

**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

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans 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 the plan is a collectively-bargained plan, check here ..... ▶
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ..... ▶

**Part II Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan CHILDREN'S DENTAL CENTER OF MASON CITY DEFINED BENEFIT PENSION PLAN		<b>1b</b> Three-digit plan number (PN) ▶	002
		<b>1c</b> Effective date of plan	01/01/2023
<b>2a</b> 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) TODD R. HOEPFNER, DDS, PC		<b>2b</b> Employer Identification Number (EIN)	42-1520623
		<b>2c</b> Sponsor's telephone number	641-425-8948
		<b>2d</b> Business code (see instructions)	621210
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN	
		<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b>		11
<b>b</b> Total number of participants at the end of the plan year .....	<b>5b</b>		11
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>5c(1)</b>		
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>5c(2)</b>		
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....	<b>5d(1)</b>		11
<b>d(2)</b> Total number of active participants at the end of the plan year .....	<b>5d(2)</b>		11
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>5e</b>		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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/02/2025	TODD HOEPFNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	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.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	216559	420833
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	216559	420833
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	202477	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	2349	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		204826
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	0	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	0	
<b>g</b> Other expenses .....	<b>8g</b>	552	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		552
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		204274
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1C 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		25000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> 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.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> 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 .....	<b>10i</b>			

**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** 0

**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

**a** 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)

**Part VIII IRS Compliance Questions**

**14a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**14b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

**15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702802A.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>CHILDREN'S DENTAL CENTER OF MASON CITY DEFINED BENEFIT PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TODD R. HOEPPNER, DDS, PC</u>	<b>D</b> Employer Identification Number (EIN) <u>42-1520623</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>218356</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>218356</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u>	<u>0</u>
	<b>b</b> For terminated vested participants .....	<u>0</u>	<u>0</u>
	<b>c</b> For active participants .....	<u>11</u>	<u>0</u>
	<b>d</b> Total .....	<u>11</u>	<u>0</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.34 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>196690</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>196690</u>

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/16/2025</u> Date
	<u>JONATHAN ZIMBLER, MSEA</u> Type or print name of actuary	<u>23-07750</u> Most recent enrollment number
	<u>FIDUS ACTUARIAL SOLUTIONS LLC</u> Firm name	<u>480-550-8820</u> Telephone number (including area code)
	<u>PO BOX 8606 MADEIRA BEACH, FL 33738</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>0.00</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		18360
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.05</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		18360
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	110.51 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	106.54 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.00 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
01/23/2025	200000	0					
09/10/2025	2477	0					
			<b>Totals ▶</b>	<b>18(b)</b>	202477	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	201734

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 5.04 %	2nd segment: 5.32 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	196690	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	20776	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	175914	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	175914	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	201734	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	25820	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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**Schedule SB, Part V**  
**Statement of Actuarial Assumptions/Methods**

**Children's Dental Center of Mason City Defined Benefit Pension Plan**

**42-1520623 / 002**

For the plan year 01/01/2024 through 12/31/2024

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**401(a)(26) Testing:**

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

**Administrator of the  
Children's Dental Center of Mason City Defined Benefit Pension Plan  
4686 Mallard Ave  
Northwood, IA 50459**

**Certification of Adjusted Funding Target Attainment Percentage (AFTAP) for the 2025 Plan Year**

The Pension Protection Act of 2006 (PPA) and Section 436 of the Internal Revenue Code require the calculation of a funding ratio called the Adjusted Funding Target Attainment Percentage (AFTAP) in order to determine whether the Plan is subject to new restrictions on plan amendments, lump sum distributions and benefit accruals.

**Determination of AFTAP as of December 31, 2024**

1. Funding Target plus Target Normal Cost	\$394,270
2. a. Market Value of Assets	\$218,356
b. Discounted Receivable Contributions, Received by AFTAP Certification date	201,735
c. Carryover Balance	0
d. Carryover Balance Voluntary Reduction	0
e. Carryover Balance Deemed Reduction to Avoid Restrictions	0
e1. Deemed Reduction due to Presumed AFTAP at Beginning of Plan Year	0
e2. Deemed Reduction due to Presumed AFTAP at Beginning of Fourth Month	0
e3. Deemed Reduction at Certification of AFTAP	0
f. Remaining Carryover Balance (2c - 2d - 2e)	0
g. Prefunding Balance	0
h. Portion of Excess Contribution to Add to Prefunding Balance	0
i. Prefunding Balance Voluntary Reduction	0
j. Prefunding Balance Deemed Reduction to Avoid Restrictions	0
j1. Deemed Reduction due to Presumed AFTAP at Beginning of Plan Year	0
j2. Deemed Reduction due to Presumed AFTAP at Beginning of Fourth Month	0
j3. Deemed Reduction at Certification of AFTAP	0
k. Remaining Prefunding Balance (2g + 2h - 2i - 2j)	0
3. Funding Target Attainment Percentage (FTAP Exempt) (equals items (2a + 2b) divided by item 1)	106.54%
4. Adjustment for Annuity Purchases for NHCE's during the last 2 years	\$0
5. Adjusted Funding Target Attainment Percentage (AFTAP) (equals items (2a + 2b + 4) divided by items (1 + 4))	106.54%

