For	rm 5500-SF	Short Form Annua	al Return/Repo Benefit Plan		oyee	0	MB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed			etirement		2016
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		Internal		orm is Open to c Inspection
	enefit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 5	500-SF.		
For calend	ar plan year 2016 or fisca	International plan year beginning01/01/20	016	and ending 12	2/31/2016		
A This ret	turn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) (employer information in ac		-	
B This ret	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension	1	DFVC p	rogram	
Part II	Basic Plan Inform	nation —enter all requested info	,				
1a Name	of plan	ETIREMENT PLAN & TRUST			(PN)	number	
Mailing	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		structions)	(EIN)	63-07	cation Number 35854
	OLIVER, D.M.D., P.A.	country, and zin or foreign poste	ai code (il loreign, see in	50 000013)	2c Spor	nsor's teleph 256-734-	one number 1815
407 4TH AVI CULLMAN, A					2d Busir	ness code (s 62121	see instructions)
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	ISOF.			nistrator's E nistrator's te	IN elephone number
		olan sponsor has changed since to be from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN		
a Spons	or's name				4c PN		
		t the beginning of the plan year			5a		10
C Numb	er of participants with ac	t the end of the plan year count balances as of the end of t	he plan year (only defin	ed contribution plans	5b 5c		8 8
	,	cipants at the beginning of the pla			5d(1)		8
• • •	•	cipants at the end of the plan yea	•		5d(2)		6
e Numb	per of participants that te	rminated employment during the	plan year with accrued	benefits that were less	5e		C
		incomplete filing of this return					
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.					
SIGN	Filed with authorized/va	lid electronic signature.	09/29/2017	SAMUEL J. OLIVER, I	DMD		
HERE	Signature of plan adr	ministrator	Date	Enter name of individ	ual signing	as plan adm	inistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individ			
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite num	iber)	Preparer's	s telephone	number
		see the Instructions for Form 5500	05				orm 5500-SE (2016)

6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition ot use For	dent qualified public accountant (IQPA ons.) m 5500-SF and must instead use Fo	N) [1] Yes [] No [2] No [3] No [4] Yes [] No
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	isurance pro	ogram (see ERISA section 4021)?	Yes No Not determined
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1152812	1108778
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1152812	1108778
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	8039	
	(2) Participants	8a(2)	24000	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	12788	

		00		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		44827
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	88861	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		88861
i	Net income (loss) (subtract line 8h from line 8c)	8i		-44034
j	Transfers to (from) the plan (see instructions)	8j		

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: 2A 2E 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

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		
С	Was the plan covered by a fidelity bond?	10c	Х			200000
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		х		
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	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Con SA?					🗌 Yes 🗙 No
	•	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctions	and	ontort	ho data	of the letter ruling
	grar	nting the waiver	onth	, anu	_ Day		Year
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	<u> </u>			
b	Ente	r 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		
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	s 🗙 No
	lf "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 brough trol of the PBGC?					Yes X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ch assets or liabilities were transferred. (See instructions.)	y the pla	an(s)	to		
	13c(1)	Name of plan(s):	13	Bc(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a SAMUI	Name EL J.	of trust OLIVER, D.M.D., P.A. RETIREMENT PLAN & TRUST				rust's E 666182	
-		e of trustee or custodian OLIVER					s or custodian's ne number
Par	t IX	IRS Compliance Questions					
15a	Is the	e plan a 401(k) plan? If "No," skip b	י 🛛 י	/es		[No
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	∐ s; □□ "(afe h	nt year"	L	 "Prior year" ADP test N/A
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:	🗌 p	Ratio perce est	ntage		verage N/A enefit test N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	<u>П</u> 1	/es			No
17a		he plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS c etter / and the serial number	pinion I	letter	or advis	sory lett	
17b		e plan is an individually-designed plan that received a favorable determination letter from the IRS, en	ter the c	date c	of the m	ost rece	ent determination
18	Defir Were		rated fro	om	Yes	6	No
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	·····		Yes	s [No

