Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

belief, it is true, correct, and complete

SIGN HERE

SIGN **HERE**

SUITE C

JAY WUNDER

JAY WUNDER CPA 17801 MURDOCK CIRCLE

PORT CHARLOTTE, FL 33948

Filed with authorized/valid electronic signature

Signature of plan administrator

Signature of employer/plan sponsor

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit DOUGLAS JOYCE, D.O., P.A. PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1999 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DOUGLAS H. JOYCE, D.O., P.A. (EIN) 65-0844916 Sponsor's telephone number 941-766-0750 25092 OLYMPIA AVENUE, SUITE 500 PUNTA GORDA, FL 33950 Business code (see instructions) 621111 3b Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 9 **b** Total number of participants at the end of the plan year..... 5b 8 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 8 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 9 d(2) Total number of active participants at the end of the plan year..... 5d(2) 8 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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

10/13/2015

Date

JOHN O. WUNDER

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

941-766-8686

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

	Form 5500-SF 2014		Page 2								
b	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 to the plan cannot be a se	an independ	ent qualified public accountans.)	nt (IQ	PA)				<u> </u>	es [No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No		Not det	ermi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd of	Year		
a	Total plan assets	. 7a	9284	61					102	4050	
b	Total plan liabilities	. 7b									
	Net plan assets (subtract line 7b from line 7a)	. 7с	9284	61					102	4050	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	:al		
	Contributions received or receivable from: (1) Employers	. 8a(1)	753	869							
	(2) Participants										
	(3) Others (including rollovers)	. 8a(3)									
b	Other income (loss)	. 8b	325	42							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							10	7911	
	Benefits paid (including direct rollovers and insurance premiums	04	123	22							
	to provide benefits)	. 8d . 8e									
	Administrative service providers (salaries, fees, commissions)										
	Other expenses										
	Total expenses (add lines 8d, 8e, 8f, and 8g)								1	2322	
	Net income (loss) (subtract line 8h from line 8c)								9	5589	
	Transfers to (from) the plan (see instructions)	. 8i									
Par	t IV Plan Characteristics										
b	If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions	eature codes	s from the List of Plan Charad	cterist	ic Cod	les in t	he instru	uctior	is:		
10	During the plan year:				Yes	No	<u> </u>	Α	moun	t	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		X					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?				· ·					0	3000
d	• • •			10c	X		 			3	3000
u	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period?		,	iug							
	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							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es 🔀	No
11a	Enter the unpaid minimum required contribution for current year f	rom Schedul	e SB (Form 5500) line 39			11a	<u> </u>	-		-	
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA?	·	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		•				<u> </u>				
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	-			, and e	enter tl Day			e letter ′ear	rulin	J

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
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		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		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.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