If FTAP Exempt (Item 3) is greater than or equal to 100% then AFTAP (Item 5) is equal to FTAP Exempt adjusted for Annuity Purchase for NHCE's (Item 4)

Jonathan Zimble, MSEA  Date 01/16/25 Enrollment Number 23-07750

To the best of my knowledge, the information supplied in this certification is complete and accurate. I have relied on the asset, census, and plan provision information that has been provided by the Plan's third party administrator and/or Plan Administrator. Regulations for determining an AFTAP for a plan with an end of year valuation are not issued; however, this certification represents a good faith interpretation of the law.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Children's Dental Center of Mason City Defined Benefit Pension Plan		<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Todd R. Hoepfner, DDS, PC		<b>D</b> Employer Identification Number (EIN) 42-1520623	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

**1** Enter the valuation date: Month 12 Day 31 Year 2024

<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> 218,356
<b>b</b> Actuarial value .....	<b>2b</b> 218,356

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	0	0	0
<b>b</b> For terminated vested participants .....	0	0	0
<b>c</b> For active participants.....	11	0	197,580
<b>d</b> Total .....	11	0	197,580

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b).....

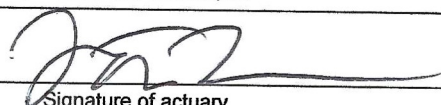
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>

**5** Effective interest rate..... **5** 5.34%

<b>6</b> Target normal cost	
<b>a</b> Present value of current plan year accruals .....	<b>6a</b> 196,690
<b>b</b> Expected plan-related expenses .....	<b>6b</b> 0
<b>c</b> Target normal cost .....	<b>6c</b> 196,690

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		09/16/2025
	Jonathan Zimble, MSEA	Date
	Type or print name of actuary	2307750
	Fidus Actuarial Solutions LLC	Most recent enrollment number
	Firm name	480-550-8820
	PO Box 8606	Telephone number (including area code)
	Madeira Beach FL 33738	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

**For Paperwork Reduction Act Notice, see the instructions for Form 5500 or 5500-SF.**

# Employee Summary

## Children's Dental Center of Mason City Defined Benefit Pension Plan For the plan year 01/01/2024 through 12/31/2024

— Defined Benefit —

All

A. Total Number of Employees	16
B. Less Excludable Employees	4
(1) Minimum Age and Service	4
(2) Collective Bargaining	0
(3) Nonresident Aliens	0
(4) 500 Hours/Last Day Rule	0
(5) Excluded for Other Reasons	0
C. Total Not Excluded	12
(1) Total Benefiting	11
D. Highly Compensated Employees	2
(1) Benefiting	2
(2) Not Benefiting	0
E. Non-Highly Compensated Employees	10
(1) Benefiting	9
(2) Not Benefiting	1
F. Ratio Percentage or Exception	90%

Exception codes: a=Only HCEs, b=No HCEs benefiting, d=All NHCEs benefiting

### 5500 Lines 5 & 6:

5. Total Participants at the Beginning of Plan Year	11
6a(1). Active Participants at the Beginning of the Plan Year (BOY)	11
6a(2). Active Participants at the End of the Plan Year (EOY)	11
6b. Retired or Separated Participants Receiving Benefits	0
6c. Retired or Separated Participants Entitled to Future Benefits	0
6d. Subtotal	11
6e. Deceased Participants Whose Beneficiaries are Entitled to Benefits	0
6f. Total Participants at the End of the Plan Year	11
6g(1). Participants with Account Balance at BOY (N/A for DB Plans)	
6g(2). Participants with Account Balance at EOY (N/A for DB Plans)	
6h. Terminated Participants with Accrued Benefits not 100% Vested	1

### 5500-SF Line 5:

5a. Total Participants at the Beginning of Plan Year	11
5b. Total Participants at the End of the Plan Year	11
5c(1). Participants with Account Balance at BOY (N/A for DB Plans)	
5c(2). Participants with Account Balance at EOY (N/A for DB Plans)	
5d(1). Active Participants at the Beginning of Plan Year	11
5d(2). Active Participants at the End of the Plan Year	11
5e. Terminated Participants with Accrued Benefits not 100% vested	1

