Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan						OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	1065 of the Employee Re	etirement	2017				
Employee Be	epartment of Labor enefits Security Administration	57(b) and 6058(a) of the e).	Internal	This Form is Open to Public Inspection				
Pension Be	nefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	500-SF.	Fublic hispection		
Part I		dentification Information	047	and anding 10	004/0047			
For calenda	ar plan year 2017 or fisc I				2/31/2017 Filers check	king this box must attach a		
A This ret	urn/report is for:	X a single-employer plan	list of participating en			vith the form instructions.)		
P This rate	um /ran art ia	a one-participant plan	a foreign plan					
B This retu		the first return/report	the final return/report					
	[an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)			
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	rogram		
	[special extension (enter descri	ption)					
Part II	Basic Plan Infor	mation—enter all requested info	ormation					
1a Name	•				1b Thre	5		
DENNIS HIG	GINS, DDS, PS 401(K)	PROFIT SHARING PLAN			pian (PN)	number 001		
					()	ctive date of plan		
						01/01/1993		
		er, if for a single-employer plan) , apt., suite no. and street, or P.O.	. Box)		2b Employer Identification Number (EIN) 91-1616547			
City or		, country, and ZIP or foreign posta		ructions)	(EIN) 91-1616547 2c Sponsor's telephone number			
					2d Dura	509-554-7465		
90 COLUMB	IA POINT DRIVE				ZU Busir	ness code (see instructions)		
RICHLAND,						621210		
3a Plan a	dministrator's name and	I address X Same as Plan Spon	sor		3h Admi	nistrator's EIN		
			301.					
					3c Administrator's telephone number			
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last r	eturn/report filed for	4b EIN			
•		sor's name, EIN, the plan name a	nd the plan number from the	ne last return/report.	4d PN			
a Sponso C Plan N					4u PN			
5a Total r	number of participants a	t the beginning of the plan year			5a	3		
b Total r	number of participants a	t the end of the plan year			5b	2		
		ccount balances as of the end of t			5c	2		
d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year		5d(1)	2		
d(2) Tota	al number of active parti	icipants at the end of the plan yea	r		5d(2)	2		
		erminated employment during the			5e	0		
Caution: A	penalty for the late or	r incomplete filing of this return	/report will be assessed	unless reasonable cau	use is estal	blished.		
Under pena SB or Sche	alties of perjury and othe dule MB completed and	er penalties set forth in the instruc I signed by an enrolled actuary, as	tions, I declare that I have	examined this return/rep	port, includi	ng, if applicable, a Schedule		
	Filed with authorized/v	ete. alid electronic signature.	05/24/2018	DENNIS L. HIGGINS				
SIGN HERE						an plan administrates		
	Signature of plan ad	mmstrator	Date	Enter name of individu	uai signing	as pian auministrator		
SIGN HERE	Cime et une of a much		Data		und nationaliza			
	Signature of employ	er/pian sponsor	Date	Enter name of individu	uai signing	as employer or plan sponsor		

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

Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	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		,	
	If you answered "No" to either line 6a or line 6b, the plan cann			
С	If the plan is a defined benefit plan, is it covered under the PBGC in			
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1717295	2228907
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1717295	2228907
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:			
	(1) Employers	8a(1)	2280	
	(2) Participants	8a(2)	2000	
	(3) Others (including rollovers)	8a(3)	301536	
b	Other income (loss)	8b	216804	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		522620
d	Benefits paid (including direct rollovers and insurance premiums			
	to provide benefits)	8d	100	
e	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	10908	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		11008
i	Net income (loss) (subtract line 8h from line 8c)	8i		511612
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 feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2H 2J 2T 3D

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

Part	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
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) 10	a	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	х	
С	Was the plan covered by a fidelity bond? 10	c X		185000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10	d	x	
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.) 10	e	x	
f	Has the plan failed to provide any benefit when due under the plan?	f	Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	g	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	x	
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	Di		

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Part	VI	Pension Funding Compliance				
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)	edule S	SB	·	Yes X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 c	f	. 🛛	Yes X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and the waiver.	d enter Da		of the lette _ Year _	
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Ente	r the minimum required contribution for this plan year	12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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	N	lo
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a			C
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?		. [Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3	8) PN(s)