Form 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed		065 of the Employee Reti	ement	2016
Department of Lobar Employee Benefus Security Administratio	Income Security Act of 1974 (7(b) and 6058(a) of the Ini		This Form is Open to Public Inspection
Pension Bonafit Guaranty Corporation	• Complete all entries in a	ccordance with the instru	uctions to the Form 5500)-SF.	
Part I Annual Repor	rt Identification Information	01/01/2016	and ending	12/3	31/2016
For calendar plan year 2010 or	X a single-employer plan	_	in (not multiemployer) (File		
A This return/report is for:	a one-participant plan		ployer information in acco		
B This return/report is	☐ the first return/report ☐ an amended return/report	the final return/report	√report (less than 12 mon	ths)	
C Check box if filing under:	X Form 5558	automatic extension		DFVC p	rogram
	special extension (enter descri				
	formation—enter all requested info	ormation	1	b Three	
1a Name of plan Samuel J. Oliver, D	.M.D., P.A. Retirement	Plan & Trust			number 003
			1		tive date of plan 1/2004
Mailing address (include ro	bloyer, if for a single-employer plan) bom, apt., suite no. and street, or P.O. nce, country, and ZIP or foreign posta	. Box) Loodo (If foreign, see instr			oyer Identification Number 63-0735854
Samuel J. Oliver,		a coue (a loreign, see alsu		256-	isor's telephone number 734-1815
407 4th Avenue, N.H	Ξ.		2	2 d Busir 6212	ness code (see instructions) 10
Cullman	AL 35055				****
	the plan sponsor has changed since the plan sponsor has changed since the last return/report.	he last return/report filed fo	Γ.	ID EIN	
	ts at the beginning of the plan year			5a	1
	its at the end of the plan year			5b	
c Number of participants wit	h account balances as of the end of the	he plan year (only defined	contribution plans	5c	
d(1) Total number of active p	participants at the beginning of the pla	in year		5d(1)	
	participants at the end of the plan yea			5d(2)	
than 100% vested	at terminated employment during the			5 0	
Under penalties of periury and	e or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, as	tions. I declare that I have	examined this return/repo	rt, includi	ng, If applicable, a Schedule
	le inc	9-29-2017	Samuel J. Olive	r, DM	D
HERE Signature of plan		Date	Enter name of individual	Isioning	as plan administrator
SIGN SIGN	DEwe	9-29-2017	Samuel J. Olive		
HERE Signature of emp	lloyer/plan sponsor n name, if applicable) and address (In	Date			as employer or plan sponsor s lelephone number
For Paperwork Reduction Act No	rtice, see the Instructions for Form 5500	-SF.			Form 5500-SF (2018) v.160205

SEP-29-2017 22:20

From:B2375dnf

2567391821

To:19136493666

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	Form 5500-SF 2016		Page 2						
b	Were all of the plan's assets during the plan year invested in eligib 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 If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified public lions.) rm 5500-SF and mus	account	ant (IC	PA)	n 5500.	X Yes	-
·····	rt III Financial Information	isurance p	rogram (see ERISA s		021)?	·····• [_	Jies		emmed
7	Plan Assets and Liabilities	Γ	(a) Boginning	of Yos	.			(b) End of Year	
a	Total plan assets	7a		152,					08,778
b	Total plan liabilities	75	·····						
С	Net plan assets (subtract line 7b from line 7a)	7c	1. ,	1.52,	81.2			1,1	08,778
8	Income, Expenses, and Transfers for this Plan Year	1	(a) Amour	it				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		8,	039				
	(2) Participants	8a(2)		24,	000				
	(3) Others (including rollovers)	8a(3)						-	
b	Other income (loss)	8b		1.2,	788				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							44,827
d	Benefits paid (including direct rollovers and insurance premiums	8d		88,	861				
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	80 80						3	
	Administrative service providers (salarles, fees, commissions)	8f							
	Other expenses	8g				•		•	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						⁻	88,861
1	Net income (loss) (subtract line 8h from line 8c)	81							44,034
j	Transfers to (from) the plan (see instructions)	81							
Pai 9a	IV Plan Characteristics 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 from the applicable welfare welfare from the applicable wel								
Par									<u></u>
10	During the plan year:				Yes	No	N/A	Amount	
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-1027 (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x			
Ь		? (Do not	include transactions	10b		x			
c	Was the plan covered by a fidelity bond?			10c	х			2	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
ę	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.)	ner person ne or all of	s by an insurance the benefits under	10e		x		Neutron (, , , , , , , , , , , , , , , , , ,	
f	Has the plan falled to provide any benefit when due under the pla	n?		10f		х			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		х		,	
h		(See instru	ctions and 29 CFR	10 <u>5</u>		x			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	101					 د