# Employee Summary (Detail)

## Children's Dental Center of Mason City Defined Benefit Pension Plan

For the plan year 01/01/2024 through 12/31/2024

- Benefiting - Form 5500 Line

	Status Code	Family Code	HCE	OE	E	K	M	(5.)	(6a1.)	(6a2.)	(6b.)	(6c.)	(6e.)	(6g1.)	(6g2.)	(6h.)
Anderson, Raevyn	103				X	X	X									
Barela, Taylor	101				X	X	X									
Bielefeld, Shayla	T24 - 05/17/2024				N	Y	X	x	x							x
Domenech-Plaza, Layla	0				Y	Y	X	x	x	x						
Green, Jacqueline	2				Y	Y	X	x	x	x						
Hoepfner, Renee	0		Y		Y	Y	X	x	x	x						
Hoepfner, Todd	0		Y		Y	Y	X	x	x	x						
Hoy, Kelsie	0				Y	Y	X	x	x	x						
Kennedy, Andrea	2				Y	X	X	x	x	x						
Rolon, Victoria	N0				Y	X	X			x						
Smith, Janie	T130 - 06/10/2024				X	X	X									
Smith, Jessica	0				Y	Y	X	x	x	x						
Tank, Ashlynn	0				Y	Y	X	x	x	x						
Wasmoen, Elizabeth	101				X	X	X									
Westerman, Shyanne	0				Y	Y	X	x	x	x						
Williamson, Morgan	0				Y	Y	X	x	x	x						
<b>Totals:</b>								11	11	11	0	0	0	0	0	1

**Benefiting:**

E=Employer, K=401(k), M=401(m), OE=Otherwise Excludable

Key: Y=Benefiting, N=Not Benefiting, X=Excludable, Blank=N/A

**Status Codes:**

T=Terminated - Term Date, R=Retired, D=Deceased/Disabled, N=New Participant

0=Active

101=Ineligible - Minimum Service

2=Less than Required Hours

103=Ineligible - Participation Date in Future Period

24=Terminated - No BIS, without Min Hours

130=Terminated - Ineligible - Age/Svc

**Schedule SB, line 22 -  
Description of Weighted Average Retirement Age**

**Children's Dental Center of Mason City Defined Benefit Pension Plan**

**42-1520623 / 002**

For the plan year 01/01/2024 through 12/31/2024

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The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

## Schedule SB, line 19 - Discounted Employer Contributions

**Children's Dental Center of Mason City Defined Benefit Pension Plan  
42-1520623 / 002**

For the plan year 01/01/2024 through 12/31/2024

**Valuation Date: 12/31/2024**

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
<b>Deposited Contribution</b>	<b>01/23/2025</b>	<b>\$200,000</b>					
Applied to Additional Contribution	12/31/2024	23,508	23,431	0	0	5.34	0.00
Applied to MRC	12/31/2024	176,492	175,914	0	0	5.34	0.00
<b>Deposited Contribution</b>	<b>09/10/2025</b>	<b>\$2,477</b>					
Applied to Additional Contribution	12/31/2024	2,477	2,389	0	0	5.34	0.00
Totals for Deposited Contribution		\$202,477	\$201,734	\$0	\$0		

# 401(a)(26) Minimum Participation Test

## Children's Dental Center of Mason City Defined Benefit Pension Plan

For the plan year 01/01/2024 through 12/31/2024

Passed 401(a)(26) Minimum  
Participation Test

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### Passed Method: Annual

A. Total Number of Employees	16
B. Excludable Employees	4
C. Total Not Excluded (A-B)	12
D. Total Benefiting	9
E. 40% of Total Not Excluded (C*.4)	5
F. Greater of E or 2 (or if C only 1,1)	5
G. Lesser of 50 or F	5

### Passes 401(a)(26) Minimum Participation Test if (G) not greater than (D)

Benefit accrual rates of 0.5% or more are generally considered to be meaningful benefits. This plan includes 2 participant(s) with benefit accrual rate(s) less than 0.5%.

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### Passed Method: Accrued-to-Date

A. Total Number of Employees	16
B. Excludable Employees	4
C. Total Not Excluded (A-B)	12
D. Total Benefiting	10
E. 40% of Total Not Excluded (C*.4)	5
F. Greater of E or 2 (or if C only 1,1)	5
G. Lesser of 50 or F	5

### Passes 401(a)(26) Minimum Participation Test if (G) not greater than (D)

Benefit accrual rates of 0.5% or more are generally considered to be meaningful benefits. This plan includes 1 participant(s) with benefit accrual rate(s) less than 0.5%.

IRC Sec. 401(a)(26) for DB plans requires additional participation requirements, such that on each day of the plan year, the number of participants benefiting with a "meaningful" benefit is at least the lesser of:

(1) 50 non-excludable employees of the employer

Or

(2) the greater of

(a) 40 percent of non-excludable employees of the employer, Or

(b) 2 non-excludable employees (or if there is only 1 non-excludable employee, such employee)

