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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti	Annual Repor	t identification informatio	<u>N</u>								
For calenda	ar plan year 2015 or f	fiscal plan year beginning 01/01	/2015	and ending 1:	2/31/2015						
A This ret	turn/report is for:	olan (not multiemployer) mployer information in ac	-								
	, горол по топ	a one-participant plan	a foreign plan								
B This return/report is ☐ the first return/report ☐ the final return/report											
		an amended return/report	an amended return/report a short plan year return/report (less than 12 months)								
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC	program					
F	-	special extension (enter des	. ,								
Part II	Basic Plan Info	ormation—enter all requested i	nformation								
1a Name JOSEPH L.	•	, MS, PA 401(K) RETIREMENT PI	LAN		1b Three-digit plan number (PN) ▶						
					1c Effective da						
		oyer, if for a single-employer plan)				dentification Number 59-2714865					
City or		ce, country, and ZIP or foreign pos		tructions)	2c Sponsor's	s telephone number 561-391-5126					
					<u> </u>	Business code (see instructions)					
	ST HILL BLVD. 1 BEACH, FL 33413					621210					
3a Plan a	dministrator's name a	and address Same as Plan Spor	nsor.		3b Administrat	or's EIN					
4 If the r	name and/or EIN of th	ne plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN	or's telephone number					
name		umber from the last return/report.	·	, ,	4c PN						
5a Total i	number of participants	s at the beginning of the plan year			t _	13					
		s at the end of the plan year			5b	12					
C Numb	er of participants with	account balances as of the end o	of the plan year (defined ber	nefit plans do not	5c	12					
	,	articipants at the beginning of the			5d(1)	12					
d(2) Tot	al number of active pa	articipants at the end of the plan y	ear		5d(2)	11					
than	100% vested	t terminated employment during th			5e	1					
		or incomplete filing of this retu									
SB or Sche		other penalties set forth in the instri and signed by an enrolled actuary, aplete.									
SIGN	Filed with authorized	d/valid electronic signature.	08/10/2016	JOSEPH L. LUNSFO	NSFORD, DDS						
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plai	as plan administrator					
SIGN											
HERE		oyer/plan sponsor	Date		lual signing as em	oloyer or plan sponsor					
Preparer's	name (including firm	name, if applicable) and address ((include room or suite numb	er)	Preparer's telepl	none number					

Form 5500-SF 2015		Page 2								
 Were all of the plan's assets during the plan year invested in eligible 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 cannot be a second or line 6b. 	an indepen	dent qualified public a	ccount	ant (IQ	PA)			□ □	es No	
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not det	ermined	
Part III Financial Information	, ,									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year		
a Total plan assets	. 7a		743	3251				71	5256	
b Total plan liabilities	. 7b		7.10	054	-			74	5050	
C Net plan assets (subtract line 7b from line 7a)	. 7с			3251					5256	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Γotal		
(1) Employers	. 8a(1)		14	177						
(2) Participants	. 8a(2)		22	2058						
(3) Others (including rollovers)	. 8a(3)									
b Other income (loss)	. 8b		-25	897						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							1	0338	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		30	937						
e Certain deemed and/or corrective distributions (see instructions)	. 8e									
f Administrative service providers (salaries, fees, commissions)	. 8f		7	' 396						
g Other expenses	. 8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							3	8333	
i Net income (loss) (subtract line 8h from line 8c)	. 8i							-2	7995	
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 cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instru	ctions:		
B If the plan provides welfare benefits, enter the applicable welfare f		as from the List of Dis	- Ch	4:_4	:- 0	l = = ! = 4l= :	. :			
in the plan provides wellare benefits, enter the applicable wellare in	reature code	es from the List of Pia	n Chara	acterist	.ic Coc	ies in the	e mstruc	uoris:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amour	nt	
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	√oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c	X					100000	
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Χ					
				V					0000	
- · · · · · · · · · · · · · · · · · · ·	•	,	10g	X					8228	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X					
i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i							
j Did the plan trust incur unrelated business taxable income?			10i		Χ					
Part VI Pension Funding Compliance			,		<u> </u>	<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)								Пү	es No	
11a Enter the unpaid minimum required contribution for all years from						11a		<u>. </u>		
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Υ	es X No	

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne 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								
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗆	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
140 Name of trustee of custodian					telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design-based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st	ge Average benefit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).							
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount	······	19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?							

