

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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 a one-participant plan a foreign plan

B This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan DOUGLAS H. JOYCE, D.O., P.A. 401(K) PROFIT SHARING PLAN & TRUST	1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DOUGLAS H. JOYCE, D.O., P.A. 25092 OLYMPIA AVENUE, SUITE 500 PUNTA GORDA, FL 33950	1c Effective date of plan 01/01/1999
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	2b Employer Identification Number (EIN) <u>65-0844916</u>
	2c Sponsor's telephone number <u>941-766-0750</u>
	2d Business code (see instructions) <u>621111</u>
	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN 4d PN
5a Total number of participants at the beginning of the plan year	5a 8
b Total number of participants at the end of the plan year	5b 9
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c 9
d(1) Total number of active participants at the beginning of the plan year	5d(1) 4
d(2) Total number of active participants at the end of the plan year	5d(2) 6
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 0

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 belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	12/28/2021	DOUGLAS H. JOYCE, D.O.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		
a	Total plan assets	7a 1045582	1296531
b	Total plan liabilities	7b 0	0
c	Net plan assets (subtract line 7b from line 7a)	7c 1045582	1296531
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	8a(1) 57758	
	(2) Participants	8a(2) 32336	
	(3) Others (including rollovers)	8a(3) 0	
b	Other income (loss)	8b 180570	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	270664
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 775	
e	Certain deemed and/or corrective distributions (see instructions) ...	8e 0	
f	Administrative service providers (salaries, fees, commissions)	8f 18940	
g	Other expenses	8g 0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	19715
i	Net income (loss) (subtract line 8h from line 8c)	8i	250949
j	Transfers to (from) the plan (see instructions)	8j 0	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions		Yes	No	Amount
10	During the plan year:			
a	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	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c	Was the plan covered by a fidelity bond?	10c	X	125000
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	X	
e	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	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X	
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 this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 blank and complete line 11 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- Yes.
- No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If 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**

c 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 (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes 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 No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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1c Effective date of plan 01/01/1999		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DOUGLAS H. JOYCE, D.O., P.A. 25092 OLYMPIA AVENUE, SUITE 500 PUNTA GORDA FL 33950		2b Employer Identification Number (EIN) 65-0844916
		2c Sponsor's telephone number 941-766-0750
		2d Business code (see instructions) 621111
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		3b Administrator's EIN
		3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.	4b EIN
a Sponsor's name	4d PN
c Plan Name	
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SIGN HERE	<i>Douglas H. Joyce</i>	12/28/2021	DOUGLAS H. JOYCE, D.O.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Douglas H. Joyce</i>	12/28/2021	DOUGLAS H. JOYCE, D.O.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2019)
v.190130

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ . (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1,045,582	1,296,531
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1,045,582	1,296,531
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	57,758	
(2) Participants	8a(2)	32,336	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	180,570	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		270,664
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	775	
e Certain deemed and/or corrective distributions (see instructions) ...	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	18,940	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		19,715
i Net income (loss) (subtract line 8h from line 8c)	8i		250,949
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

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2E 2F 2G 2J 2K 3D
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b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		125,000
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		X	
e 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		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

SIGNATURE CERTIFICATE



REFERENCE NUMBER
176D26E7-2DEA-4FE7-BEC8-52B76DEBE036

TRANSACTION DETAILS

Reference Number
176D26E7-2DEA-4FE7-BEC8-52B76DEBE036

Transaction Type
Signature Request

Sent At
12/26/2021 23:43 EST

Executed At
12/28/2021 10:01 EST

Identity Method
email

Distribution Method
email

Signed Checksum
b15b7af1b39ee1c854f3225e2dd457173db9c1b0635a98b25ff70d9e28f5c4

Signer Sequencing
Disabled

Document Passcode
Disabled

DOCUMENT DETAILS

Document Name
2019 Form 5500-Sf

Filename
2019_form_5500-sf.pdf

Pages
3 pages

Content Type
application/pdf

File Size
197 KB

Original Checksum
2cab6c6b8a55c3dcbce5b8147769f54df75ef0620dca74bdb591a0622a1c617

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<p>Name Douglas Joyce</p> <p>Email drjoyce@jvai.com</p> <p>Components 4</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum 2c5f1e9f2c6cb466cd8ac234738f0bf0cdfec4bbc4709296399dc27b557c5e97</p> <p>IP Address 73.55.69.64</p> <p>Device Chrome via Windows</p> <p>Typed Signature </p> <p>Signature Reference ID BA92C400</p>	<p>Viewed At 12/28/2021 10:01 EST</p> <p>Identity Authenticated At 12/28/2021 10:01 EST</p> <p>Signed At 12/28/2021 10:01 EST</p>

AUDITS

TIMESTAMP	AUDIT
12/26/2021 23:43 EST	Jay Wunder (jaywunder@jaywundercpa.com) created document '2019_form_5500-sf.pdf' on Firefox via Windows from 75.151.65.245.
12/26/2021 23:43 EST	Douglas Joyce (drjoyce@jvai.com) was emailed a link to sign.
12/27/2021 11:13 EST	Douglas Joyce (drjoyce@jvai.com) viewed the document on Chrome via Windows from 73.55.69.64.
12/27/2021 11:40 EST	Douglas Joyce (drjoyce@jvai.com) was emailed a reminder.
12/28/2021 10:01 EST	Douglas Joyce (drjoyce@jvai.com) viewed the document on Chrome via Windows from 73.55.69.64.
12/28/2021 10:01 EST	Douglas Joyce (drjoyce@jvai.com) authenticated via email on Chrome via Windows from 73.55.69.64.
12/28/2021 10:01 EST	