# 401(a)(26) Minimum Participation Test (Detail)

## Children's Dental Center of Mason City Defined Benefit Pension Plan

For the plan year 01/01/2024 through 12/31/2024

Passed 401(a)(26) Minimum Participation Test

H C E	O E X	Testing			Benefit Accruals		Benefit Basis					
		Att Age	Assumed Ret Age	Past Svc	Annual Compensation	Average Compensation	Annual Method	Accrued-to-Date	Annual Rate	Benefiting	Accrued-to-Date Rate	Benefiting
<b>Non-Excludables</b>												
<b>Bielefeld, Shayla</b> -- terminated 5/17/2024 no BIS - non-vested - non-vested												
		25	65	1	15,674.87	26,754.49	0.00	37.19	0.00	N	1.67	N
<b>Domenech-Plaza, Layla</b>												
		32	65	2	43,559.29	42,016.40	28.98	28.63	0.80	Y	0.82	Y
<b>Green, Jacqueline</b> -- less than required hours												
		46	65	2	25,325.13	25,337.17	0.00	0.00	0.00	N	0.00	N
<b>Hoepfner, Renee</b>												
Y		50	65	2	26,000.00	28,328.10	345.54	354.18	15.95	Y	15.00	Y
<b>Hoepfner, Todd</b>												
Y		52	65	2	298,452.66	304,487.83	2,193.91	2,248.76	8.82	Y	8.86	Y
<b>Hoy, Kelsie</b>												
		33	65	2	41,734.52	39,455.56	26.45	25.59	0.76	Y	0.78	Y
<b>Kennedy, Andrea</b> -- less than required hours												
		33	65	2	2,416.45	15,959.95	0.00	9.82	0.00	N	0.74	Y
<b>Rolon, Victoria</b> -- new participant												
		24	65	1	25,756.15	22,914.30	25.32	25.32	1.18	Y	1.33	Y
<b>Smith, Jessica</b>												
		34	65	2	43,580.18	41,264.69	26.29	25.49	0.72	Y	0.74	Y
<b>Tank, Ashlynn</b>												
		22	65	2	47,280.64	43,993.37	51.23	48.78	1.30	Y	1.33	Y
<b>Westerman, Shyanne</b>												
		30	65	2	33,242.52	28,178.43	24.38	21.09	0.88	Y	0.90	Y
<b>Williamson, Morgan</b>												
		28	65	2	45,777.97	42,075.65	37.02	34.80	0.97	Y	0.99	Y
<b>Excludables</b>												
<b>Anderson, Raevyn</b> -- ineligible - participation date in future period, anticipated participation 1/1/2025												
		23	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
<b>Barela, Taylor</b> -- ineligible - minimum service, anticipated participation 7/1/2025												
		28	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
<b>Smith, Janie</b> -- terminated 6/10/2024 ineligible - age/svc												
		21	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
<b>Wasmoen, Elizabeth</b> -- ineligible - minimum service												
		22	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc

# 410(b) Minimum Coverage Test

Children's Dental Center of Mason City Defined Benefit Pension Plan  
For the plan year 01/01/2024 through 12/31/2024

**Passed 410(b) Minimum Coverage Test**

## I. Ratio Percentage Test - **Passed**

<b>Passed</b>			
Satisfied Plan Eligibility			
— Number of Participants —			
NHCEs	HCEs	Total	
A. Benefiting	9	2	11
B. Not Benefiting	1	0	1
C. Total	10	2	12

D. Percentage (A/C)    90.00%    100.00%

E. Ratio Percentage (NHCEs/HCEs)                      90.00%  
(must be 70% or more)

## II. Average Benefit Test - **Passed**

### A. Nondiscriminatory Classification Test

**Passed**

- |                                   |        |
|-----------------------------------|--------|
| 1. NHCEs Concentration Percentage | 83.33  |
| 2. Safe Harbor Percentage         | 32.75  |
| 3. Unsafe Harbor Percentage       | 22.75  |
| 4. Ratio Percentage               | 90.00% |

Ratio Percentage is greater than or equal to Safe Harbor Percentage **Passed**

### All Together

### B. Average Benefit Percentage Test

- Average Benefit Percentage of NHCEs
- Average Benefit Percentage of HCEs
- Average Benefit Percentage (B1/B2)  
(must be 70% or more)

Benefit Basis			
Annual		Accrued-to-Date	
w/o PD	with PD	w/o PD	with PD
28.61	29.19	0.93	1.52
30.63	31.11	11.93	12.40
93.41%	93.83%	7.80%	12.26%
<b>Pass</b>	<b>Pass</b>	<b>Fail</b>	<b>Fail</b>

Equivalent Contribution Basis	
Annual	
w/o PD	with PD
12.18	17.31
73.78	78.24
16.51%	22.12%
<b>Fail</b>	<b>Fail</b>