OMB Nos. 1210-0110 1210-0089

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Ponsion Bonefit 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).

2015 This Form is Open to **Public Inspection**

Pension densiti Gozazny Corporation		accordance with the instru	tions to the Form 50	300-SF.	***************************************				
	Identification Information								
For calendar plan year 2015 or f	scal plan year beginning	01/01/2015	and ending	12/31/2					
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must at list of participating employer information in accordance with the form instruction							
	s one-participant plan	a foreign plan							
B This return/report is	the first return/report	the final return/report a short plan year return/report (less than 12 months)							
	an amended return/report								
C Check box if filing under:	X Form 5558 special extension (enter desc	automatic extension	program						
Part II Basic Plan Info	ormation—enter all requested in	<u></u>			***************************************				
1a Name of plan	D.D.S., MS, PA 401(k		1	1b Three-digit plan number	I				
		(PN) 1c Effective date of plan 01/01/2014							
2a Plan sponsor's name (empl Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	O. Box)			dentification Number 2714865				
	ce, country, and ZIP or foreign post		ctions)		(elephone number				
6736 Forest Hill B	lvd.				ode (see instructions)				
West Palm Beach	FL 33413			,					
3a Plen administrator's name a	and address XSame as Plan Spon	SOr.		3b Administrator's EIN					
4 If the name and/or EIN of t	he plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN					
	umber from the last return/report.	•		4c PN	**************************************				
	s at the beginning of the plan year.			Fa.	· 13				
ALC: NO.				` <u> </u>	12				
	is at the end of the plan year			1 30	14				
	account balances as of the end of			. 5c	12				
	articipents at the beginning of the p			5d(1)	. 12				
• •	articipants at the end of the plan ye			5d(2)	. 11				
e Number of participants the	at terminated employment during th	e plan year with accrued ber	efits that were less	5 e	. 1				
Caution: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	inless reasonable ca	iuse is establishe	d.				
Under penalties of periury and	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	examined this return/re	eport, including, if	applicable, a Schedule				
SIGN	Land.	8/10/16	Joseph L. Lu	nsford, DDS					
HERE Signature of plan	administrator	Date	Enter name of Indivi	dua) signing as pla	n administrator				
SIGN 7	1	1 .	Joseph L. Lu	nsford, DDS					
HERE	loyer/plan sponsor	Date 8/10/11	Enter name of indivi	dual signing as em	ployer or plan sponsor				
	name, if applicable) and address (Preparer's telep					
	tica and OMR Control Numbers see (Fama 5588-95 (2015)				

