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

Part I	Annual Report	Identification Information	1									
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/	2015	and ending 12	2/31/2015							
A This ret	turn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) mployer information in ac								
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	ırn/report (less than 12 m	onths)							
C Check I	box if filing under:	X Form 5558	automatic extension									
-		special extension (enter desc	' '									
Part II	Basic Plan Info	ormation —enter all requested in	formation		1							
1a Name SAMUEL J.	•	. RETIREMENT PLAN & TRUST			1b Three-digit plan numbe (PN) ▶	003						
			1c Effective da	te of plan 01/01/2004								
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)						entification Number 63-0735854						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SAMUEL J. OLIVER, D.M.D., P.A.					2c Sponsor's to	elephone number 6-734-1815						
407 4TH AVENUE, N.E. CULLMAN, AL 35055					2d Business code (see instructions) 621210							
3a Plan a	dministrator's name a	nd address Same as Plan Spon	sor.		3b Administrato	r's EIN						
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	r's telephone number						
	or's name	mbor from the last retain, report.			4c PN							
5a Total r	number of participants	at the beginning of the plan year.			5a	8						
		at the end of the plan year			5b	10						
C Numb	er of participants with	account balances as of the end of	the plan year (defined ber	nefit plans do not	5c	10						
d(1) Tota	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	8						
		rticipants at the end of the plan ye			5d(2)	7						
e Numb	per of participants that	terminated employment during the	e plan year with accrued be	enefits that were less	5e	0						
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable cau								
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, plete.										
SIGN	Filed with authorized	/valid electronic signature.	07/11/2016	SAMUEL J. OLIVER,	DMD							
HERE	Signature of plan a	ndministrator	Date	Enter name of individ	lual signing as plan	administrator						
SIGN												
HERE	Signature of emplo		Date	Enter name of individual signing as employer or plan sponsor								
Preparer's	name (including firm r	name, if applicable) and address (i	nclude room or suite numb	per)	Preparer's teleph	one number						

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form) X Yes No			
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	<u> </u>	Not det	ermined
Par	t III Financial Information		1								
7	Plan Assets and Liabilities		(a) Beginning	•				(b) Eı	nd of	Year	
	Total plan assets	. 7a		1197	'125	-				115	2812
	Total plan liabilities	7b		1107	140E	-				115	2812
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c	(a) Ama-	1197	125	+		/1-			2012
	Contributions received or receivable from:		(a) Amou	ınt				<u>a)</u>) Tot	iai	
	1) Employers	8a(1)		8	390						
	2) Participants	8a(2)		24	000						
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		9	247						1007
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								4	1637
	o provide benefits)	. 8d		85	950						
е	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)										5950
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-4	4313
Par	Transfers to (from) the plan (see instructions)	8j									
	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 f 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 contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	oluntary F	Fiduciary Correction	10a		X	-				•
b	Were there any nonexempt transactions with any party-in-interest			401-		X					
	reported on line 10a.)			10b	V						
c	Did the plan have a loss, whether or not reimbursed by the plan's			10c	X						200000
	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			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h	Х						
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i	Χ						
j	Did the plan trust incur unrelated business taxable income?			10j		X					
Part	VI Pension Funding Compliance			-							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	es No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	, <u></u>	Ye	es X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as app	licable.)						
а	a If a waiver of the minimum funding standard for a prior year is being amor			_			ing	
If	granting the waiver			Day	Y	ear		
	b Enter the minimum required contribution for this plan year	<u>.</u>		12b				
				12c				
	Enter the amount contributed by the employer to the plan for this plan year			120				
	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the fund	ng deadline?			Yes	No	N/A	
Part	t VII Plan Terminations and Transfers of Assets							
13a	a 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 employe	this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?					Yes X	No	
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identi	fy the plan(s) to					
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) P	N(s)	
Part	rt VIII Trust Information							
	Name of trust MUEL J. OLIVER, D.M.D., P.A. RETIREMENT PLAN & TRUST				ust's EIN 666182			
	C Name of trustee or custodian MUEL J. OLIVER				rustee's or elephone n		ın's	
Par	rt IX IRS Compliance Questions							
15a	a Is the plan a 401(k) plan?			Yes		No		
15b	b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirement matching contributions (as applicable) under sections 401(k)(3) and 401(m			Design- based safe ADP/ACP harbor test method				
15c	C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing testing method" for nonhighly compensated employees (Treas. Reg sectio 2(a)(2)(ii))?			Yes		No		
	a Check the box to indicate the method used by the plan to satisfy the cover		. ,	Rat per test	rage efit test			
16b	b Does the plan satisfy the coverage and nondiscrimination tests of sections this plan with any other plans under the permissive aggregation rules?			Yes		No		
17a	a Has the plan been timely amended for all required tax law changes?			Yes		No	N/A	
	b Date the last plan amendment/restatement for the required tax law change for tax law changes and codes).					(See inst		
17c	C If the plan sponsor is an adopter of a pre-approved master and prototype (advisory letter, enter the date of that favorable letter//	M&P) or volume submitter place		t to a fav	orable IRS 	opinion	or	
	d If the plan is an individually-designed plan and received a favorable determination letter/			the plan'	s last favor	rable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election unmade), American Samoa, Guam, the Commonwealth of the Northern Mari			Yes		No		
19	Were in-service distributions made during the plan year?			Yes		No		
	If "Yes," enter amount			19				
20	Were required minimum distributions made to 5% owners who have attainer retired), as required under section 401(a)(9)?			Yes		No	N/A	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 Department of Labor Revenue Code (the Code).