# 410(b) Minimum Coverage Test

## Children's Dental Center of Mason City Defined Benefit Pension Plan For the plan year 01/01/2024 through 12/31/2024

H C E E N	B E X	O Att Age	Testing		Benefit Accruals			Percentages				Equivalent Contribution Basis	
			Testing Age	Past Svc	Annual Compensation	Annual Method	Accrued-to-Date	Annual w/o PD	with PD	Accrued-to-Date w/o PD	with PD	Annual w/o PD	with PD
<b>Highly Compensated</b>													
<b>Hoeppner, Renee</b>													
Y	Y	50	65	2	26,000.00	345.54	354.18	48.63	49.28	15.00	15.65	112.98	118.68
<b>Hoeppner, Todd</b>													
Y	Y	52	65	2	298,452.66	2,193.91	2,248.76	12.63	12.94	8.86	9.16	34.57	37.79
Subtotals:					\$324,452.66			61.26	62.22	23.86	24.81	147.55	156.47
				Total HCEs	2								
Average Benefit Percentage								30.63	31.11	11.93	12.40	73.78	78.24
<b>Non-Highly Compensated</b>													
<b>Bielefeld, Shayla</b> -- terminated 5/17/2024 no BIS - non-vested - non-vested													
Y		25	65	2	15,674.87	0.00	37.19	24.59	24.59	1.67	2.32	7.43	7.43
<b>Domenech-Plaza, Layla</b>													
Y		32	65	2	43,559.29	28.98	28.63	30.13	30.78	0.82	1.47	16.12	21.82
<b>Green, Jacqueline</b> -- less than required hours													
Y		46	65	2	25,325.13	0.00	0.00	5.39	6.04	0.00	0.00	9.04	14.74
<b>Hoy, Kelsie</b>													
Y		33	65	2	41,734.52	26.45	25.59	22.47	23.12	0.78	1.43	13.04	18.74
<b>Kennedy, Andrea</b> -- less than required hours													
Y		33	65	2	2,416.45	0.00	9.82	12.92	13.57	0.74	1.39	7.50	13.20
<b>Rolon, Victoria</b> -- new participant													
Y		24	65	1	25,756.15	25.32	25.32	26.70	27.35	1.33	1.98	7.44	13.14
<b>Smith, Jessica</b>													
Y		34	65	2	43,580.18	26.29	25.49	23.65	24.30	0.74	1.39	14.90	20.60
<b>Tank, Ashlynn</b>													
Y		22	65	2	47,280.64	51.23	48.78	67.83	68.48	1.33	1.98	16.06	21.76
<b>Westerman, Shyanne</b>													
Y		30	65	2	33,242.52	24.38	21.09	33.95	34.60	0.90	1.55	15.43	21.13
<b>Williamson, Morgan</b>													
Y		28	65	2	45,777.97	37.02	34.80	38.45	39.10	0.99	1.64	14.84	20.54
Subtotals:					\$324,347.72			286.08	291.93	9.30	15.15	121.80	173.10
				Total NHCEs	10								
Average Benefit Percentage								28.61	29.19	0.93	1.52	12.18	17.31
Average Benefit Percentage Test								93.41%	93.83%	7.80%	12.26%	16.51%	22.12%
								Pass	Pass	Fail	Fail	Fail	Fail

# 401(a)(4) Minimum Allocation Gateway

## Children's Dental Center of Mason City Defined Benefit Pension Plan

For the plan year 01/01/2024 through 12/31/2024

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**Minimum Allocation Gateway -- Passed** - *Lowest NHCE DB/DC Aggregate Allocation Rate Using 415(c) Comp Is 7.5% or Greater*

A. Percentage of NHCEs benefiting primarily in the DB plan	0.00%	
B. Highest HCE DB/DC Aggregate Allocation Rate	38.98%	Minimum NHCE - 8.00%
C. Lowest NHCE DB/DC Aggregate Allocation Rate	7.50%	Rolon, V
D. Average NHCE DB Equivalent Allocation Rate	0.39%	
E. Lowest NHCE DB/DC Aggregate Allocation Rate (415(c) Comp)	7.50%	
F. Average NHCE DB Equivalent Allocation Rate (415(c) Comp)	0.39%	

Treas. Reg. 1.401(a)(4)-9(b) for DC plans combined with DB plans allow 401(a)(4) cross testing (i.e. contributions are tested as equivalent benefits) if the combination:

- (1) is Primarily Defined Benefit in Nature (A. is more than 50%),  
Or
- (2) satisfies a Gateway Requirement. The Gateway is satisfied If :
  - (a) B. is less than 15% And no more than 3 times C.,
  - (b) B. is 15% to 25% And C. is at least 5%, Or
  - (c) B. exceeds 25% And C. is at least 5% plus 1% for each 5% increment (Or portion thereof) that B. exceeds 25%,Or
- (3) E. is 7.5% Or greater,  
Or
- (4) consists of Broadly Available Separate Plans.

# 401(a)(4) General Test

## Children's Dental Center of Mason City Defined Benefit Pension Plan For the plan year 01/01/2024 through 12/31/2024

Passed 401(a)(4) General  
Non-Discrimination Test

A Rate Group passes if the Ratio Percentage is 70% or more, or if the plan passes the Average Benefit Percentage Test and the Rate Group's Ratio Percentage is greater than or equal to the mid-point between the Safe and Unsafe Harbor Percentages.