Farm 5500-SF 2015		Page Z							
6a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot C If the plan is a defined benefit plan, is it covered under the PBGC in	in Independ and condition of use Fon	dent qualified public accords.)m 5500-SF and must it	ountan n stead	T eau	orm 5	500.		Ye: X Ye: of dete	ω
Part III Financial Information					1				
7 Plan Assets and Liabilities		(a) Beginning o				(b) End of	_	
a Total plan assets	7a		743	,251	<u> </u>			7	15,256
b Total plan liabilities	7b					***************************************	·		A P
C Net plan assets (subtract line 7b from line 7a)	7c		743	,251	-			,	15,256
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt		1		(b) Tot	<u>al , , </u>	
a Contributions received or receivable from:	8a(1)		14	,177		, ,	* *		
(1) Employers	8a(2)		22	, 058	1	· ·			
(2) Participants									
(3) Others (Including rollovers)	8a(3) 8b		- 25	,897	,	, , , , , , , , , , , , , , , , , , , 			,
b Other Income (loss)	. 8c				1		·		10,338
Total income (add lines 8e(1), 8a(2), 8a(3), and 8b) Benefits pald (including direct rollovers and insurance premiums	. 80				1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,
to provide benefits)	. 8d		30	,937	7	<i>,</i> , ,	<u>;</u> ,		
e Certain deemed and/or corrective distributions (see Instructions)	86				· .	<u> </u>	-		
f Administrative service providers (salaries, fees, commissions)	. 8f		7	,39	5 .	<u></u>	-	·: ;	
g Other expenses	. 8g				1500	<u> </u>	<u>::</u>		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				4				38,333
i Net income (loss) (subtract line 8h from line 8c)	. 81	<u> </u>			4	,			-27,995 ·
j Transfers to (from) the plan (see instructions)	· 8j					· , · · · ·	<u></u>		·
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 walfare									
Part V Compliance Questions					No	NIA		A	m 4
10 During the plan year:		in the time posted		Yes	NO	IVIA	······	Amou	nt
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510,3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		х				
b Were there any nonexempt transactions with any party-in-intere	st? (Do noi	t include transactions			х	, ,			
reported on line 10a.)			105	-	├─	1 1 1		,	100,00
c Was the plan covered by a fidelity bond?			10c	Х	ļ				100,00
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	***********	** ** * * * * * * * * * * * * * * * * *	10d		Х				
e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See Instructions.)	ome or all o	of the benefits under	10e		х				
f Has the plan failed to provide any benefit when due under the p			101]	X		1		
The second should be seen a second should be seen as the second should be			10g	x		2.52	***************************************		8,22
h If this is an individual account plan, was there a blackout period			1 2	 	x	- ;	1. 11.		Çî, ç. 19 ¹ x.,
2520,101-3.) If 10h was answered "Yes," check the box if you either provided	114792-74		10h	-					
exceptions to providing the notice applied under 29 CFR 2520.	101-3	***************************************	101	-	x	Track Y),	<u>, 4. f</u>
J Did the plan trust incur unrelated business taxable income?			10j		L^	<u> </u>	<u> </u>		
Part Pension Funding Compliance								1	
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)		*1************************************	·//			1	(Form		Yes No
11a Enter the unpaid minimum regulred contribution for all years fro								T (4)	· [] ··
12 Is this a defined contribution plan subject to the minimum fund	ing require	ments of section 412 of	the Co	de or s	ection	302 of	ERIŜA?		Yes X No

	Form 5500-SF 2015 Page 3 -							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	nter the Day	e date of the	e letter rulir /ear	ng		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	•	4.00		·····			
b i	nter the minimum required contribution for this plan year	12b						
	nter the amount contributed by the employer to the plan for this plan year	12c						
	Subtract the amount in line 12c from the amount in line 12b, Enter the result (enter a minus sign to the lef negative amount)	12d						
e	Will the minimum funding emount reported on line 12d be met by the funding deadline?			Yes	No []	N/A		
Part !	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X No				
	If "Yes," onter the amount of any plan assets that reverted to the employer this year		138					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?		•••••		Yes 🛭 N	40		
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to						
1	3c(1) Name of plan(s):	13c(2) (EIN(s)		13c(3) P	N(s)		

Part	Trust Information		r					
14a :	Name of trust	14b Trust's EIN						
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number						
Par	IRS Compliance Questions		·					
15a	is the plan a 401(k) plan?	**********		e s	No	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		esign- esed sefe erbor nethod		ADP/ACP test			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nontrighty compensated employees (Treas, Reg sections 1,401(k)-2(a)(2)(ii) and 1,402(a)(2)(ii))?	11(m)-		es	No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	n 410(b):] U p	Ratio Percentage est	Average benefit test			
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?		 	es	□ No			
17a	Has the plan been timely amended for all required tax law changes?		Y 🗍	es	No	∏n/A		
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	. Enter the	applica	ble code	(Şee li	nstructions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial number of the control of the co	ımber		,		OL		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		f the pl	an's last fav	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(I)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		+		No			
19	Were in-service distributions made during the plan year?		<u>, []</u> y	es	No			
	If "Yes," enter amount	·····	. 19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whretired), as required under section 401(a)(9)?		v	'es	No	N/A		