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**

Parti	Annuai Repor	t identification information				
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 08/	31/2018	
A This ret	curn/report is for:	a single-employer plan		lan (not multiemployer) (Fmployer information in acc	_	
D =:	, ,	a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	x the final return/report			
		an amended return/report	X a short plan year retu	rn/report (less than 12 mor	nths)	
C Check b	box if filing under:	Form 5558	automatic extension		DFVC progra	m
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name	•	•			1b Three-digi	t
	•	I(K) PROFIT SHARING PLAN			plan numb	
					(PN) •	001
					1c Effective of	late of plan 01/01/1993
2a Plan st	nonsor's name (emp	loyer, if for a single-employer plan)			2h Employer	Identification Number
Mailing	g address (include ro	om, apt., suite no. and street, or P.0			(EIN)	91-1616547
-		nce, country, and ZIP or foreign pos	tal code (if foreign, see inst	tructions)	2c Sponsor's	telephone number
DENNIS L. H	HIGGINS, D.D.S., P.S	5.				9-554-7465
					2d Business of	code (see instructions)
115 MEADO						621210
RICHLAND, '	WA 99332					
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor		3b Administra	tor's FIN
oa mana		and address A came as rian ope	11001.		ob / tallilliotra	NOT O EII V
					3c Administra	tor's telephone number
		he plan sponsor or the plan name hoonsor's name, EIN, the plan name a		'	4b EIN	
•	or's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4d PN	
C Plan N	lame					
					E o	
		ts at the beginning of the plan year.			5a	2
		ts at the end of the plan yearh account balances as of the end of			5b	0
		n account daiances as of the end of		-	5c	0
d(1) Tota	al number of active p	participants at the beginning of the p	lan year		5d(1)	2
d(2) Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	0
		no terminated employment during th			5e	0
Caution: A	penalty for the late	e or incomplete filing of this retur	n/report will be assessed	l unless reasonable caus	se is establishe	ed.
Under pena	alties of perjury and	other penalties set forth in the instru	ctions, I declare that I have	e examined this return/repo	ort, including, if	applicable, a Schedule
	edule MB completed true, correct, and cor	and signed by an enrolled actuary, and signed by an enrolled actuary, and	as weii as the electronic ve	ersion of this return/report,	and to the best	or my knowleage and
SIGN		ed/valid electronic signature.	02/28/2019	DENNIS L. HIGGINS		
HERE	Signature of plan	administrator	Date	Enter name of individua	al signing as pla	an administrator
SIGN					<u> </u>	
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individua	al signing as am	nployer or plan sponsor
	, 2.ga.a.o oi oilip	, , p.a oponoon	Duito	Entor name of marvida	S. Signing as GII	.p.ojoi oi piaii apoilaol

Form 5500-SF (2018) Page **2**

	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 of the you answered "No" to either line 6a or line 6b, the plan cannot be a set of the plan cannot be under the plan ca	an indepe and condi	ndent qualified public a	account	ant (IC	QPA)		
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 the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes X No	Not determined . (See instructions.)
Pa	rt III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year
<u>a</u>	Total plan assets	7a	22	28907				0
b	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	22	28907				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
<u>b</u>	Other income (loss)	8b	-:	20385				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-20385
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	22	00143				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		8379				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2208522
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-2228907
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2H $$ 2T $$ 3D	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 Co	des 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 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.)	t? (Do not	include transactions	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	X			185000
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		Х		
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		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 2520.10	•		10i				

Form 5500-SF (2018)	Page 3-

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)		SB	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 se ERISA?		of	Yes X 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, granting the waiver	and enter Da		of the letter ruling Year
lf y	ou 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 Ye	s 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		X Yes No
С	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.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of the Treasury Informal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Department of Letter

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 8057(b) and 6058(a) of the Internal Revenue Code (the Code).

