

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** 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** This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan MONTANA CENTER FOR LASER DENTISTRY 401(K) RETIREMENT PLAN		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	01/01/2007
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MONTANA CENTER FOR LASER DENTISTRY 6516 HIGHWAY 93 SOUTH WHITEFISH, MT 59937		2b Employer Identification Number (EIN)	46-4379277
		2c Sponsor's telephone number	406-862-1010
		2d Business code (see instructions)	621210
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		3b Administrator's EIN	
		3c Administrator's telephone number	
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. a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5a Total number of participants at the beginning of the plan year.....		5a	19
b Total number of participants at the end of the plan year		5b	19
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		5c	16
d(1) Total number of active participants at the beginning of the plan year		5d(1)	13
d(2) Total number of active participants at the end of the plan year.....		5d(2)	13
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		5e	0

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 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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/07/2023	DAVID DODRILL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/07/2023	DAVID DODRILL
	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 (2022)
v.220413

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- 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.) Yes No
- 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 insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	1111377	1045304
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	1111377	1045304
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	31512	
(2) Participants.....	8a(2)	65188	
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	-117993	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		-21293
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	44780	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f		
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		44780
i Net income (loss) (subtract line 8h from line 8c).....	8i		-66073
j Transfers to (from) the plan (see instructions).....	8j		

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 2J 3D 2K 2G	
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
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).....	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?.....	10c	X		112000
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		X	
e 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		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h		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.....	10i			

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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- Yes.
- No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

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.Month Day Year

If 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**

c 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?..... 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? 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 under the control of the PBGC?..... Yes 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Form 5500-SF

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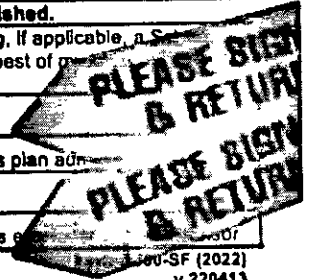
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SIGN HERE		X	7/7/23	X	DAVID DODRILL
	Signature of plan administrator		Date		Enter name of individual signing as plan administrator
SIGN HERE		X	7/7/23	X	DAVID DODRILL
	Signature of employer/plan sponsor		Date		Enter name of individual signing as employer/plan sponsor

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



- 6a. Were all of the state assets during the past year covered in a eligible account? See instructions. Yes No
- b. Are you claiming a waiver of the annual contribution and report if an assignment, qualified public accounting, CPA, or other 280F 2521(a)-4(f) See instructions or waiver slightly not available. Yes No
- c. If the plan or contract beneficiary is a covered under the PBOC insurance program and 280F 2521(a)-4(f) Yes No See instructions. If "Yes" is checked, enter the PBA contractor number from the PBOC program filing for the past year. See instructions.

Part III Financial Information

7. Part Assets and Liabilities	2017	At Beginning of Year	At End of Year
a. Total net assets	74	1,125,114	1,125,114
b. Total net liabilities	74		
c. Net net assets reported line 7a less line 7b	74	1,125,114	1,125,114
8. Income, Expenses, and Transfers for the Past Year	2017	At Amount	At Year
a. Contributions received or transferred from:			
(1) Employees	85	71,114	
(2) Participants	85	71,114	
(3) Other (including rollovers)	85		
b. Other income less:	85	11,114	
c. Total income less lines 8a(1), 8a(2), 8a(3), and 8b	85	60,000	
d. Benefits paid including death rollovers and insurance payments to former benefits	85	44,714	
e. Capital losses under applicable distributions and rollovers	85		
f. Administrative services provided, interest, fees, commissions	85		
g. Other expenses	85		
h. Total expenses less lines 8d, 8e, 8f, and 8g	85	44,714	
i. Net income from operations line 8c less line 8h	85	15,286	
j. Transfers to/from the plan (see instructions)	85		

Part IV Plan Characteristics

- 9a. The plan provides benefits under the applicable welfare benefit plan from the date of Plan Commencement. Check in the instructions.
- b. The plan provides welfare benefits under the applicable welfare benefit plan from the date of Plan Commencement. Check in the instructions.

