Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	ar plan year 2016 or fis			and ending 1	2/31/2016						
A	. ,	a single-employer plan		plan (not multiemployer)	, -						
A This ret	turn/report is for:	a one-participant plan	list of participating a foreign plan	employer information in a	n in accordance with the form instructions.)						
B This retu	urn/report is	the first return/report	the final return/repo	rt							
		an amended return/report	a short plan year re	turn/report (less than 12 m	2 months)						
C Check I	box if filing under:	Form 5558	automatic extensio	n	DFVC program						
	1	special extension (enter des	. ,								
Part II		rmation—enter all requested i	nformation		41						
1a Name JOSEPH L. I		IS, PA 401(K) RETIREMENT PL	AN		1b Three-digit plan number (PN) ▶	005					
					1c Effective date of						
2a Plan si	ponsor's name (employ	/er, if for a single-employer plan)	<u> </u>		2b Employer Identi						
Mailing	g address (include room	n, apt., suite no. and street, or P.	.O. Box)	octructions)	' '	714865					
	LUNSFORD, D.D.S., M	e, country, and ZIP or foreign pos IS, PA	star code (ii loreign, see ii	istructions)	2c Sponsor's telep	phone number 1-5126					
0700 FORE					2d Business code	(see instructions)					
	ST HILL BLVD. 1 BEACH, FL 33413				6212	210					
3a Plan a	dministrator's name an	d address X Same as Plan Spo	onsor.		3b Administrator's	EIN					
					3c Administrator's	telephone number					
		plan sponsor has changed since	e the last return/report file	d for this plan, enter the	4b EIN						
a Spons	•	nber from the last return/report.		·							
	UI 3 Hallic			·	4c PN						
		at the beginning of the plan year	·		4c PN 5a	12					
5a Total i	number of participants				1	12					
5a Total i b Total i c Numb	number of participants a number of participants a er of participants with a	at the beginning of the plan year	of the plan year (only defir	ed contribution plans	5a						
5a Total I b Total I c Numb	number of participants and number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (only defir	ed contribution plans	5a 5b	12					
5a Total i b Total i c Numb compl d(1) Total d(2) Total	number of participants and number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan yearaccount balances as of the end o ticipants at the beginning of the pticipants at the end of the plan ye	of the plan year (only defir plan year	ed contribution plans	5a 5b 5c	12					
5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb	number of participants and number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (only defir plan year ear	ed contribution plans	5a 5b 5c 5d(1)	12 12 11					
5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A	number of participants and number of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	plan year (only defining the plan yeareareplan year with accrued	ed contribution plans benefits that were less	5a 5b 5c 5d(1) 5d(2) 5e use is established.	12 12 11 10					
5a Total I b Total I c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena	number of participants and number of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	plan year (only defired as the plan year with accrued as the plan year will be assess uctions, I declare that I have a service that I have a service as the plan year will be assess and the plan year.	ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if appli	12 12 11 10 10 cable, a Schedule					
5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is is	number of participants and number of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	plan year (only defired as the plan year with accrued as the plan year will be assess uctions, I declare that I have a service that I have a service as the plan year will be assess and the plan year.	ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applirt, and to the best of m	12 12 11 10 10 cable, a Schedule					
5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is i	number of participants and number of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	plan year (only defined plan year (only defined plan year with accrued the plan year will be assess uctions, I declare that I have as well as the electronic	benefits that were less ed unless reasonable ca ve examined this return/report version of this return/report	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applirt, and to the best of m	12 12 11 10 10 11 10 12 12 12 12 13 14 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18					
5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is s SIGN HERE SIGN	number of participants and number of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	plan year (only defining plan year	benefits that were less ed unless reasonable ca ve examined this return/report version of this return/report	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applient, and to the best of means and the second area.	12 12 11 10 10 11 10 12 12 12 12 13 14 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18					
5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is is SIGN HERE SIGN HERE	number of participants and number of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	plan year (only define plan yeareareplan year with accrued	benefits that were less ed unless reasonable ca ve examined this return/re version of this return/report JOSEPH L. LUNSFOR Enter name of individent	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applient, and to the best of merchand and the signing as plan addual signing as employed.	12 12 11 10 10 10 10 10 10 10 10 10 10 10 10					
5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is is SIGN HERE SIGN HERE	number of participants and number of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	plan year (only define plan yeareareplan year with accrued	benefits that were less ed unless reasonable ca ve examined this return/re version of this return/report JOSEPH L. LUNSFOR Enter name of individent	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applient, and to the best of mercial signing as plan additional	12 12 11 10 10 10 10 10 10 10 10 10 10 10 10					
5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is is SIGN HERE SIGN HERE	number of participants and number of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	plan year (only define plan yeareareplan year with accrued	benefits that were less ed unless reasonable ca ve examined this return/re version of this return/report JOSEPH L. LUNSFOR Enter name of individent	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applient, and to the best of merchand and the signing as plan addual signing as employed.	12 12 11 10 10 10 10 10 10 10 10 10 10 10 10					

