N S. HUGHES, DDS, PLLC 40° | 1(K) PROFIT SHARING PLAN | | | טו | Three-digit plan number | | | |
| Di tii | 11 0.110 01120, 220, 1 220 10 | | | | | (PN) ▶ | 001 | | |
| | | | | | 1c | Effective date of | of plan | | |
| | | | | | | 01/01/2 | 2003 | | |
| | • | ess (employer, if for single-employer | plan) | | 2b | Employer Identi | | | |
| BRIA | N S. HUGHES, DDS, PLLC | | | | (EIN) 81-0674056 2c Plan sponsor's telephone numb | | | | |
| PO B | OX 4028 | | | | 20 | 360-68 | | | |
| 512 E | WASHINGTON ST, STE 3 | | | | 2d | | (see instructions) | | |
| | JIM, WA 98382 | | | | | 621210 |) | | |
| | Plan administrator's name and N S. HUGHES, DDS, PLLC | address (if same as Plan sponsor, er | | e") | 3b | Administrator's 81-067 | | | |
| DIVIA | N 3. HOGHES, DDS, FEEC | 512 E WASH | INGTON S | ST, STE 3 | 30 | telephone number | | | |
| | | SEQUIM, WA | A 98382 | | 00 | 360-68 | • | | |
| | • | an sponsor has changed since the las | | port filed for this plan, enter the | 4b | EIN | | | |
| - | name, EIN, and the plan numbe | r from the last return/report. Sponso | r's name | | 10 | PN | | | |
| 52 | Total number of participants at | the heginning of the plan year | | | 5a | PN | 4.0 | | |
| _ | 5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year | | | | | | 10 | | |
| | · | • • | | | 5b | | (| | |
| С | | ith account balances as of the end of | | The state of the s | 5c | | (| | |
| 6a | , , | luring the plan year invested in eligible | | | | | X Yes N | | |
| | | ne annual examination and report of a | | | | | | | |
| | under 29 CFR 2520.104-46? (| See instructions on waiver eligibility a | and conditi | ons.) | | | X Yes N | | |
| | | er 6a or 6b, the plan cannot use Fo | orm 5500- | SF and must instead use Form 550 | 00. | | | | |
| Pa | rt III Financial Informa | ation | | T | 1 | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | _ | (b) End | l of Year | | |
| а | Total plan assets | | . 7a | 107817 | _ | | (| | |
| р | • | | . 7b | | - | | | | |
| C | | 7b from line 7a) | 7c | 107817 | 7 | | (| | |
| 8 | Income, Expenses, and Transf | | | (a) Amount | | (b) | Total | | |
| а | Contributions received or recei | vable from: | 8a(1) | | | | | | |
| | | | 8a(2) | O | | | | | |
| | |) | | 0 | | | | | |
| b | , , | | | 19717 | | | | | |
| C | ` , | 8a(2), 8a(3), and 8b) | 8c | 10717 | | | 19717 | | |
| d | | rollovers and insurance premiums | | | | | | | |
| - | to provide benefits) | • | . 8d | 127534 | L | | | | |
| е | Certain deemed and/or correct | tive distributions (see instructions) | . 8e | C |) | | | | |
| f | Administrative service provider | rs (salaries, fees, commissions) | . 8f | C |) | | | | |
| g | Other expenses | | . 8g | C |) | | | | |
| h | Total expenses (add lines 8d, 8 | 8e, 8f, and 8g) | 8h | | | | 127534 | | |
| i | Net income (loss) (subtract line | e 8h from line 8c) | . 8i | | | | -107817 | | |
| i | Transfers to (from) the plan (se | ee instructions) | 8i | | | | | | |

| Form 5500-SF 2009 Page 2- 1 | P | ige 2- 1 | 1 |
|-------------------------------------|---|-----------------|---|
|-------------------------------------|---|-----------------|---|

| Daut IV/ | Diam | Characte | :-4: |
|----------|------|----------|---------|
| Part IV | Plan | Characte | ristics |

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2K 3E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| art | V Compliance Questions | | | | | | | | | |
|--|---|--------|---------|----------------------|---------|-----|-------|---------------------|--|--|
| 0 | During the plan year: | | Yes | No | | Ar | nount | | | |
| а | 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) | 10a | | X | | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | | | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | Χ | | | | | 10000 | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | Х | | | | | | |
| 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.) | 10e | | X | | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | Χ | | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | Χ | | | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR | 10h | | Х | | | | | | |
| 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 | 10i | | X | | | | | | |
| art | VI Pension Funding Compliance | | | | | | | | | |
| 1 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500)) | | | | | . [| Yes | X No | | |
| 2 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | or se | ction 3 | 802 of E | ERISA?. | . [| Yes | X No | | |
| (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 : | 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 | | | | | | |
| | 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 onegative amount) | | | 12d | | | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | | No | N/A | | |
| art | VII Plan Terminations and Transfers of Assets | | | | | | | | | |
| 3a | Has a resolution to terminate the plan been adopted during the plan year or any prior year? | | <u></u> | | | | 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 u of the PBGC? | | | | | | X Yes | No | | |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | e plar | n(s) to | | | 1 | | | | |
| 13c(1) Name of plan(s): | | | | 13c(2) EIN(s) | | | | 13c(3) PN(s) | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| aut | ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable | e cau | se is | establi | shed. | | | | | |
| ВВ о | r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re, it is true, correct, and complete. | | | | | | | | | |
| | | | | | | | | | | |

| SIGN | Filed with authorized/valid electronic signature. | 06/24/2010 | BRIAN HUGHES |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 06/24/2010 | BRIAN HUGHES |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

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 6058(a) of the Internal Revenue Code (the Code).

Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

| P | art I Annual Report Identification Information | | | | , | | | | |
|---------|---|----------------|---------------------------|-------------------------|---------------|---|--|--|--|
| For | the calendar plan year 2009 or fiscal plan year beginning | 2009- | 01-01 | and ending | 200 | 9-12-31 | | | |
| Α | This return/report is for: x single-employer plan | multiple-em | ployer plan (no | t multiemployer) | | one-participant plan | | | |
| В | This return/report is for: | final return/ | report | | _ | | | | |
| | | | • | ort (less than 12 month | s) | | | | |
| _ | Check box if filing under: Form 5558 automatic extension | | | | | DFVC program | | | |
| | special extension (enter description) | automatic c | Attribion | | L | Di vo program | | | |
| | | | | | | | | | |
| | art II Basic Plan Information enter all requested inform | ation. | | | 41 | | | | |
| та | Name of plan | | | | | hree-digit lan number | | | |
| | BRIAN S. HUGHES, DDS, PLLC 401(K) PROFIT SHARI | NG PLAN | Ī | | | PN) ▶ 001 | | | |
| | | | 1c Effective date of plan | | | | | | |
| 2a | Plan sponsor's name and address (employer, if for single-employer plan | ۸ | | | | 003-01-01 imployer Identification Number | | | |
| La | BRIAN S. HUGHES, DDS, PLLC |) | | | | EIN) 81-0674056 | | | |
| | · , | | | | | lan sponsor's telephone number | | | |
| | PO BOX 4028 512 E WASHINGTON ST, STE 3 | | | | | 360) 681-6834 | | | |
| US | SEQUIM WA 98382 | | | | | Susiness code (see instructions) | | | |
| 3a | Plan administrator's name and address (If same as plan employer, ente | r "Same") | | | | dministrator's EIN | | | |
| | Same | | | | | | | | |
| | | | | | 3c A | dministrator's telephone number | | | |
| | | | | | | | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last | return/reno | t filed for this n | lan enter the | 4b EIN | | | | |
| • | name, EIN and the plan number from the last return. Sponsor's Name | скиниторо | t med for tine p | ian, ontor the | 4c F | | | | |
| = | | | | | | | | | |
| 5a b | Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year | | | | 5a 5b | 10 | | | |
| C | Total number of participants at the end of the plan year | | | | 30 | 3 | | | |
| | complete this item) | | | | 5c | 0 | | | |
| 6a | Were all of the plan's assets during the plan year invested in eligible as | | | | | XYes No | | | |
| b | Are you claiming a waiver of the annual examination and report of an in | | | , , | | Wyo Die | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | | |
| P | art III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) B | eginning of Year | | (b) End of Year | | | |
| а | Total plan assets | 7a | | 107,817 | | 0 | | | |
| b | Total plan liabilities | 7b | | | + | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | | 107,817 | | 0 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | 震動器 | | a) Amount | | (b) Total | | | |
| a | Contributions received or receivable from: | 224251222 | | a) Amount | 824 | (D) TOTAL | | | |
| | (1) Employers | 8a(1) | | 0 | | | | | |
| | (2) Participants | 8a(2) | | 0 | | | | | |
| | (3) Others (including rollovers) | . <u>8a(3)</u> | | 0 | | | | | |
| b | Other income (loss) | . 8b | | 19,717 | | | | | |
| ç | Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | 19,717 | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | | | 100 50 | ACTOR IS | | | | |
| е | to provide benefits) Certain deemed and/or corrective distributions (see instructions) | 8d | | 127,534 | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8e | | 0 | | | | | |
| g | Other expenses | . 8f | | 0 | | | | | |
| _ | · | 8g | | 0 | 500 | 107 704 | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | 127,534 | | | |
| ! | Net income (loss) (subject line 8h from line 8c) | . 8i . 8j | | | | (107,817) | | | |
| | | . XI | | | 10.5 - 10.6 - | | | | |