Part V Compliance Questions

10. During the past year:	Yes	No	Amount
a. Was there a failure to comply with the plan or investment restrictions after the last audit conducted in 2017 under 280F 2521(a)-4(f)? See instructions and 280F 2521(a)-4(f) and 280F 2521(a)-4(f) Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Were there any prohibited transactions with any party-in-interest? Do not include prohibited transfers to the plan.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Was the plan covered by a fidelity bond?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1,125,114
d. Did the plan have a bond, whether or not required by the plan's fidelity bond, for the amount of trust or deposits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e. Were any fees or commissions paid to any director, officer, or other person by or for the plan, insurance service, or other organization for services done or all of the benefits under the plan? See instructions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f. Was the plan used to provide any benefit when the plan was not in effect?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g. Did the plan have any prohibited loans? If "Yes," enter amount in column.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h. If this is an individual account plan, was there a prohibited loan? See instructions and 280F 2521(a)-4(f).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i. If this was a covered "Yes" under the plan, did you either provide the required notice or file of the compliance in providing the notice under 280F 2521(a)-4(f).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Part VII Pension Funding Obligations

12. Is there a pension or other retirement funding agreement? If "Yes," see questions 13 through 15. If "No," skip to question 16. Yes No

13. For the year, was the funding agreement a qualified pension plan? Yes No

14. If "Yes" to question 13, was the funding agreement for the year covered by ERISA, and the agreement was not a self-insured plan? Yes No

15. If "Yes" to question 14, was the funding agreement for the year covered by ERISA, and the agreement was not a self-insured plan? Yes No

16. The funding agreement for the year was not a qualified pension plan, and the agreement was not a self-insured plan. Was the agreement for the year covered by ERISA, and the agreement was not a self-insured plan? Yes No

17. The funding agreement for the year was not a qualified pension plan, and the agreement was not a self-insured plan. Was the agreement for the year covered by ERISA, and the agreement was not a self-insured plan? Yes No

18. The funding agreement for the year was not a qualified pension plan, and the agreement was not a self-insured plan. Was the agreement for the year covered by ERISA, and the agreement was not a self-insured plan? Yes No

19. Is there a pension or other retirement funding agreement of Section 401 of the Internal Revenue Code? Yes No

20. For the year, was the pension funding agreement for a year-end funding agreement? Yes No

21. For the year, was the pension funding agreement for a year-end funding agreement? Yes No

22. For the year, was the pension funding agreement for a year-end funding agreement? Yes No

23. For the year, was the pension funding agreement for a year-end funding agreement? Yes No

24. For the year, was the pension funding agreement for a year-end funding agreement? Yes No

25. For the year, was the pension funding agreement for a year-end funding agreement? Yes No

Part VIII Plan Terminations and Transfers of Assets

26. Was there a termination of the plan for any year? Yes No

27. If "Yes" to question 26, was there a termination of the plan for any year? Yes No

28. If "Yes" to question 26, was there a termination of the plan for any year? Yes No

29. If "Yes" to question 26, was there a termination of the plan for any year? Yes No

30. If "Yes" to question 26, was there a termination of the plan for any year? Yes No

31. If "Yes" to question 26, was there a termination of the plan for any year? Yes No

32. If "Yes" to question 26, was there a termination of the plan for any year? Yes No

33. If "Yes" to question 26, was there a termination of the plan for any year? Yes No

FORM 5500 FILING AUTHORIZATION

PLAN NAME: Montana Center for Laser Dentistry, P.C. 401(k) Retirement Plan
PLAN SPONSOR: Montana Center for Laser Dentistry, P.C.

On behalf of the above named plan sponsor, the undersigned hereby grants permission to Big Sky Retirement Inc. to electronically file the plan sponsor's 2022 Form 5500 but only upon Big Sky Retirement Inc.'s receipt of a copy of the manually signed page one of Form 5500.

The sponsor has been notified that the image of the plan administrator's and plan sponsor's manual signatures will be included with the rest of the return posted by the Department of Labor on the internet for public disclosure.

The employer may revoke or change this authorization any time by notification in writing to Big Sky Retirement Inc.

Montana Center for Laser Dentistry, P.C.

By:  X

Date: 7/7/23 X