2014

This Form is Open to **Public Inspection**

Part I		rt Identification Informatio					
For calend	lar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12	/31/201	4
A This re	turn/report is for:	☑ a single-employer plan	a multiple-employer plan (i of participating employer ir			-	
		a one-participant plan	a foreign plan				
B This ret	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year return/rep	port (less than 12 m	nonths)		
C Check b	oox if filing under:	☐ Form 5558	automatic extension			FVC progra	m
		special extension (enter des	cription)				
Part II	Basic Plan Inf	formation—enter all requested i	nformation				
1a Name	of plan				1b Thre		
DOUGLA	S JOYCE, D.O	., P.A. PROFIT SHARIN	NG PLAN		(PN)	number	001
					1c Effec	ctive date of 01/1999	
	sponsor's name and a	address; include room or suite num	ber (employer, if for a single-emp	loyer plan)	2b Emp	loyer Identif	cation Number
DOUGLA	is ii. outce,	D.O., F.A.			_	65-084	
						nsors telepr 1) 766-	none number
25092	OLYMPIA AVEN	UE, SUITE 500					see instructions)
PUNTA	GORDA		FL 33	950	621		
3a Plan a	dministrator's name	and address XSame as Plan Spor	nsor.		3b Adm	inistrator's E	IN
		the plan sponsor has changed sinc	e the last return/report filed for thi	s plan, enter the	4b EIN		
name	e, EIN, and the plan n	the plan sponsor has changed sino number from the last return/report.	e the last return/report filed for thi	s plan, enter the			
name a Spor	e, EIN, and the plan n nsor's name	number from the last return/report.			4c PN		9
name a Spor	e, EIN, and the plan n nsor's name number of participan	number from the last return/report.	·		4c PN 5a		9
name a Spor 5a Total b Total c Numb	e, EIN, and the plan nasor's name number of participan number of participan per of participants wit	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year	of the plan year (defined benefit pl	lans do not	4c PN 5a		8
name a Spor 5a Total b Total c Numb	e, EIN, and the plan nasor's name number of participan number of participan per of participants wit lete this item)	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year	of the plan year (defined benefit pl	lans do not	4c PN 5a 5b 5c		8
name a Spor 5a Total b Total c Numb compl d(1) Total	e, EIN, and the plan nasor's name number of participan number of participan per of participants wit lete this item)	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year its at the end of the plan year its at the end of the plan year its account balances as of the end of the plan year its at the beginning of the	of the plan year (defined benefit pl	lans do not	4c PN 5a 5b 5c 5d(1)		8 8 9
name a Spor 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe	e, EIN, and the plan nasor's name number of participan number of participants witlete this item)	ats at the beginning of the plan year ats at the end of the plan year	of the plan year (defined benefit pl plan yearplan yearear.	lans do not	4c PN 5a 5b 5c		8 8 9 8
name a Spor 5a Total b Total c Number completed (1) Total e Number less the	e, EIN, and the plan in nsor's name number of participan number of participan per of participants wit tete this item)	ts at the beginning of the plan year at the end of the plan year acts at the end of the plan year	of the plan year (defined benefit pl plan yeareareareplan year with accrued benefits t	lans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	liched	8 8 9
name a Spor 5a Total b Total c Number compl d(1) Tot e Number less th Caution: A Under pen SB or Sche	e, EIN, and the plan in a sor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year ats at the end of the plan year	plan year (defined benefit pleareareplan year with accrued benefits to the plan year with accrued benefits to the plan year will be assessed unlead uctions, I declare that I have exarging the plan year will be assessed unlead to the plan year.	lans do not that were ss reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal	ng, if applica	8 8 9 8 0
name a Spor 5a Total b Total c Number compl d(1) Tot e Number less th Caution: A Under pen SB or Schelbelief, it is	e, EIN, and the plan in a sor's name number of participan number of participan per of participants wite teet this item)	that at the beginning of the plan year at the end of the plan year act at the end of the plan year	plan year (defined benefit pl plan yeareareplan year with accrued benefits t printerport will be assessed unle uctions, I declare that I have exar as well as the electronic version	ians do not that were ss reasonable cau nined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	ng, if applica	8 9 8 0
name a Spor 5a Total b Total c Number compl d(1) Tot e Number less th Caution: A Under pen SB or Sche	e, EIN, and the plan in a sor's name number of participant number of participants with lete this item)	ts at the beginning of the plan year at the end of the plan year act at the end of the plan year	plan year (defined benefit plen) plan year. ear. plan year with accrued benefits the plan year with accrued benefits the plan year will be assessed unleductions, I declare that I have example as well as the electronic version	ians do not that were ss reasonable cau nined this return/re of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	ng, if applica best of my	8 9 8 0 able, a Schedule knowledge and
name a Spor 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or School belief, it is SIGN HERE	e, EIN, and the plan in a sor's name number of participan number of participan per of participants wite teet this item)	ts at the beginning of the plan year ats at the end of the plan year	plan year (defined benefit plen) plan year ear e plan year with accrued benefits the plan year. Date Po-13-15 Er	ians do not that were ss reasonable cau nined this return/re of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	ng, if applica best of my	8 9 8 0 able, a Schedule knowledge and
name a Spor 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe less th Caution: J Under pen SB or Sche belief, it is SIGN HERE SIGN	e, EIN, and the plan in a sor's name number of participan number of participan per of participants with ete this item)	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year	plan year (defined benefit plan yeareareplan year with accrued benefits the strander of the strander	ians do not that were ss reasonable cau nined this return/re of this return/report DUGLAS H. JO nter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the way CE	ng, if applica best of my as plan adm	8 9 8 outlet, a Schedule knowledge and
name a Spor 5a Total b Total c Number compl d(1) Tot e Number less th Caution: A Under pen SB or Sche belief, it is SIGN HERE	e, EIN, and the plan in nor's name number of participan number of participants with lete this item)	ts at the beginning of the plan year at the end of the plan year at the end of the plan year	plan year (defined benefit plan yeareareplan year with accrued benefits the plan year with accrued benefits the plan year will be assessed unled uctions, I declare that I have example as well as the electronic version Date (0-13-15) Er	lans do not chat were ss reasonable cau nined this return/report of this return/report UGLAS H. JO nter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the expectation of the	ng, if applica best of my as plan adm as employei	8 8 9 8 0 sible, a Schedule knowledge and
name a Spor 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe less th Caution: A Under pen SB or Sch belief, it is SIGN HERE Preparer's JAY WU	e, EIN, and the plan in a sor's name number of participan number of participants with lete this item)	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year	plan year (defined benefit plan yeareareplan year with accrued benefits the plan year with accrued benefits the plan year will be assessed unled uctions, I declare that I have example as well as the electronic version Date (0-13-15) Er	lans do not chat were ss reasonable cau nined this return/report of this return/report UGLAS H. JO nter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the expectation of the	ng, if applica best of my as plan adm as employei	8 9 8 0 sible, a Schedule knowledge and
name a Spor 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe less th Caution: A Under pen SB or Sch belief, it is SIGN HERE Preparer's JAY WU JAY WU JAY WU JAY WU	e, EIN, and the plan in a participan number of participan number of participan per of participants with lete this item)	ts at the beginning of the plan year at the end of the plan year at the end of the plan year	plan year (defined benefit plan yeareareplan year with accrued benefits the plan year with accrued benefits the plan year will be assessed unled uctions, I declare that I have example as well as the electronic version Date (0-13-15) Er	lans do not chat were ss reasonable cau nined this return/report of this return/report UGLAS H. JO nter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includi t, and to the vyce lual signing yyce lual signing Preparer's	ng, if applica best of my as plan adm as employei	8 9 8 oble, a Schedule knowledge and inistrator