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or	fiscal plan year beginning 01/01/2	018	and ending 08	/31/2018	
A This return/report is for:	🗵 a single-employer plan	list of participating er	lan (not multiemployer) riployer information in a	(Filers checking to accordance with the	his box must attach a ne form instructions.)
B This return/report is	a one-participant plan	a foreign plan			
O mas returnareport is	the first return/report	x the final return/report			
	an amended return/report	a short plan year retu	m/report (less than 12 n	months)	
C Check box if filing under:	Form 5558	automatic extension		☐ DFVC progra	_
	special extension (enter desc	The state of the s		☐ brac biogra	em.
Part II Basic Plan Info	ormation—enter all requested in				
1a Name of plan	one an requestion	IKATISEGOTI		1h Thursday	
Dennis Higgins, DDS, PS 401(k)	Profit Sharing Plan			1b Three-digit plan numb	OF
				(PN) ▶	001
20 0	- 10			1c Effective d 01/01/199	
Mailing address (include roo	oyer, if for a single-employer plan) orn, apl., suite no, and street, or P.	O Box)		2b Employer I (EiN) 91-1	dentification Number
dennis L. Higgins, D.D.S., P.S.	ce, country, and ZIP or foreign pos	tal code (if foreign, see inst	ructions)	2c Sponsor's	telephone number 509) 554-7465
				The state of the s	ode (see Instructions)
15 Meadow Hills Dr				621210	,
ichland, WA 99352					
Se Fun scriminguators name a	nd address 🗓 Same as Plan Spo	nsor.		3b Administrat	tor's EIN tor's telephone number
				3c Administral	34 (1957))
4 If the name and/or EIN of the this plan, enter the plan spo	e plan sponsor or the plan name h	99 Channed since the last re-	Num/report filed for	Control of the state of the sta	34 (1921).
4 If the name and/or EIN of the this plan, enter the plan spo a Sponsor's name		99 Channed since the last re-	Murn/report filed for se last return/report.	3c Administral	34 (1957))
4 If the name and/or EIN of the this plan, enter the plan spo	e plan sponsor or the plan name h	99 Channed since the last re-	Num/report filed for a last return/report.	3c Administrat	34 (1921).
4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name c Plan Name	e plan sponsor or the plan name h nsor's name, EIN, the plan name a	as changed since the last re and the plan number from th	e last retum/report.	3c Administrat	tor's telephone number
4 If the name and/or EIN of the this plan, enter the plan spotal Sponsor's name C Plan Name 5a Total number of participants b Total number of participants	e plan sponsor or the plan name hason's name, EIN, the plan name a at the beginning of the plan year	as changed since the last re and the plan number from th	e last return/report.	3c Administral 4b EIN 4d PN	tor's telephone number
4 If the name and/or EIN of the this plan, enter the plan spotal Sponsor's name C Plan Name 5a Total number of participants b Total number of participants C Number of participants with:	e plan sponsor or the plan name hason's name, EIN, the plan name at the beginning of the plan year	as changed since the last re and the plan number from the	e last return/report.	3c Administrat 4b EIN 4d PN 5a	tor's telephone number
4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	e plan sponsor or the plan name has of a name, EIN, the plan name a at the beginning of the plan year	as changed since the last re and the plan number from th the plan year (only defined	e last return/report.	3c Administrat 4b EIN 4d PN 5a 5b 5c	tor's telephone number
4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants with a complete this item)	e plan sponsor or the plan name hason's name, EIN, the plan name at the beginning of the plan year	as changed since the last re and the plan number from th the plan year (only defined an year	contribution plans	3c Administrat 4b EIN 4d PN 5a 5b 5c 5d(1)	tor's telephone number
4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants c Number of participants with a complete this item)	e plan sponsor or the plan name has of a name, EIN, the plan name a at the beginning of the plan year	as changed since the last re and the plan number from the the plan year (only defined an year	contribution plans	3c Administrat 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2)	tor's telephone number
4 If the name and/or EIN of the this plan, enter the plan spots. Sponsor's name. C Plan Name. 5a Total number of participants. b Total number of participants. C Number of participants with a complete this item)	e plan sponsor or the plan name has of a name, EIN, the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year dicipants at the beginning of the plan year terminated employment during the princomplete filling of this return	as changed since the last re and the plan number from the the plan year (only defined an year	contribution plans	3c Administrat 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e	2 0 0 2 0 0
4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants with a complete this item)	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of dicipants at the beginning of the plan ficipants at the beginning of the plan year terminated employment during the per incomplete filling of this return ter penalties set forth in the instruc-	as changed since the last re and the plan number from the the plan year (only defined an year ar plan year with accrued ber	contribution plans refits that were less	3c Administrat 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ise is established	2 0 0 2 0
4 If the name and/or EIN of the this plan, enter the plan spots a Sponsor's name. C Plan Name. 5a Total number of participants. b Total number of participants with a complete this item)	e plan sponsor or the plan name has or's name, EIN, the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year decipants at the beginning of the plan year ferminated employment during the per incomplete filling of this return the penalties set forth in the instructed signed by an enrolled actuary, a slete.	as changed since the last re and the plan number from the the plan year (only defined an year plan year with accrued ber veport will be assessed unions, I declare that I have a swell as the electronic vers	contribution plans	3c Administral 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ise is established	2 0 0 2 0
4 If the name and/or EIN of the this plan, enter the plan spots a Sponsor's name. C Plan Name 5a Total number of participants. b Total number of participants with a complete this item)	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of dicipants at the beginning of the plan dicipants at the beginning of the plan year terminated employment during the per incomplete filling of this return ter penalties set forth in the instruc- al signed by an enrolled ectuary, a slete.	as changed since the last reand the plan number from the plan year (only defined an year with accrued beautions, I declare that I have as well as the electronic vers	contribution plans contribution	3c Administrat 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e see is established out, including, if a and to the best of the be	2 0 0 2 0 d. pplicable, a Schedule and
4 If the name and/or EIN of the this plan, enter the plan spots a Sponsor's name C Plan Name 58 Total number of participants b Total number of participants C Number of participants with complete this item)	at the beginning of the plan name as at the beginning of the plan year at the end of the plan year account balances as of the end of dicipants at the beginning of the plan dicipants at the beginning of the plan year terminated employment during the per incomplete filling of this return ter penalties set forth in the instruc- dicipants.	as changed since the last re and the plan number from the the plan year (only defined an year plan year with accrued ber veport will be assessed unions, I declare that I have a swell as the electronic vers	contribution plans	3c Administrat 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e see is established out, including, if a and to the best of the be	2 0 0 2 0 d. pplicable, a Schedule and