Form 5500-SF	Short Form Annual R		of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		Benefit Plan	205 (A) 5		2017				
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.								
and a second contract of the second secon	Identification Information	lance with the instr	uctions to the Form 5	00-SF.					
	scal plan year beginning 01/01/2017	ang te anti-sa sa s	and ending 12/3	1/2017					
A This return/report is for:	a single-employer plan		an (not multiemployer) (l	Filers check	ing this box must attach a ith the form instructions.)				
B This return/report is	the first return/report	e final return/report	n/report (less than 12 m	onths)					
C Check box if filing under:	special extension (enter description)	utomatic extension		DFVC pr	ogram				
Part II Basic Plan Info	rmation—enter all requested informati	on							
1a Name of plan Dennis Higgins, DDS, PS 401(k) P	rofit Sharing Plan			(PN)	number 001				
					tive date of plan 1/1993				
	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O. Box) a, country, and ZIP or foreign postal code	e (if foreign, see instr	uctions)	(EIN)	oyer Identification Number 91-1616547				
Dennis L. Higgins, D.D.S., P.S.					2c Sponsor's telephone number (509) 554-7465				
90 Columbia Point Drive				2d Busin 62121	ess code (see instructions) 10				
Richland, WA 99352									
3a Plan administrator's name an	d address 🗙 Same as Plan Sponsor.			3b Admir	histrator's EIN				
				3c Admir	nistrator's telephone number				
 4 If the name and/or EIN of the this plan, enter the plan spor a Sponsor's name c Plan Name 	plan sponsor or the plan name has char nsor's name, EIN, the plan name and the	nged since the last re plan number from th	turn/report filed for le last return/report.	4b EIN 4d PN					
5a Total number of participants	at the beginning of the plan year			5a	3				
b Total number of participants	at the end of the plan year			5b	2				
	account balances as of the end of the pla			5c	2				
	ticipants at the beginning of the plan yea			5d(1)	2				
	ticipants at the end of the plan year terminated employment during the plan y			5d(2)	2				
than 100% vested	., , ,			5e	0				
Under penalties of perjury and oth	or incomplete filing of this return/reporter penalties set forth in the instructions, indicated by an enrolled actuary, as well ableter and the instruction of the set of the se	declare that I have	examined this return/rep	oort, includir	ng, if applicable, a Schedule				
SIGN X Jennes	A Hugger, DBS NS		Dennis L. Higgins						
HERE Signature of plan ad		Date 5/24/18	Enter name of individu	ual signing a	is plan administrator				
SIGN HERE Signature of employ	- All and a state of the second se	Date 5/24/18	Enter name of individu	ual signing a	is employer or plan sponsor				

Benter name of individual signing as employer or plan sponsor Form 5500-SF (2017) v.170203 For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Date 5/47/ 2018-04-30717:00:18.647-05:00

								V Vaa	
ьа b	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 a		· · · · · ·					X Yes	No
N N	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 cann	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes X No	Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this p	lan yea	r			(See instru	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Voar			(b) Enc	l of Year	
<u>′</u>	Total plan assets	7a	(a) beginning	171729				222890)7
	Total plan liabilities	7a 7b						222030	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Net plan assets (subtract line 7b from line 7a)	70 70		171729	95			222890)7
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amour		50		(b) ¹	Total	
 	Contributions received or receivable from:		(a) Alliour				(0)	TOLAI	
	(1) Employers	8a(1)		228	30				
	(2) Participants	8a(2)		200	00				
	(3) Others (including rollovers)	8a(3)		30153	36				
b	Other income (loss)	8b		21680	04				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						52262	0
d	Benefits paid (including direct rollovers and insurance premiums			10	00				
	to provide benefits)	8d			0				
	Certain deemed and/or corrective distributions (see instructions)	8e		1090	-				
	Administrative service providers (salaries, fees, commissions)	8f		1090	0				
<u> </u>	Other expenses	8g			_			4400	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				11008			
÷	Net income (loss) (subtract line 8h from line 8c)	8i				+		51161	2
J	Transfers to (from) the plan (see instructions)	8j							
-	t IV Plan Characteristics	6 t				- ti - O -		4	
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 2T 3D	teature co	des from the List of Pi	an Cha	racteri	STIC CO	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	acterist	ic Cod	es in the instr	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 contr bu								
	descr bed in 29 CFR 2510.3-102? (See instructions and DOL's V	-	-	100		Х			
h	Program) Were there any nonexempt transactions with any party-in-interest			10a					
	reported on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х				185000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
e	Were any fees or commissions paid to any brokers, agents, or oth								
	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	4.0		Х			
	the plan? (See instructions.)			10e		~			
f				10f		X			
g				10g		Х			
n	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х			

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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 So (Form 5500) and line 11a below)			Y	es X No
11a	Enter the unpaid minimum required contr butions 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 sect ERISA?	on 302	of	Y	es 🗙 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 Da		of the letter Year	[.] ruling
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			
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	No	D
	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 th control of the PBGC?	e		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 which assets or liabilities were transferred. (See instructions.)	s) to			
1	13c(1) Name of plan(s): 13c(2) EIN(s	5)	13c(3)	PN(s)
		2) EIN(8	,)	130(3)	