| | | Form 5500-SF (2009) | Page | e Z- | | | | | | |
|-------------------|-------------|--|---------------------------------------|-----------------------|--------|------------|-------------------|------------------|---|-------|
| Par | t IV | Plan Characteristics | | | | | | | ··········· | |
| 9a | If the | plan provides pension benefits, enter the applicable pension feature code | es from the List of | Plan Characterist | ic Co | des in | the ins | tructions: | | |
| h | If the | 2E 2F 2J 2K 3E plan provides welfare benefits, enter the applicable welfare feature code | es from the List of P | Plan Characteristic | : Cod | es in t | he instr | uctions: | | |
| ~ | | plan provided wellare benefits, effect the applicable wellare leature code | o nom the bloc of t | ian onaradionolic | , 000 | 00 111 0 | 110 11100 | donono. | | |
| Par | t۷ | Compliance Questions | | | | | | | | |
| 10 | Dι | ring the plan year: | · · · · · · · · · · · · · · · · · · · | | | Yes | No | Am | ount | |
| а | | as there a failure to transmit to the plan any participant contribution within | * | | 10a | | x | | | |
| b | | CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corrected there any nonexempt transactions with any party-in-interest? (Do not in the control of the contro | | s reported | IVA | | | | | |
| | on | line 10a.) | | | 10b | | X | | | |
| С | W | as the plan covered by a fidelity bond? | | | 10c | х | | | 10 | ,000 |
| d | | I the plan have a loss, whether or not reimbursed by the plan's fidelity bor dishonesty? | | • | 40.1 | | $ _{\mathbf{x}} $ | | | |
| _ | | • | | | 10d | | <u> </u> | | | |
| е | ins | ere any fees or commisions paid to any brokers, agents, or other persons urance services or other organization that provides some or all of the beretructions.) | nefits under the pla | n? (See | 10e | | х | | | |
| f | | is the plan failed to provide any benefit when due under the plan? | | 101 | 10f | | х | | | |
| g | | d the plan have any participant loans? (If "Yes," enter amount as of year | | | 10g | | x | | | |
| h | | his is an individual account plan, was there a blackout period? (See instru | · | | 109 | | | | | |
| _ | | 20.101-3.) | | | 10h | | x | | | |
| ı | | I 0h was answered "Yes," check the box if you either provided the required ceptions to providing the notice applied under 29 CFR 2520.101-3 | | | 10i | | | | | |
| Par | ALCOHOLD DO | Pension Funding Compliance | | | | | | | | |
| 11 | ls | this a defined benefit plan subject to minimum funding requirements? (If | | • | | | • | | Yes X | المات |
| 12 | | 00)) | | | | | | | Yes X | |
| 12 | | this a defined contribution plan subject to the minimum funding requireme "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | ents of section 412 | of the Code of Si | ecuoi | 1 302 (|)I EKIO | Ar | Lies E | .]140 |
| а | • | a waiver of the minimum funding standard for a prior year is being amortize | zed in this plan yea | ar, see instructions | s, and | i enter | the da | te of the letter | rulina | |
| | gr | anting the waiver | | Mon | | | | | | |
| _ | - | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo | • • | • | | Γ | 12b | | | |
| b | | Iter the minimum required contribution for this plan year | | | | | 12c | | | |
| c d | | iter the amount contributed by the employer to the plan for this plan year ubtract the amount in line 12c from the amount in line 12b. Enter the resu | | ign to the left of a | | • | | | | |
| | | gative amount) | | • | | . [| 12d | | | 0 |
| е | NUTCHING ! | ill the minimum funding amount reported on line 12d be met by the funding | ng deadline? . | | • | | | Yes | No | N/A |
| 20000 | t VI | | | | | | | | | ٦ |
| 13a | | as a resolution to terminate the plan been adopted during the plan year or | | | | ٠, ۲ | · · · | | X Yes | No |
| | | "Yes," enter the amount of any plan assets that reverted to the employer t | | | • | <u>: :</u> | 13a | | | |
| b | | ere all the plan assets distributed to participants or beneficiaries, transfenthe PBGC? | red to another plan | i, or brought unde | r the | contro | | | X Yes | No |
| C | | during this plan year, any assets or liabilities were transferred from this pl nich assets or liabilities were transferred. (See instructions.) | lan to another plan | (s), identify the pla | an(s) | to | | | | |
| | 13c | 1) Name of plan(s): | | | | 1 | 3c(2) E | IN(s) | 13c(3) PN | l(s) |
| | | | | | | | | | , | |
| | | | | | | | | ******** | | |
| | | | | | | | | | | |
| Cau | tion | A penalty for the late or incomplete filing of this return/report will I | be assessed unle | ess reasonable c | ause | is es | tablish | ed. | | |
| | | nalties of perjury and other penalties set forth in the instructions, I declare | | | | | | | nedule | |
| SB | or Sc | nedule MB completed and signed by an enrolled actuary, as well as the el | lectronic version of | this return/report, | and | to the | best of | my knowledge | and | |
| 124 | Cist | s true, correct, and complete. | Julian David | Briar | ` | 5. | Lh | iahes | | |
| Corporate Control | GN | | June 2010 | <u> </u> | | | | 7 1 | *************************************** | |
| 123 | | Signature of plah administrator Da | June2010 | Enter name of inc | | al sign | ing as j | tug he | | |
| 25/50SHT | GN ERE | | | | | | <u>, 1</u> | <u> </u> | | |
| | | Signature of employer/plan sponsor Da | ite | Enter name of inc | lividu | al sign | ing as e | employer or pla | an sponsor | |