Form 5500-SF (2018)

Form 5500-SF (2	2018
-----------------	------

Page 2

6a b	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-487 (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an indepen	ident qualified public ons.)	accou	ntant (IQPA)		X Ye	s No
	If the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the state of the plan is a defined benefit plan, is it covered under the PBGC if	insurance pr	rogram (see ERISA	section	4021)	? [] Ye	es ⊠No [Not de	termined uctions.)
Pa	rt III Financial Information						-	-	
7	Plan Assets and Liabilities		(a) Beginning	of Yes			AN Francis		
a	Total plan assets	. 7a	(a) and	22289		-	(b) End o	rear	0
b	Total plan liabilities	7b					-		U
C	Net plan assets (subtract line 7b from line 7a)	7c		22289	07				0
8	Income, Expenses, and Transfers for this Plan Year	1000	(a) Amou	int			(b) To	led.	-
a	Contributions received or receivable from: (1) Employers	8a(1)	1007		0		(0) 10	LOSI .	10.13
	(2) Participants	8a(2)			0	Alma Va	We to the	and a second	
	(3) Others (including rollovers).	8a(3)			0				197
b	Other Income (loss)	8b		-203	85		Was a		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1				-2038	35
_	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		22001	43				
e	Certain deemed and/or corrective distributions (see instructions)	8e			0			100	
1	Administrative service providers (salaries, fees, commissions)	8f		83	79	P.YE		15000	
g	Other expenses	8g				- 0.07		-	177
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and the same	/-		W-214 - 1-		220852	22
1	Net income (loss) (subtract line 8h from line 8c)	8i					CHT	-222890	07
1	Transfers to (from) the plan (see instructions)	8j				333	The Park	W. Tarre	
þ	If the plan provides pension benefits, enter the applicable pension 2E 2F 2H 2T 3D If the plan provides welfare benefits, enter the applicable welfare for								
Par		2000							
10	During the plan year:			5	Yes	No	Am	ount	
-	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DOL's V. Program)	oluntary Fid	uciary Correction	10a		x		722	
	were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	dude transactions	10b		x			
¢	Was the plan covered by a fidelity bond?			10c	×		HE CO.		185000
d	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	fidality board	that were coursed	10d		x			100000
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons b	y an insurance	10a		×			
f	Has the plan failed to provide any benefit when due under the plan	7		10f	4 8	x			
	Did the plan have any participant loans? (If "Yes," enter amount as		And the second of the second o	10F		X			_
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructi	ons and 29 CFR	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-	e remained no	ntice or one of the	10i					

Form	5500-SF	(2018)

Page 3- 1

m 5500) and line 11a below)	00) line 40	1				X No
his a defined contribution plan subject to the minimum funding requirements of section.		11-		_		
Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	412 of the Code or section	no 202	sf .		Yes	No.
walver of the minimum funding standard for a prior year is being amortized in this plan of	year, see instructions, an					ing
ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	skip to line 13.			1 60		
		12b	1 1			
		12c				
ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus	sign to the left of a	12d				
the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	111	WA.
Plan Terminations and Transfers of Assets		-	-			0.20
a resolution to terminate the plan been adopted in any plan year?			X Yes	П	No	. 6.0
es," enter the amount of any plan assets that reverted to the employer this year		13a				0
e all the plan assets distributed to participants or beneficiaries, transferred to another of			×	Yes	∏ No	-
iring this plan year, any assets or liabilities were transferred from this plan to another o	lan(s), identify the plan(s) to	-			
Name of plan(s):	13c(2	ElN(s)	T	130	(3) PN	(s)
e e e e e e	pempleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and at the minimum required contribution for this plan year. The amount contributed by the employer to the plan for this plan year act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus five amount) The minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Transfers of Ass	In the minimum required contribution for this plan year the amount contributed by the employer to the plan for this plan year act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a give amount) the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets resolution to terminate the plan been adopted in any plan year? all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the plan grant plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred. (See instructions.)	perpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The minimum required contribution for this plan year	perspected line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The minimum required contribution for this plan year	regulate Variety St.	pempleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The minimum required contribution for this plan year