_	m 5500-SF	Short Form Annual I	oyee	;	OMB Nos. 1210-0110 1210-0089						
	rtment of the Treasury nal Revenue Service	This form is required to be filed une					2014				
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERI Rev	ISA), and sections 605 venue Code (the Code		Interna	This F	Form is Open to lic Inspection				
Pension Be	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instr	uctions to the Form 55	00-SF		lic inspection				
Part I		dentification Information			124/201						
For calenda	or calendar plan year 2014 or fiscal plan year beginning       01/01/2014       and ending       12/31/2014         X       a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this box must attach a										
A This retu B This retu	urn/report is for:	<ul> <li>a single-employer plan</li> <li>a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lis of participating employer information in accordance with the form instructions)</li> <li>a one-participant plan</li> <li>a foreign plan</li> <li>the first return/report</li> <li>a short plan year return/report (less than 12 months)</li> </ul>									
			automatic extension	• •		DFVC progra	am				
C Check box if filing under:											
	L		•								
Part II		mation—enter all requested informa	ation		415		1				
1a Name of JOSEPH L. L		S, PA 401(K) RETIREMENT PLAN				Three-digit plan number					
						(PN)	005				
					10	Effective date o 01/01	of plan 1/2014				
	ponsor's name and addr UNSFORD, D.D.S., MS	ress; include room or suite number (er 5, PA	mployer, if for a single-	employer plan)			ification Number 714865				
8177 GLADE	SPOAD				2c	Sponsor's telephone number 561-391-5126					
SUITE 103	N, FL 33433-4071		2d	Business code	usiness code (see instructions) 621210						
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor.			3b	Administrator's					
	<ul> <li>4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the</li> <li>4b EIN</li> </ul>										
	, EIN, and the plan numb or's name	ber from the last return/report.			4c	PN					
· _ ·		at the beginning of the plan year					12				
		at the end of the plan year			5k		13				
C Numbe	er of participants with ac	ccount balances as of the end of the p	olan year (defined bene	efit plans do not	50		13				
		icipants at the beginning of the plan ye			5d(1	1)	12				
<b>d(2)</b> Tota	al number of active part	icipants at the end of the plan year			5d(		12				
e Number	r of participants that terr	minated employment during the plan y	year with accrued bene	efits that were	56		0				
		r incomplete filing of this return/ren									
Under pena SB or Sche belief, it is t	alties of perjury and othe edule MB completed and true, correct, and comple		s, I declare that I have all as the electronic vers	examined this return/rep sion of this return/report,	oort, ind , and to	cluding, if applic to the best of my					
SIGN HERE	Filed with authorized/va	alid electronic signature.	04/30/2015	JOSEPH L. LUNSFOR							
	Signature of plan adı	ministrator	Date	Enter name of individu	ual sigr	ning as plan adr	ninistrator				
SIGN HERE				<u> </u>							
	Signature of employe	er/plan sponsor me, if applicable) and address (include	Date	Enter name of individu			er or plan sponsor number (optional)				
				- ) (optional)							

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
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.)								
с	<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
	rt III Financial Information			,	L				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(h) End of Yoor		
<u>'</u> a		0			(b) End of Year 743251				
		76 7c		0			743251		
	Net plan assets (subtract line 7b from line 7a)       7c       0       743251         Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total								
-	Contributions received or receivable from:								
	(1) Employers	12240							
	(2) Participants	8a(2)	204	06					
	(3) Others (including rollovers)	8a(3)	6909						
b	Other income (loss)	8b	242	259					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		748912		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f	56	61					
g	Other expenses	8g							
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	89 8h					5661		
	Net income (loss) (subtract line 8h from line 8c)	8i					743251		
j	Transfers to (from) the plan (see instructions)	8i							
-	rt IV Plan Characteristics	IJ							
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:		
_	2A 2E 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Coc	les in tl	he instructions:		
Dem	t V. Commliance Questions								
Par					Vac	No	<b>A</b>		
<u>10</u>	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions withir	the time period described in		Yes	No	Amount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X			
с	Was the plan covered by a fidelity bond?			10c	Х		100000		
d				100					
	or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth	•							
	insurance service, or other organization that provides some or all instructions.)			10e		х			
f				10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	Х		12723		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х			
i	· · · · · · · · · · · · · · · · · · ·	ne required	notice or one of the	10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirem								
11a	5500) and line 11a below)					11a			
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					002 01			
а	<b>a</b> 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								