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	Were all of the plan's assets during the plan year invested in eligib		•						X Ye	es No
	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 cann	and condit	ions.)						X Ye	es 🗌 No
	If the plan is a defined benefit plan, is it covered under the PBGC in						-	No	Not de	termined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		715256					79850)2
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		715256	5				79850)2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) 1	Γotal	
	Contributions received or receivable from:			15350						
	(1) Employers	8a(1)		26103						
	(2) Participants	8a(2)		20100						
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		56112						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9756	65
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d		6770)					
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		7549						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				14319				
	Net income (loss) (subtract line 8h from line 8c)	8i					83246			
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
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 f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	uctions:	
Part	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	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				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				_
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g	X					17320
h	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

Form 5500-SF

Department of the Treasury Interne! Revenue Service

Department of Lebor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Pension benefit Guaranty Corporation	Complete all entries in acc	cordance with the inst	ructions to the Form 5	500-\$F.	, unit (inspection)				
	rt Identification Information								
For calendar plan year 2016 or	fiscal plan year beginning 0	1/01/2016	and ending	12/31	/2016				
A This return/report is for:				r) (Filers checking this box must attach a n accordance with the form instructions.)					
	a one-participant plan	a foreign plan							
B This return/report is		the final return/report a short plan year retur	n/report (less than 12 n	2 months)					
C Check box if filing under:	∏ Form 5558 [automatic extension		DFVC program					
•	special extension (enter descript	-		Drvc prog	rein				
Part II Basic Plan Inf	ormation—enter all requested infor	nation							
1a Name of plan			**************************************	1b Three-d	igit				
Joseph L. Lunsford,	D.D.S., MS, PA 401(k)	Retirement Pla	n	plan nur (PN) ▶	-				
					e date of plan 2014				
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no, and street, or P.O. B			1	er Identification Number 9-2714865				
Joseph L. Lunsford	nce, country, and ZIP or foreign postal of D.D.S., MS, PA	code (II toreign, see inst	ructions)		r's telephone number 21-5126				
6736 Forest Hill Bl	.vd.				s code (see instructions)				
West Palm Beach	FL 33413								
3a Plan administrator's name	and address X Same as Plan Sponso	r.		3b Administ	trator's EIN				
				3c Adminis	trator's telephone number				
4 If the name and/or EIN of the name, EIN, and the plan n	he plan sponsor has changed since the umber from the last return/report.	last return/report filed f	or this plan, enter the	4b EIN					
a Sponsor's name		,		4c PN					
5a Total number of participant	s at the beginning of the plan year			5a	. 12				
	s at the end of the plan year			5b	12				
 C Number of participants with 	account balances as of the end of the	plan year (only defined	contribution plans	5c	12				
d(1) Total number of active p	articipants at the beginning of the plan	year	***********	5d(1)	11				
	articipants at the end of the plan year			5d(2)	. 10				
 Number of participants the 	t terminated employment during the pla	an year with accrued be	nefits that were less	5e	1				
Caution: A penalty for the late	or incomplete filing of this return/re	port will be assessed	uniess reasonable ca	use is establis	hed.				
Under penalties of perjury and of SB or Schedule MB completed of belief, it is true, correct, and con	other penalties set forth in the instruction and signed by an enrolled actuary, as we replete.	ns, I declare that I have vell as the electronic ver	examined this return/re sion of this return/repor	port, including, rt, and to the be	If applicable, a Schedule st of my knowledge and				
SIGN	I e		Joseph L. Lun	sford, DD:	S				
Signature of plan administrator Date 5-17-11 Enter name of individual signing as plan administrator									
SIGN HERE	fare.	Joseph L. Lunsford, DDS							
Signature of empl	oyenplan sponsor name, if applicable) and address (inclu	Date 5-17-17 de room or suite numbe	Enter name of Individ	ual signing as e Preparer's tel	employer or plan sponsor ephone number				
For Panagark Dodustlan & as tel	co can the Instruction for Form FEOD OF								