Average Benefit Percentage Test	-	Passed
NHCEs Concentration Percentage	-	83.33%
Safe Harbor Percentage	-	32.75%
Mid-Point	-	27.75%
Unsafe Harbor Percentage	-	22.75%

### All Together

**Passed** Method: Annual without Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees —			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	16.78	27.14	2	10	20	1	2	50	40	Pass
2	8.94	13.78	6	10	60	2	2	100	60	Pass

**Passed** Method: Annual with Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees —			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	17.43	27.79	2	10	20	1	2	50	40	Pass
2	9.25	14.09	6	10	60	2	2	100	60	Pass

**Failed** Method: Accrued-to-Date without Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees —			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	15.00	24.75	0	10	0	1	2	50	0	Fail
2	8.86	13.72	0	10	0	2	2	100	0	Fail

**Failed** Method: Accrued-to-Date with Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees —			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	15.65	25.40	0	10	0	1	2	50	0	Fail
2	9.16	14.03	0	10	0	2	2	100	0	Fail

# 401(a)(4) General Test

## Children's Dental Center of Mason City Defined Benefit Pension Plan For the plan year 01/01/2024 through 12/31/2024

**Failed** Method: Equivalent Allocation without Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees—			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	38.98	63.06	0	10	0	1	2	50	0	Fail
2	24.47	37.71	0	10	0	2	2	100	0	Fail

**Failed** Method: Equivalent Allocation with Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees—			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	44.68	68.76	0	10	0	1	2	50	0	Fail
2	27.69	40.92	0	10	0	2	2	100	0	Fail

# 401(a)(4) General Test

## Children's Dental Center of Mason City Defined Benefit Pension Plan For the plan year 01/01/2024 through 12/31/2024

### All Together

**Passed** Method: Annual without Permitted Disparity

	H C E	Rate		Rate	Rate
		Norm	MVAR	Group 1	Group 2
				≥ 16.78	≥ 8.94
				≥ 27.14	≥ 13.78
Hoepfner, Renee	Y	16.78	27.14	Y	Y
CIs - B					
Hoepfner, Todd	Y	8.94	13.78	*	Y
CIs - A					
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Bielefeld, Shayla		0.00	0.00	*	*
CIs - C					
Domenech-Plaza, Layla		14.09	15.63	*	Y
CIs - C					
Green, Jacqueline		4.47	4.47	*	*
CIs - C					
Hoy, Kelsie		13.01	14.40	*	Y
CIs - C					
Kennedy, Andrea		12.92	12.92	*	*
CIs - C					
Rolon, Victoria		26.70	29.97	Y	Y
CIs - C					
Smith, Jessica		12.01	13.28	*	*
CIs - C					
Tank, Ashlynn		31.34	35.26	Y	Y
CIs - C					
Westerman, Shyanne		16.52	18.38	*	Y
CIs - C					
Williamson, Morgan		19.38	21.63	*	Y
CIs - C					
Number of NHCE's in group:				2	6
Total number of NHCEs:				10	10
Percent of NHCEs				20%	60%
Ratio percent of NHCEs/HCEs:				40%	60%
				Pass	Pass

# 401(a)(4) General Test

## Children's Dental Center of Mason City Defined Benefit Pension Plan For the plan year 01/01/2024 through 12/31/2024

### All Together

**Passed** Method: Annual with Permitted Disparity

	H C E	Rate		Rate	Rate
		Norm	MVAR	Group 1	Group 2
				≥ 17.43 ≥ 27.79	≥ 9.25 ≥ 14.09
Hoepfner, Renee Cls - B	Y	17.43	27.79	Y	Y
Hoepfner, Todd Cls - A	Y	9.25	14.09	*	Y
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Bielefeld, Shayla Cls - C		0.00	0.00	*	*
Domenech-Plaza, Layla Cls - C		14.74	16.28	*	Y
Green, Jacqueline Cls - C		5.12	5.12	*	*
Hoy, Kelsie Cls - C		13.66	15.05	*	Y
Kennedy, Andrea Cls - C		13.57	13.57	*	*
Rolon, Victoria Cls - C		27.35	30.62	Y	Y
Smith, Jessica Cls - C		12.66	13.93	*	*
Tank, Ashlynn Cls - C		31.99	35.91	Y	Y
Westerman, Shyanne Cls - C		17.17	19.03	*	Y
Williamson, Morgan Cls - C		20.03	22.28	*	Y
Number of NHCE's in group:				2	6
Total number of NHCEs:				10	10
Percent of NHCEs				20%	60%
Ratio percent of NHCEs/HCEs:				40%	60%
				Pass	Pass