Short Form Annual Return/Report of Small Employee

Benefit Plan

2015

UMB NOS. 1210-0110 1210-0089

This Form is Open to Public Inspection

	enetic Guaranty Corporation	Complete all entries in accomplete all entries in accomplete.	ordance with the instr	uctions to the Form 5	500-SF.	- abne mapeedon			
Part I	Annual Report	Identification Information							
For calenda	ar plan year 2015 or fi		1/01/2015	and ending		31/2015			
A This ret	urn/report is for:	X a single-employer plan	list of participating em	lan (not multiemployer) aployer information in ac		ing this box must attach a h the form instructions)			
_		a one-participant plan	a foreign plan						
B This retu	ırn/report is	H	the final return/report a short plan year return	n/report (less than 12 m	onthe)				
C Check t	oox if filing under:	☐ Form 5558 ☐	automatic extension	mopert (1888 than 12 m		FVC program			
		special extension (enter description	n)			VO program			
Part II	Basic Plan Info	ormation—enter all requested inform	ation						
1a Name Samuel		.M.D., P.A. Retirement	Plan & Trust		1b Three- plan no (PN)	umber 003			
			1c Effective	ve date of plan 1/2004					
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)						yer Identification Number 63-0735854			
	J. Oliver,	ce, country, and ZIP or foreign postal cond. D.M.D., P.A.	ode (if foreign, see instr	uctions)		or's telephone number			
407 4th Avenue, N.E.						ess code (see instructions)			
Cullma	ın	AL 35055							
3a Plan a	dministrator's name a	nd address XSame as Plan Sponsor.			3b Administrator's EIN				
		e plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b EIN	istrator's telephone number			
	or's name	mber from the last return/report.			4c PN				
5a Total r	number of participants	at the beginning of the plan year	***************************************	***************************************	5a				
b Total r	number of participants	at the end of the plan year	*****************************	***************************************	5b		10		
C Numb	er of participants with	account balances as of the end of the	plan year (defined bene	efit plans do not	5c		10		
		rticipants at the beginning of the plan y			5d(1)		8		
d(2) Tota	al number of active pa	articipants at the end of the plan year		••••••	5d(2)		7		
than '	100% vested	terminated employment during the pla	*******************************	************************************	5e		0		
Under pena SB or Sche	alties of perjury and ol idule MB completed a	or incomplete filing of this return/re her penalties set forth in the instruction nd signed by an enrolled actuary, as w	s, I declare that I have	examined this return/re	port, including	i, if applicable, a Schedule			
belief, it is t	rue, correct, and com	plete.		·					
SIGN HERE	Lanul J.	Oliver, DMD	1-11-2016	Samuel J. Oli					
	Signature of plan a	administrator	Date	Enter name of individ					
SIGN HERE	Daniel f. 1	blein, pmp	7-11-3016	Samuel J. Oli					
Preparer's	Signature of emplo	pyer/plan sponsor name, if applicable) and address (includ	Date	Enter name of individ		employer or plan sponsor			
l l	Tame (moleculary min)	ante, il applicable) alle address (illoide	is round; suite that the	:-)	,	elephone number			
						and the state of t			