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
<b>b</b> Enter the minimum required contribution for this plan year		12b				
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c				
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	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?		· 🗆 ۲	Yes X 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?						
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to				
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)		
Part VIII Trust Information (optional)						
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN			

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Form 55	00-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employee	OMB Nos. 1210-0110 1210-0089				
Department of the Internal Revenue		This form is required to be file		065 of the Employee Retirement	2014				
Department Employee Benefits Sec			7(b) and 6058(a) of the Internal ).	This Form is Open to					
Ponsion Benefit Guar	anly Corporation	uctions to the Form 5500-SF.	Public Inspection						
Part I Ann	ual Report lo	Ientification Information							
For calendar plan y	ear 2014 or fisc	al plan year beginning	01/01/2014	and ending 12	/31/2014				
A This return/repo	ort is for:	s a single-employer plan a one-participant plan the first return/report		an (not multiemployer) (Filers che rer information in accordance with					
	[	] an amended return/report	a short plan year return	/report (less than 12 months)					
C Check box if fili	ng under: [	] Form 5558 ] special extension (enter descr		DFVC program					
Dent H   Dent	Dian Inferra								
	c Plan Intori	mation-enter all requested inf	ormation						
<b>1a</b> Name of plan Joseph L. L	unsford, E	D.D.S., MS, PA 401(k	:) Retirement Pla	(Pr 1c Eff	Yee-digit n number 005 1) ▶ 005 citive date of plan /01/2014				
		ess; include room or suite numbe D.D.S., MS, PA	er (employer, if for a single-	employer plan) 2b Em (Ell	2b Employer Identification Number (EIN) 59-2714865				
8177 Glades	Road				2c Sponsor's telephone number				
Suite 103	nouu				1-391-5126				
Boca Raton		FL 33433-407	1		iness code (see instructions)				
	ator's name and	address XSame as Plan Spone			3b Administrator's EIN				
4 If the name ar	d/or EIN of the p	Nan sponsor has changed since	the last return/report filed fo	r this plan, enter the <b>4b</b> EIN	1				
name, EIN, ar a Sponsor's nam	•	per from the last return/report.		40 54					
		the beginning of the plan year		4C PN					
					1				
		the end of the plan year			1				
		count balances as of the end of			1				
d(1) Totel numb	er of active parti	cipants at the beginning of the pl	an year	5d(1)	1				
d(2) Total numb	er of active parti	cipants at the end of the plan yea	ar		1				
		ninated employment during the p							
Caution: A penalt Under penalties of	y for the late or perjury and othe 3 completed and	Incomplete filing of this return r penalties set forth in the instruc signed by an enrolled actuary, a	n/report will be assessed in ctions, I declare that I have o	intess reasonable cause is esta examined this return/report, incluc ion of this return/report, and to th	ling, if applicable, a Schedule				
SIGN	ling .	J. Land	<u> </u>	Joseph L. Lunsford,	DDS				
HERE Signa	ture of plan adi	ninistrator	Date 4-30-15	Enter name of individual signing	as plan administrator				
	ouplat	.J.J.	112.00	Joseph L. Lunsford,					
Signa		er/plan sponsor ne, if applicable) and address (In	Date 4-30-15 Include room or suite number	Enter name of individual signing ) (optional) Preparer	i as employer or plan sponsor 'a telephone number (optional)				

