

| | | |
|---|---|---|
| <div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div> | <div>OMB Nos. 1210-0110 1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|---|---|---|

| | |
|--|---|
| 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: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> 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 <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) |
| C | Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description) |
| D | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/> |

| | | | |
|--|---|---|--|
| Part II | Basic Plan Information—enter all requested information | | |
| 1a | Name of plan MOONEY AND HOLMBERG, DDS, PLLC 401(K) PROFIT SHARING PLAN | 1b Three-digit plan number (PN) ▶ 001 | |
| | | 1c Effective date of plan 01/01/2004 | |
| 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) MOONEY AND HOLMBERG, DDS, PLLC 222 N. MISSION ST. WENATCHEE, WA 98801-6643 | 2b Employer Identification Number (EIN) 92-0294790 2c Sponsor's telephone number 509-663-1161 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 L. ERIK HOLMBERG, DDS PLLC c Plan Name L. ERIK HOLMBERG, DDS 401(K) PROFIT SHARING PLAN | 4b EIN 20-2041099 4d PN 001 | |
| 5a | Total number of participants at the beginning of the plan year..... | 5a 8 | |
| b | Total number of participants at the end of the plan year | 5b 12 | |
| c | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 5c 8 | |
| d(1) | Total number of active participants at the beginning of the plan year | 5d(1) 8 | |
| d(2) | Total number of active participants at the end of the plan year | 5d(2) 12 | |
| 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. | 11/22/2024 | L. ERIK HOLMBERG, DDS |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

- 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 | 4483108 | 3563823 |
| b Total plan liabilities..... | 7b | | |
| c Net plan assets (subtract line 7b from line 7a)..... | 7c | 4483108 | 3563823 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a Contributions received or receivable from: | | | |
| (1) Employers..... | 8a(1) | 23162 | |
| (2) Participants..... | 8a(2) | 57649 | |
| (3) Others (including rollovers)..... | 8a(3) | | |
| b Other income (loss)..... | 8b | -1000046 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... | 8c | | -919235 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | 8d | | |
| e Certain deemed and/or corrective distributions (see instructions)..... | 8e | | |
| f Administrative service providers (salaries, fees, commissions)..... | 8f | 50 | |
| g Other expenses..... | 8g | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)..... | 8h | | 50 |
| i Net income (loss) (subtract line 8h from line 8c)..... | 8i | | -919285 |
| 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 2F 2G 2J 2K 3B 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 |
|--|------------|------------|-----------|---------------|
| 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 | | 400000 |
| 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 | | 25907 |
| 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? (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. ☐ Yes ☒ No

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

Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty CorporationShort Form Annual Return/Report of Small Employee
Benefit PlanThis form is required to be filed under sections 104 and 4085 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

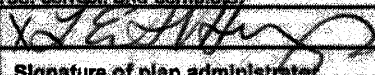
- A This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- B This return/report is: ☐ the first return/report ☐ the final return/report
☒ 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 Mooney and Holmberg, DDS, PLLC 401(k) Profit Sharing Plan | | 1b Three-digit plan number (PN) ▶ 001 |
| 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) Mooney and Holmberg, DDS, PLLC 222 N. Mission St. Wenatchee WA 98801-6643 | | 1c Effective date of plan 01/01/2004 |
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor. | | 2b Employer Identification Number (EIN) 92-0294790 |
| | | 2c Sponsor's telephone number 309-663-1161 |
| | | 2d Business code (see instructions) 621210 |
| 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 L. Erik Holmberg, DDS PLLC c Plan Name L. Erik Holmberg, DDS 401(k) Profit Sharing Plan | | 3b Administrator's EIN |
| | | 3c Administrator's telephone number |
| 5a Total number of participants at the beginning of the plan year | | 4b EIN 20-2041099 |
| b Total number of participants at the end of the plan year | | 4d PN 001 |
| c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | | 5a 8 |
| d(1) Total number of active participants at the beginning of the plan year | | 5b 12 |
| d(2) Total number of active participants at the end of the plan year | | 5c 8 |
| e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | 5d(1) 8 |
| | | 5d(2) 12 |
| | | 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 |  | 11-22-24 | L. ERIK HOLMBERG, DDS |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

or 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

| | | (a) Beginning of Year | (b) End of Year |
|----------|---|-----------------------|-----------------|
| 7 | Plan Assets and Liabilities | | |
| a | Total plan assets | 4,483,108 | 3,563,823 |
| b | Total plan liabilities | | |
| c | Net plan assets (subtract line 7b from line 7a) | 4,483,108 | 3,563,823 |
| 8 | Income, Expenses, and Transfers for this Plan Year | (a) Amount | (b) Total |
| a | Contributions received or receivable from: | | |
| (1) | Employers | 23,162 | |
| (2) | Participants | 57,649 | |
| (3) | Others (including rollovers) | | |
| b | Other income (loss) | -1,000,046 | |
| c | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | -919,235 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | | |
| e | Certain deemed and/or corrective distributions (see instructions) | | |
| f | Administrative service providers (salaries, fees, commissions) | 50 | |
| g | Other expenses | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | | 50 |
| i | Net income (loss) (subtract line 8h from line 8c) | | -919,285 |
| 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 2F 2G 2J 2K 3B 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

| | | Yes | No | Amount |
|-----------|--|-----|----|---------|
| 10 | During the plan year: | | | |
| 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) | | X | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | X | |
| c | Was the plan covered by a fidelity bond? | X | | 400,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | 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.) | | X | |
| f | Has the plan failed to provide any benefit when due under the plan? | | X | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | X | | 25,907 |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | 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. | | | |

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? (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.

☐ Yes ☒ No

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) |
|--------------------------------|----------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

AMENDED ELECTRONIC FILING AUTHORIZATION OF THE FORM 5500-SF

Mooney and Holmberg, DDS, PLLC 401(k) Profit Sharing Plan
Plan Year Ending: December 31, 2022

Part I: Authorization to Electronically Sign and File

I hereby authorize Midwest Pension Administrators, Inc. to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority:

- ◆ I must manually sign and date page 1 of Amended Form 5500-SF and provide a copy of that signature page to Midwest Pension Administrators, Inc. before the electronic filing can be submitted;
- ◆ A copy of my signature, as it appears on page 1 of Amended Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- ◆ Midwest Pension Administrators, Inc. shall not be deemed an administrator or other fiduciary with respect to this Plan solely on account of the services performed under this authorization;
- ◆ Midwest Pension Administrators, Inc. will retain a copy of the written authorization in its records; and
- ◆ Midwest Pension Administrators, Inc. will notify you about any inquiries and information it receives from EFAST2, the DOL, or the IRS regarding this annual return/report.

This authorization is applicable only to the filing for the above-named Plan and applies only for the Plan year end stated above.

Plan Administrator: X 

Date: 11-22-24

Part II: Acknowledgment of Receipt by Midwest Pension Administrators, Inc.

On behalf of Midwest Pension Administrators, Inc., I hereby certify that the firm will use the authorization granted only for the express purpose described above.

For Midwest Pension Administrators, Inc.:

(Sandy Ohlhausen, Director of Pension Administration)

Date: _____