Form	CEAA	oc.	2015
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Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 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								X Yes X Yes X Yes X			
Part III Financial Information	under the FOGC modi	ance proj	JIAIII (SEE ERISA SE	CHOIT 40	121)!.	Ц	Tes []140	NOL	Jetei III	
7 Plan Assets and Liabilities			(a) Baninaina	-4٧		T		/L\ P J	-6 V -		
a Total plan assets		7.	(a) Beginning	1,19		╅		(b) End			,812
b Total plan liabilities		7a 7b		1,10	, 12.	4-				,102	,012
C Net plan assets (subtract line 7b from line 7a)		7c	***************************************	1,19	7 12	=			1	152	2,812
8 Income, Expenses, and Transfers for this Plan		/c			,, 12.	1		(L) 7		, 102	,012
a Contributions received or receivable from:	cai .		(a) Amou	1111		╁		(0) 1	otal		
(1) Employers	ε	3a(1)			3,39	0					
(2) Participants	ε	3a(2)		24	1,00	0					
(3) Others (including rollovers)		a(3)									
b Other income (loss)		8b		9	9,24	7					
c Total income (add lines 8a(1), 8a(2), 8a(3), and	8b)	8c								41	,637
d Benefits paid (including direct rollovers and insu				0 1	5,95				:		
to provide benefits)		8d		0.	, 90	4					***************************************
e Certain deemed and/or corrective distributions (8e				+					
f Administrative service providers (salaries, fees,		8f				+					
g Other expenses		8g			*****	-				0.5	- 050
h Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				_		-			950
Net income (loss) (subtract line 8h from line 8c)		8i <u></u>				-		·		-44	1,313
Part IV Plan Characteristics	·····	8j	···						·		
Part V Compliance Questions		-14						·····			
10 During the plan year:					Yes	No	N/A		Ame	ount	
Was there a failure to transmit to the plan any described in 29 CFR 2510.3-102? (See instru Program)	ctions and DOL's Volu	intary Fidi	uciary Correction	10a		Х		*			
b Were there any nonexempt transactions with a reported on line 10a.)				10b		Х	j., A.,				
C Was the plan covered by a fidelity bond?				10c	Х					20	00,00
d Did the plan have a loss, whether or not reimb by fraud or dishonesty?		·····	***************************************	10d		х					
e Were any fees or commissions paid to any bro			e benefits under	10e		х					
carrier, insurance service, or other organizatio the plan? (See instructions.)				106				·			
carrier, insurance service, or other organizatio						Х					
carrier, insurance service, or other organizatio the plan? (See instructions.)	n due under the plan?			10f							
carrier, insurance service, or other organization the plan? (See instructions.)	n due under the plan? es," enter amount as o a blackout period? (Se	f year end	J.)ions and 29 CFR		х	X			41 ¹ 1		
carrier, insurance service, or other organizatio the plan? (See instructions.)	n due under the plan? es," enter amount as o a blackout period? (Se	f year ende instruct	i.)ions and 29 CFR	10f 10g	x					1,55	*
carrier, insurance service, or other organization the plan? (See instructions.)	n due under the plan? es," enter amount as o a blackout period? (Se ou either provided the er 29 CFR 2520.101-3	f year end ee instruct required r	ions and 29 CFR	10f 10g 10h						12.3%:-	·
carrier, insurance service, or other organization the plan? (See instructions.)	n due under the plan? es," enter amount as o a blackout period? (Se ou either provided the er 29 CFR 2520.101-3	f year end ee instruct required r	ions and 29 CFR	10f 10g 10h		Х					
carrier, insurance service, or other organization the plan? (See instructions.)	n due under the plan? es," enter amount as of a blackout period? (Second either provided the er 29 CFR 2520.101-3 able income?	f year ender instruct	ions and 29 CFR notice or one of the	10f 10g 10h 10i 10j	X	X	dule SB	(Form	I c	Yes	No
carrier, insurance service, or other organization the plan? (See instructions.)	n due under the plan? es," enter amount as o a blackout period? (Se ou either provided the er 29 CFR 2520.101-3 able income? m funding requiremen	f year ender instruct required r	ions and 29 CFR notice or one of the	10f 10g 10h 10i 10j	X	X	lule SB	(Form			No No

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(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 instructions, an				ng		
granting the waiver	Day	······································	Year			
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						
negative amount)	12d	<u></u>				
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	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 of the PBGC?	control		Yes 🛛 1	10		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to					
13c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) P	N(s)		
		l				
		l				
Part VIII Trust Information				***************************************		
14a Name of trust	14b	Trust's EIN				
Samuel J. Oliver, D.M.D., P.A. Retirement Plan & Trust		20-1666182				
14c Name of trustee or custodian	14d	14d Trustee's or custodian's				
Samuel J. Oliver		telephone number				
Part IX IRS Compliance Questions						
15a is the plan a 401(k) plan?	🛮 Ye	es	No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	bi	Design- based safe ADP, harbor test method		/ACP		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?			No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ц р	atio ercentage est		rage efit test		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	[] Ye	es	No			
17a Has the plan been timely amended for all required tax law changes?			No	□ N/A		
for tax law changes and codes).		ble code _		structions		
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is sub- advisory letter, enter the date of that favorable letter and the letter's serial number		<u> </u>		or		
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter	of the pla	n'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) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	\Ye	s	No			
19 Were in-service distributions made during the plan year?	[] Ye	es	No			
If "Yes," enter amount	19	T				
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)?		es	No	□ N/A		