# 401(a)(4) General Test

## Children's Dental Center of Mason City Defined Benefit Pension Plan For the plan year 01/01/2024 through 12/31/2024

### All Together

**Failed** Method: Accrued-to-Date without Permitted Disparity

	H C E	Rate		Rate	Rate
		Norm	MVAR	Group 1	Group 2
				≥ 15.00 ≥ 24.75	≥ 8.86 ≥ 13.72
Hoepfner, Renee Cls - B	Y	15.00	24.75	Y	Y
Hoepfner, Todd Cls - A	Y	8.86	13.72	*	Y
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Bielefeld, Shayla Cls - C		1.67	6.08	*	*
Domenech-Plaza, Layla Cls - C		0.82	2.39	*	*
Green, Jacqueline Cls - C		0.00	0.00	*	*
Hoy, Kelsie Cls - C		0.78	2.20	*	*
Kennedy, Andrea Cls - C		0.74	2.09	*	*
Rolon, Victoria Cls - C		1.33	5.00	*	*
Smith, Jessica Cls - C		0.74	2.03	*	*
Tank, Ashlynn Cls - C		1.33	5.34	*	*
Westerman, Shyanne Cls - C		0.90	2.80	*	*
Williamson, Morgan Cls - C		0.99	3.29	*	*
Number of NHCE's in group:				0	0
Total number of NHCEs:				10	10
Percent of NHCEs				0%	0%
Ratio percent of NHCEs/HCEs:				0%	0%
				Fail	Fail

# 401(a)(4) General Test

## Children's Dental Center of Mason City Defined Benefit Pension Plan For the plan year 01/01/2024 through 12/31/2024

### All Together

**Failed** Method: Accrued-to-Date with Permitted Disparity

	H C E	Rate		Rate	Rate
		Norm	MVAR	Group 1	Group 2
				≥ 15.65 ≥ 25.40	≥ 9.16 ≥ 14.03
Hoepfner, Renee Cls - B	Y	15.65	25.40	Y	Y
Hoepfner, Todd Cls - A	Y	9.16	14.03	*	Y
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Bielefeld, Shayla Cls - C		2.32	6.73	*	*
Domenech-Plaza, Layla Cls - C		1.47	3.04	*	*
Green, Jacqueline Cls - C		0.00	0.00	*	*
Hoy, Kelsie Cls - C		1.43	2.85	*	*
Kennedy, Andrea Cls - C		1.39	2.74	*	*
Rolon, Victoria Cls - C		1.98	5.65	*	*
Smith, Jessica Cls - C		1.39	2.68	*	*
Tank, Ashlynn Cls - C		1.98	5.99	*	*
Westerman, Shyanne Cls - C		1.55	3.45	*	*
Williamson, Morgan Cls - C		1.64	3.94	*	*
Number of NHCE's in group:				0	0
Total number of NHCEs:				10	10
Percent of NHCEs				0%	0%
Ratio percent of NHCEs/HCEs:				0%	0%
				Fail	Fail

# 401(a)(4) General Test

## Children's Dental Center of Mason City Defined Benefit Pension Plan For the plan year 01/01/2024 through 12/31/2024

### All Together

**Failed** Method: Equivalent Allocation without Permitted Disparity

	H C E	Rate		Rate	Rate
		Norm	MVAR	Group 1	Group 2
				≥ 38.98 ≥ 63.06	≥ 24.47 ≥ 37.71
Hoepfner, Renee Cls - B	Y	38.98	63.06	Y	Y
Hoepfner, Todd Cls - A	Y	24.47	37.71	*	Y
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Bielefeld, Shayla Cls - C		0.00	0.00	*	*
Domenech-Plaza, Layla Cls - C		7.54	8.36	*	*
Green, Jacqueline Cls - C		7.50	7.50	*	*
Hoy, Kelsie Cls - C		7.55	8.36	*	*
Kennedy, Andrea Cls - C		7.50	7.50	*	*
Rolon, Victoria Cls - C		7.44	8.35	*	*
Smith, Jessica Cls - C		7.57	8.36	*	*
Tank, Ashlynn Cls - C		7.42	8.35	*	*
Westerman, Shyanne Cls - C		7.51	8.36	*	*
Williamson, Morgan Cls - C		7.48	8.35	*	*
Number of NHCE's in group:				0	0
Total number of NHCEs:				10	10
Percent of NHCEs				0%	0%
Ratio percent of NHCEs/HCEs:				0%	0%
				Fail	Fail