		Page 2							
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligit</li> <li>b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cam</li> </ul>	an indepen and conditi	dent qualified public account ons.)	ant (1C	PA)				Yes   Yes	No   No
C If the plan is a defined benefit plan, is it covered under the PBGC is							Not	ietermi	ned
Part III Financial Information		·	-	•					
7 Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) Епс	of Ye	 ar	
a Totel plan assets	. 7a			0		<u>(-)/-</u>			325
b Total plan liabilities	. 76							-	• •• • ••
C Net plan assets (subtract line 7b from line 7a)	7c			0				74	325
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				- (b)	Total		
a Contributions received or receivable from:			1 2 2 4						
(1) Employers	8a(1)		1334						
(2) Participants	<u>. 8a(2)</u>		204(						
(3) Others (including rollovers)			9090						
b Other income (loss)	1 1		2429	9					
C Totel income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	. <u>8c</u>							74	8912
to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions)									
f Administrative service providers (salaries, fees, commissions)	8f		566	1					
g Other expenses	. 89								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	-							566
i Net Income (loss) (subtract line 8h from line 8c)	81							74	325
j Transfers to (from) the plan (see instructions)									
Part IV         Plan Characteristics           9a         If the plan provides pension benefits, enter the applicable pension           2A         2E         2J         2K         3D	feature cod	es from the List of Plan Char	acteris	tic Co	des In	the Instru	clions:		
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare for the a</li></ul>	feature cod						_		
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9a       If the plan provides pension benefits, enter the applicable pension         2A       2E       2J       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare for         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution	feature code	s from the List of Plan Chara	cterist				_	int	
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions</li> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b) Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	feature code eature code ttions within uctary Corre ? (Do not in	s from the List of Plan Chara the time period described in action Program)	cterist	c Cod	es in t No		ions:	Int	
9a       If the plan provides pension benefits, enter the applicable pension         2A       2E       2J       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare for         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidelicable)         b       Were there any nonexempt transactions with any party-in-interest	feature code eature code ttions within uctary Corre ? (Do not in	s from the List of Plan Chara the time period described in action Program)	10a	c Cod	es in t No X		ions:		0000
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<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid)</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul></li></ul>	feature code eature code stions within uclary Corre ?? (Do not in fidelity bon fidelity bon her persons of the bene	s from the List of Plan Chara the time period described in action Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	c Cod Yes	No X X X		ions:		0000
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<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b) Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of the insurance service, or other organization that provides some or all instructions.)</li> </ul> </li> </ul>	feature code eature code tions within uctary Corre ?? (Do not in fidelify bon- fidelify bon- ner persons of the bene n?	s from the List of Plan Chara the time period described in action Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See ind.)	10a 10b 10c 10d	c Cod Yes	No X X X		ions:	10	
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid)</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a,)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, egents, or of insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?</li> </ul> </li> </ul>	feature code eature code tions within uctary Corre ? (Do not in fidelity bon fidelity bon ner persons of the bene n?	s from the List of Plan Chara the time period described in action Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See ind.) itions and 29 CFR	10a 10b 10c 10d 10g	Yes X	No X X X X		ions:	10	
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<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plant V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide benefits) were there any nonexempt transactions with any party-in-interest on line 10a,</li></ul></li></ul>	feature code eature code etions within uclary Corre i? (Do not in fidelity bon fidelity fideli	s from the List of Plan Chara the time period described in action Program) include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See ind.) itions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10d 10f 10g 10h 10i	x X Sched	No X X X X X X	/Form	Amoi	10	2723
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid)</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a,)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount a h if this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box If you either provided to exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	feature code eature code tions within uclary Corre ? (Do not in fidelify bon fidelify bon fidelify bon er persons of the bene n? 	s from the List of Plan Chara the time period described in action Program)	10a 10b 10c 10d 10f 10g 10h 10g	x X	No X X X X X Jle SP	he instruc	Amoi	10	2723
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lf	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	n 5500), and skij	to line 13.						
b	Enter the minimum required contribution for this plan year				12b	1			
c	Enter the amount contributed by the employer to the plan for this plan year				12c				· · ·
d									
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?				Y	es	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	XNo		
	If "Yes." enter the amount of any plan assets that reverted to the employer th	is year			13 <u>a</u>				
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?		, or brought und	er the c	ontrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan	s), identify the p	lan(s) (	0				
	3c(1) Name of plan(s):			1;	\$¢(2) E	IN(6)		13c(3	) PN(s)
Part	VIII Trust Information (optional)								

Part VIII   Fust Information (optional)							
14a Name of trust	14b Trust's EIN						