	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee R	etirement	2016
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (7(b) and 6058(a) of the		This Form is Open to Public Inspection
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 5	500-SF.	•
For calend	ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/20	016	and ending 12	2/31/2016	
		a single-employer plan				king this box must attach a
A This ret	turn/report is for:	a one-participant plan	list of participating em	ployer information in ac	cordance v	vith the form instructions.)
B This ret	urn/report is	the first return/report	the final return/report			
	l l	an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check	box if filing under:	K Form 5558	automatic extension		DFVC p	program
		special extension (enter descri	,			
Part II		mation—enter all requested info	ormation			
1a Name DOUGLAS J	of plan OYCE, D.O., P.A. PROF	FIT SHARING PLAN			1b Thre plan (PN)	number
					. ,	ctive date of plan 01/01/1999
Mailing	g address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O.			2b Emp (EIN)	loyer Identification Number
	I. JOYCE, D.O., P.A.	country, and ZIP or foreign posta	ii code (ii ioreign, see instr	uctions)	2c Spor	nsor's telephone number 941-766-0750
	IPIA AVENUE, SUITE 50 RDA, FL 33950	00			2d Busin	ness code (see instructions) 621111
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	sor.			inistrator's EIN inistrator's telephone number
		plan sponsor has changed since t per from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN	
a Spons	or's name				4c PN	r
		t the beginning of the plan year			5a	9
		t the end of the plan year			5b	ę
		count balances as of the end of t			5c	ę
d(1) Tot	al number of active partie	cipants at the beginning of the pla	n year		5d(1)	ę
• •		cipants at the end of the plan yea			5d(2)	ę
		rminated employment during the			5e	(
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assessed	unless reasonable ca		
SB or Sche		er penalties set forth in the instruct signed by an enrolled actuary, as ete.				
SIGN	Filed with authorized/va	lid electronic signature.	08/31/2017	DOUGLAS JOYCE		
HERE	Signature of plan adr		Date	Enter name of individ	ual signing	as plan administrator
SIGN HERE	Filed with authorized/va	-	08/31/2017	DOUGLAS JOYCE		
Preparer's JAY WUND JAY WUND 17801 MUR SUITE C	ER ER CPA DOCK CIRCLE	er/plan sponsor ne, if applicable) and address (ind	Date Clude room or suite numbe			as employer or plan sponsor s telephone number 941-766-8686
PORT CHA	RLOTTE, FL 33948					

b Are you under 2 If you 3	all of the plan's assets during the plan year invested in eligib u claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public accountant (IC ions.) rm 5500-SF and must instead use	QPA) • Form 5500.	X Yes No
C If the pl	lan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA section 4021)?	Yes No	Not determined
Part III	Financial Information				
7 Plan As	ssets and Liabilities		(a) Beginning of Year	(b) End	of Year
a Total p	lan assets	7a	1084666		1201405
b Total p	lan liabilities	7b			
	in assets (subtract line 7b from line 7a)	70	1084666		1201405

C Net plan assets (subtract line 7b from line 7a)	7c	1084666	1201405
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
 a Contributions received or receivable from: (1) Employers 	8a(1)	79144	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)		37595	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			116739
d Benefits paid (including direct rollovers and insurance premiun to provide benefits)			
e Certain deemed and/or corrective distributions (see instruction	ns). 8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
Net income (loss) (subtract line 8h from line 8c)	8i		116739
Transfers to (from) the plan (see instructions)	····· 8j		
Part IV Plan Characteristics	· · · ·		

Plan Characteristics

9a	If the	plan	provides	pension	benefits,	enter the	applicable	pension featu	re codes fro	om the Lis	t of Plan	Characterist	ic Codes in	the instr	uctions:
	2A	2E	3D												

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			110000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		_ Year	
lf	you c	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			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	ent determ	ination
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 separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