# 401(a)(4) General Test

## Children's Dental Center of Mason City Defined Benefit Pension Plan For the plan year 01/01/2024 through 12/31/2024

### All Together

**Failed** Method: Equivalent Allocation with Permitted Disparity

	H C E	Rate		Rate	Rate
		Norm	MVAR	Group 1	Group 2
				≥ 44.68	≥ 27.69
				≥ 68.76	≥ 40.92
Hoepfner, Renee	Y	44.68	68.76	Y	Y
Cls - B					
Hoepfner, Todd	Y	27.69	40.92	*	Y
Cls - A					
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Bielefeld, Shayla		0.00	0.00	*	*
Cls - C					
Domenech-Plaza, Layla		13.24	14.06	*	*
Cls - C					
Green, Jacqueline		13.20	13.20	*	*
Cls - C					
Hoy, Kelsie		13.25	14.06	*	*
Cls - C					
Kennedy, Andrea		13.20	13.20	*	*
Cls - C					
Rolon, Victoria		13.14	14.05	*	*
Cls - C					
Smith, Jessica		13.27	14.06	*	*
Cls - C					
Tank, Ashlynn		13.12	14.05	*	*
Cls - C					
Westerman, Shyanne		13.21	14.06	*	*
Cls - C					
Williamson, Morgan		13.18	14.05	*	*
Cls - C					
Number of NHCE's in group:				0	0
Total number of NHCEs:				10	10
Percent of NHCEs				0%	0%
Ratio percent of NHCEs/HCEs:				0%	0%
				Fail	Fail

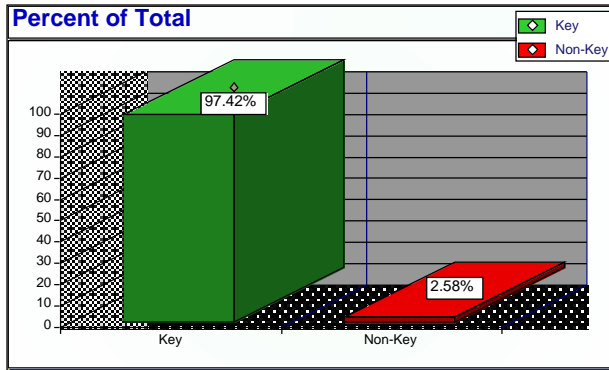
# Top-Heavy Test

## Children's Dental Center of Mason City Defined Benefit Pension Plan

For the plan year 01/01/2024 through 12/31/2024

The Plan is Top-Heavy for the Next Plan Year

Employee Classification	Employees Considered	Account Bal/PVAB	Receivable	Excluded Bal/PVAB	Prior Distributions	Adjusted Bal/PVAB	Percent of Total
Key Employees	2	410,000.00	0.00	0.00	0.00	410,000.00	97.42%
Non-Key Employees	10	10,832.84	0.00	0.00	0.00	10,832.84	2.58%
Totals:	12	\$420,832.84	\$0.00	\$0.00	\$0.00	\$420,832.84	100.00%





# Schedule SB, Part V Summary of Plan Provisions

## Children's Dental Center of Mason City Defined Benefit Pension Plan 42-1520623 / 002

For the plan year 01/01/2024 through 12/31/2024

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<b><u>Employer:</u></b>	Todd R. Hoepfner, DDS, PC
Type of Entity -	S Corporation
EIN: 42-1520623	TIN: Plan #: 002 Plan Type: Cash Balance
<b><u>Dates:</u></b>	Effective - 01/01/2023 Valuation - 12/31/2024
	Top Heavy Years - 2024
<b><u>Eligibility:</u></b>	All employees excluding non-resident aliens, members of an excluded class and union
	Minimum age - 21 Months of service - 12
Hours Required for -	Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction
<b><u>Retirement:</u></b>	Normal - First of month coincident with or next following attainment of age 65 and completion of the 5th anniversary of the 1st day of the initial plan year of participation
	Early - Not provided
<b><u>Average Compensation:</u></b>	Current compensation
Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation
<b><u>Plan Benefits:</u></b>	Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits
Pay Credits -	Classification Pay Credit Formula
	A \$175,000 - Owners
	B \$25,000 - Spouse of Owners
	C 2% of compensation - All Other Employees
Interest Credit Rate -	Current Yr - 5% Projected Yrs - 5%
Accrued Benefit -	Hypothetical Account Balance
	Minimum Benefit - None
	Maximum Benefit - None
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality
Early Retirement -	None
Death Benefit -	Present Value of Accrued Benefit
Disability Benefit -	None
<b><u>Top Heavy Minimum:</u></b>	Provided in another plan
<b><u>IRS Limitations:</u></b>	415 Limits - Percent: 100 Dollar: \$275,000
	Maximum 401(a)(17) compensation - \$345,000
<b><u>Normal Form:</u></b>	Life Annuity
<b><u>Optional Forms:</u></b>	Lump Sum
	Joint with 50% Survivor Benefit
<b><u>Vesting Schedule:</u></b>	100% vested in 3 years.
	Service is calculated using all years of service except years prior to plan effective date and age 18
<b><u>Present Value of Accrued Benefit:</u></b>	Based on the Hypothetical Account Balance.

# Schedule SB, Part V

## Summary of Plan Provisions

Children's Dental Center of Mason City Defined Benefit Pension Plan  
42-1520623 / 002

For the plan year 01/01/2024 through 12/31/2024

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### Actuarial Equivalence:

Pre-Retirement - Interest -	5%
Mortality Table -	None
Post-Retirement - Interest -	5%
Mortality Table -	Applicable Mortality Table - IRC 417(e)(3)