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b	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 cann lift the plan is a defined benefit plan, is it covered under the PBGC in	an indepei and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IC	PA) Form	5500		X	Yes Yes deten		No
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Ye	ar		
a	Total plan assets	7a	928	3,46	51			-	L , 02	24,	050
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	928	3,46	51			-	1,02	24,	050
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
	Contributions received or receivable from: (1) Employers	8a(1)	75	5,36	59						
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	32	2,54	12						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							10	7,	911
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1.2	2 , 32	2						
	Certain deemed and/or corrective distributions (see instructions)	8e	1.6	., 52							
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	.2,	322
i	Net income (loss) (subtract line 8h from line 8c)	8i							9)5 ,	589
j	Transfers to (from) the plan (see instructions)	8j									
b Part	If the plan provides welfare benefits, enter the applicable welfare for the supplicable 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 welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan pr	eature cod	es from the list of Plan Charac	cteris	tic Coc	ies in t	ne instructi	ons:			
10	During the plan year:				Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contribu 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	include transactions reported	10a		X					
	Was the plan covered by a fidelity bond?			10c	Χ				Ç	3.	000
d				100							
e	or dishonesty?			10d		Χ					
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Χ					
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							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)								Yes	X	No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	<u> </u>		orse	ection (302 of	ERISA?		Yes	Χ	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			4!				1 -	1_	ı:.	
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			s, and e	enter tl Day		ne let Yeai		ııng	

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lf	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				
С	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 (en negative amount)		12 d				
е	Will the minimum funding amount reported on line 12d be met by the funding de	eadline?		Yes	No	N/A	
D4	VII Dian Tarminations and Transfers of Assets		•				

С	Enter the amount contributed by the employer to the plan for this plan year	12	2c	
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)	12	2d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	t VII 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," enter the amount of any plan assets that reverted to the employer this year	13	Ba	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?			Yes 🛛 No
С				
•	13c(1) Name of plan(s):	13c(2	2) EIN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			
14a	Name of trust	14	b Trust's EIN	I