Form 5500-SI	F Short Form Ann	ual Return/Report Benefit Plan	of Small Employee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		filed under sections 104 and 4	1065 of the Employee Retirem				
Department of Labor Employee Benefits Security Administ		74 (ERISA), and sections 605 Revenue Code (the Code	57(b) and 6058(a) of the Internation	This Form is Open to			
Pension Benefit Guaranty Corpora	Complete all entries i	n accordance with the instr	ructions to the Form 5500-SF	Public Inspection			
	ort Identification Informatio						
For calendar plan year 2016	or fiscal plan year beginning	01/01/2016	and ending	<u>_12/31/2016</u>			
A This return/report is for:	⊠ a single-employer plan		an (not multiemployer) (Filers (aployer information in accordan	checking this box must attach a nce with the form instructions.)			
B This return/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 months)				
C Check box if filing under		automatic extension		VC program			
	special extension (enter de						
Part II Basic Plan	Information—enter all requested						
1a Name of plan	D., P.A. PROFIT SHARIN			Three-digit plan number (PN) ▶ 001 Effective date of plan			
Mailing address (include	mployer, if for a single-employer plan e room, apt., suite no. and street, or F ovince, country, and ZIP or foreign po	P.O. Box)		01/01/1999 Employer Identification Number (EIN) 65-0844916			
DOUGLAS H. JOYCE,			2c	Sponsor's telephone number (941) 766-0750			
25092 OLYMPIA AVE	NUE, SUITE 500		2d	2d Business code (see instructions) 621111			
PUNTA GORDA		FT	33950				
3a Plan administrator's nar	ne and address 🔀 Same as Plan Sp	oonsor.		Administrator's EIN Administrator's telephone number			
	of the plan sponsor has changed sind n number from the last return/report.	ce the last return/report filed f	or this plan, enter the 4b	EIN			
a Sponsor's name	in number from the last return report.		4c	PN			
5a Total number of particit	pants at the beginning of the plan yea	ır	58	a 9			
	pants at the end of the plan year) g			
c Number of participants	with account balances as of the end	of the plan year (only defined	contribution plans 50	; g			
· · · · · ·	e participants at the beginning of the			1) g			
	ve participants at the end of the plan						
e Number of participants	that terminated employment during t	the plan year with accrued be	nefits that were less				
Caution: A penalty for the	late or incomplete filing of this ret	urn/report will be assessed	unless reasonable cause is				
	nd other penalties set forth in the inst ed and signed by an enrolled actuary complete.						
SIGN BHJoyce, B	.0	08-30-2017	DOUGLAS JOYCE				
· ·	lan administrator	Date	Enter name of individual sig	ning as plan administrator			
SIGN BHOyce, B	.Ø.	08-30-2017	DOUGLAS JOYCE				
	mployer/plan sponsor	Date		ning as employer or plan sponsor			
JAY WUNDER JAY WUNDER CPA 17801 MURDOCK CIR	irm name, if applicable) and address	(include room or suite numbe	, .	arer's telephone number 1) 766-8686			
SUITE C PORT CHARLOTTE	Notice can the Instructions for Form F		33948	Earm EE00 SE (2016)			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

	Were all of the plan's assets during the plan year invested in eligib		· · · · · · · · · · · · · · · · · · ·						X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not deterr	nined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Y	'ear	
а	Total plan assets	7a	1,	084,	666				1,201	.,405
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	084,	666				1,201	.,405
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		79,	144					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		37,	595					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							116	5,739
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d								
	Administrative service providers (salaries, fees, commissions)	8e 8f								
<u> </u>	Other expenses	8g								
 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
	Net income (loss) (subtract line 8h from line 8c)	8i							116	5,739
j	Transfers to (from) the plan (see instructions)	8j								,
Pa	t IV Plan Characteristics		<u>I</u>							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in	the instructi	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acterist	tic Co	des in t	he instructio	ns:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	A	mount	
а	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			10a		Х				
b	Program) Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions	TVa		21				
	reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				11(000,000
d	Did the plan have a loss, 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 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		Х				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
i		he require	d notice or one of the	10i						

Page **3**-

	VI Pension Funding Compliance		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Se (Form 5500) and line 11a below)		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect		
	ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a	nd enter	the date of the letter ruling
16	granting the waiver	Da	yYear
· · · · ·	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12b	
a	Enter the minimum required contribution for this plan year		
	Enter the amount contributed by the employer to the plan for this plan year	12c	
d	negative amount)	. 12d	
ī.	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A
Part '	VII Plan Terminations and Transfers of Assets		
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes 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?		. Yes X No
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to	
1	I3c(1) Name of plan(s): 13c(2) EIN(s)) 13c(3) PN(s)
Dert			
Part		4.46	T 0 FN
14a	Name of trust	140	Trust's EIN
14c	Name of trustee or custodian		Trustee's or custodian's telephone number
14c Part			
Part			
Part 15a 15b	IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b Yes How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Des safe	gn-base harbor	telephone number
Part 15a 15b	IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Dess safe Image: Check all that apply: "Cu ADF	gn-base	telephone number
Part 15a 15b	IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Des safe What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Rai	gn-base harbor rent year test io centage	telephone number
Part 15a 15b 16a 16b	IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Des safe What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Rai per tes Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? Yea	gn-base harbor rent year test io centage	telephone number
Part 15a 15b 16a 16b 17a	IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b Is the plan a 401(k) plan? If "No," skip b Des safe How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Des safe What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ra Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) Yes Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) Yes If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion left the letter and the serial number	gn-base harbor rent year test io centage er or adv	telephone number
Part 15a 15b 16a 16b 17a 17b	t IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b Is the plan a 401(k) plan? If "No," skip b Des How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Image: Des What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Image: Ra Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) Image: Ra Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) Image: Ra If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion left the lefter If the plan is an individually-designed plan that received a favorable determination lefter from the IRS, enter the dat lefter	gn-base harbor rent year test io centage er or adv	telephone number
Part 15a 15b 16a 16b 17a 17b 18	t IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b. Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Is the coverage requirements under section 410(b) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ra Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) Yeat To the plan year by combining this plan with any other plan under the permissive aggregation rules? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter the letter and the serial number If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the data	gn-base harbor rent year test io centage er or adv	telephone number