	Form 5500-SF 2016	~~~	Page 2	···						
b	Were all of the plan's assets during the plan year invested in eligit 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 canr if the plan is a defined benefit plan, is it covered under the PBGC in	an indepo and cond not use F	endent qualified public itions.)orm 5500-SF and mus	accoun	tant (l	QPA) e Forn	n 5500	 I .	X	Yes No
,	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yea		·		(b) End	of Year	
a	Total plan assets	7a	1	715				(-)		798,502
b	Total plan liabilities	7b					***************************************			
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		715,	256	***				798,502
8	Income, Expenses, and Transfers for this Plan Year	, with	. (a) Amou	nt	1			(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)			350	4. t.,				
	(2) Participants	8a(2)		26,	103		1 14			
	(3) Others (including rollovers)	8a(3)				,	.,		•	
<u>b</u>	Other income (loss)	86		56,	112	1, 14.				
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								97,565
d	to provide benefits)	8d		6,	770	o				
	Certain deemed and/or corrective distributions (see instructions)	8e		······································						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8 f		7,	549					
g	Other expenses	8g	. S M			ý mist		194 x 1 + 1, 2 1		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Stranding to the difference of the stranding of the stran		200 100					14,319
-	Net income (loss) (subtract line 8h from line 8c)	81	grand distinguish,	1. N. Ja		83,2				83,246
<u>, </u>	Transfers to (from) the plan (see instructions)	8]	8j N.34							
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2A 2E 2J 2K 3D				,					
10	During the plan year:				Tvan	A)-	N/A	I		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary l	Fiduciary Correction	10a	Yes	X	N/A		Amou	nt
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		***************************************	105	<u> </u>	х	2.981			
C	Was the plan covered by a fidelity bond?			10c	Х					100,000
d	Did the plan have a lose, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х				***************************************
e	Were any fees or commissions pald to any brokers, agents, or oth carrier, Insurance service, or other organization that provides som the plan? (See instructions.).	e or all of	the benefits under	10e		х				
f				10f		Х		~~~		
9	(,,			10g	Х					17,320
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10h		х		innering in Political Lake Alice		
<u> </u>	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e require	d notice or one of the	10i						

Form 5500-SF 2016

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Part	VI	Pension Funding Compliance						
11	ls ti	nls a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)	comple	ete Sch	nedule S	В		Yes 📗 No
		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA?	ode o	section	n 302 of			Yes 🛭 No
	(If)	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					_L_	
a	If a gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.	structio Month	ns, an	d enter t Day		of the lett Year	er ruling
	you (completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
<u>b</u>	Ente	r the minimum required contribution for this plan year			12b			•••
		r the amount contributed by the employer to the plan for this plan year			12c			
d	Sub neg	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)	left of	a 	12d			
е		the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VIL	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	X 1	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	• • • • • • • • •		13a			****
ь	Con	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug trol of the PBGC?	ght und	der the		[Yes [X No
С	If, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	ify the	plan(s) to			
) Name of plan(s):	• • •	13c(2)	EIN(s)		13c(3) PN(s)
	ot. P-							
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	rust's E	IN	
14c	Namo	e of trustee or custodian					or custoc e number	
Part	ΊX	IRS Compliance Questions						
15a	la the	e plan a 401(k) plan? if "No _i " skip b		Yes		Ĺ] No	***************************************
15b	How 401(k	dld the plan satisfy the nondiscrimination requirements for employee deferrals under section ()(3) for the plan year? Check all that apply:		safe t	ent year"		test	ear" ADP
16a	What year	t testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply:		Ratio		Av be	erage nefit lest	□ N/A
16b	Did to	he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	······································
17a	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinio	n letter	or advis	ory lette	er, enter ti	ne date of
17b		plan is an individually-designed plan that received a favorable determination letter from the IRS, en	nter the	a date	of the m	ost rece	nt determ	ination
	Were	ed Benefit Plan or Money Purchase Penslon Plan Only; any distributions made during the plan year to an employee who attained age 62 and had not sepace?	arated	from	Yes		No	
		any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No	