SEP-29-2017 22:20 From:B2375dnf

2567391821

To:19136493666

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Form 5500-SF 2016 Page 3 -		_				
Part VI Pension Funding Compliance		•••••••				· · · · · · · · · · · · · · · · · · ·
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	comple	te Sched	lule S	в		Yes 🗍 I
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C	'ode or	conting 1	202 -	 F		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	• • • • • • • • • • • • •	•••••			[]	Yes 🗶 I
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	Month	ns, and e	nter t Day		e of the let Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		weig		1 607	
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			12ç			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I negative amount)	left of a		2d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art VII Plan Terminations and Transfers of Assets		•				
3a Has a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No
If "Yes," enter the amount of any plan assets that reverted to the employer this year			3a	<u></u>		
b Were all the plan assets distributed to participants or beneficiarles, transferred to another plan, or broug control of the PBGC?	ght und	er the			Yes	X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identii which assets or liabilities were transferred. (See Instructions.)	ify the p	bian(s) to				*****
13c(1) Name of plan(s):	4	13c(2) El	N(s)		13c	(3) PN(5)
art VIII Trust Information						
			4 b Ti	ruet'e f		
4a Name of trust		1.		rust's (0 – 1 6		
4a Name of trust amuel J. Oliver, D.M.D., P.A. Retirement Plan & Trust			20	0-16	EIN 66182	
4a Name of trust amuel J. Oliver, D.M.D., P.A. Retirement Plan & Trust 4c Name of trustee or custodian			20 4d Tr	0 - 1 6 'ustee'	EIN	dian's
 4a Name of trust amuel J. Oliver, D.M.D., P.A. Retirement Plan & Trust 4c Name of trustee or custodian amuel J. Oliver 			20 4d Tr	0 - 1 6 'ustee'	EIN 66182 5 or custor	dian's
4a Name of trust amuel J. Oliver, D.M.D., P.A. Retirement Plan & Trust 4c Name of trustee or custodian amuel J. Oliver amuel J. Oliver art IX IRS Compliance Questions			20 4d Tr	0 – 1 6 rustee' slephor	EIN 66182 5 or custor	dian's
4a Name of trust amuel J. Oliver, D.M.D., P.A. Retirement Plan & Trust 4c Name of trustee or custodian amuel J. Oliver art IX IRS Compliance Questions 5a is the plan a 401(k) plan? If "No." skip b		1,	2(4d Tr te	0 – 1 6 rustee' slephor	EIN 66182 s or custor ne number	dian's
4a Name of trust amuel J. Oliver, D.M.D., P.A. Retirement Plan & Trust 4c Name of trustee or custodian amuel J. Oliver 'art IX IRS Compliance Questions 5a is the plan a 401(k) plan? If "No." skip b		Yes Design-ba	20 4d Tr te ased or year"	0 – 1 6 rustee' slephor	EIN 66182 s or custor ne number] No	dian's
4a Name of trust amuel J. Oliver, D.M.D., P.A. Retirement Plan & Trust 4c Name of trustee or custodian amuel J. Oliver vart IX IRS Compliance Questions 5a is the plan a 401(k) plan? If "No." skip b		Yes Design-base Safe harb Current y ADP test Ratio percenta	2 (4d Tr te ased or year"	0-16 rustee' elephor [[[EIN 66182 sor custoo ne number No No "Prior y test	dian's
4a Name of trust amuel J. Oliver, D.M.D., P.A. Retirement Plan & Trust 4c Name of trustee or custodian amuel J. Oliver art IX IRS Compliance Questions 5a is the plan a 401(k) plan? If "No." skip b		Yes Design-bisafe harb Safe harb Current 1 ADP test Ratio	2 (4d Tr te ased or year"	0-16 rustee' elephor [[[[be	EIN 66182 s or custor ne number No 'Prior y test N/A verage	dian's
4a Name of trust amuel J. Oliver, D.M.D., P.A. Retirement Plan & Trust 4c Name of trustee or custodian amuel J. Oliver Part IX IRS Compliance Questions 5a Is the plan a 401(k) plan? If "No." skip b		Yes Design-b: safe harb Current 1 ADP test Ratio percenta test Yes letter or 1	2 (4d Tr te ased or year" ge	0 - 1 6 rustee' elephor [[[[[[] be []	EIN 66182 s or custor ne number No "Prior y test N/A verage onefit test N/A verage onefit test	dian's rear" ADP
 4a Name of trust amuel J. Oliver, D.M.D., P.A. Retirement Plan & Trust 4c Name of trustee or custodian amuel J. Oliver Part IX IRS Compliance Questions 5a Is the plan a 401(k) plan? If "No." skip b		Yes Design-b: safe harb Current 1 ADP test Ratio percenta test Yes letter or 1	2 (4d Tr te ased or year" ge	0 - 1 6 rustee' elephor [[[[[[] be []	EIN 66182 s or custor ne number No "Prior y test N/A verage onefit test N/A verage onefit test	dian's rear" ADP
 4a Name of trust amuel J. Oliver, D.M.D., P.A. Retirement Plan & Trust 4c Name of trustee or custodian amuel J. Oliver Part IX IRS Compliance Questions 5a is the plan a 401(k) plan? If "No." skip b	ppinion ter the	Yes Design-bisafe harb Current 1 ADP test Ratio percenta test Yes letter or n date of th	2 (4d Tr te ased or year" ge	0-16 rustee' elephor [[[[c] A be [c] be [c] be	EIN 66182 s or custor ne number No "Prior y test N/A verage onefit test N/A verage onefit test	dian's rear" ADP