Form 5500-SF Short Form Annual Return/Report of Small Benefit Plan					of Small Emplo	OMB Nos. 121						
	rtment of the Treasury nal Revenue Service	This form is required to be filed			065 of the Employee R	etirement	2	2017				
	epartment of Labor enefits Security Administration	Income Security Act of 1974		, and sections 6057 ue Code (the Code)		Internal	This Form is Open to					
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accorda	nce with the instru	uctions to the Form 55	m 5500-SF.						
Part I		dentification Information										
For calenda	ar plan year 2017 or fisc	al plan year beginning 01/01/2				2/31/2017						
A This ret	urn/report is for:	x a single-employer plan	list	of participating emp	n (not multiemployer) ( ployer information in ac		-					
<b>B</b> This rot	urn/report is	a one-participant plan	a fo	reign plan								
	un/report is	the first return/report		final return/report								
	l	an amended return/report	a sh	ort plan year return	/report (less than 12 m	onths)						
C Check b	box if filing under:	× Form 5558	auto	omatic extension		DFVC p	orogram					
special extension (enter description)												
Part II	Basic Plan Infor	mation—enter all requested inf	formatior	۱								
1a Name	•					1b Thre						
SAMUEL J. (	OLIVER, D.M.D., P.A. R	ETIREMENT PLAN & TRUST				plan (PN)	number	003				
						, ,	ctive date of p	olan				
2a Plan sr	2a Plan sponsor's name (employer, if for a single-employer plan)						01/01/2004					
Mailing address (include room, apt., suite no. and street, or P.O. Box)				<b>2b</b> Employer Identification Number (EIN) 63-0735854								
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AMUEL J. OLIVER, D.M.D., P.A.				2c Sponsor's telephone number 256-734-1815							
					2d Business code (see instructions)							
407 4TH AVE CULLMAN, A						621210						
3a Plan a	dministrator's name and	address X Same as Plan Spon	nsor.			3b Administrator's EIN						
						<b>3c</b> Administrator's telephone number						
A If the r	ama and/ar EIN of the	alon anonaer ar tha plan name ha		ad airea tha last ra	turn/report filed for	4b EIN						
this pl	an, enter the plan spons	plan sponsor or the plan name ha sor's name, EIN, the plan name a										
•	or's name					<b>4d</b> PN						
C Plan N	lame											
5a Total r	number of participants a	t the beginning of the plan year				5a		8				
<b>b</b> Total r	number of participants a	t the end of the plan year				5b		8				
		ccount balances as of the end of t	•		•	5c		8				
•	,	cipants at the beginning of the pla				5d(1)		6				
d(2) Total number of active participants at the end of the plan year						5d(2)		6				
	<b>e</b> 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	n/report	will be assessed u	unless reasonable cau	u <u>se is </u> esta	blished.					
Under pena SB or Sche	alties of perjury and othe edule MB completed and	er penalties set forth in the instruc I signed by an enrolled actuary, a	ctions, I c	declare that I have e	examined this return/re	port, includ	ing, if applica					
	true, correct, and comple	ete. alid electronic signature.	ſ	)8/24/2018	SAMUEL J. OLIVER, I	סאס						
SIGN HERE							oc plop odre:	nistrator				
SIGN	Signature of plan ad		-+	Date	Enter name of individe	uai siyning	as plan admi	าเอเลเป				
SIGN HERE	Cinn at una of a second		-+	Data		uel el contre						
	Signature of employe	er/pian sponsor		Date	Enter name of individ	uai signing	as employer	or plan sponsor				

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

Form 5500-SF (2017) v.170203

<ul> <li>6a Were all of the plan's assets during the plan year invested in</li> <li>b Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver elig</li> </ul>	X Yes					
<ul> <li>If you answered "No" to either line 6a or line 6b, the plan</li> <li>C If the plan is a defined benefit plan, is it covered under the Plan If "Yes" is checked, enter the My PAA confirmation number for the matching of the plan is a defined benefit plan.</li> </ul>	BGC insurance pro	gram (see ERISA section 40	021)?		Yes No Not det	ermined uctions.)
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year	
a Total plan assets	7a	1108778			1071423	
<b>b</b> Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	1108778			1071423	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total	
a Contributions received or receivable from: (1) Employers	8a(1)	8012				
(2) Participants	8a(2)	24000				
(3) Others (including rollovers)	8a(3)					
<b>b</b> Other income (loss)	8b	15252				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				47264	
<b>d</b> Benefits paid (including direct rollovers and insurance premit to provide benefits)		84619				
e Certain deemed and/or corrective distributions (see instruction	ons) <b>8e</b>					
f Administrative service providers (salaries, fees, commissions	s) <b>8</b> f					
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				84619	
i Net income (loss) (subtract line 8h from line 8c)	8i				-37355	
j Transfers to (from) the plan (see instructions)	····· 8j					
Part IV Plan Characteristics						
<b>9a</b> If the plan provides pension benefits, enter the applicable pendiduced and the plan provides pension benefits, enter the applicable pendiduced and the plan provides pension benefits, enter the applicable pendiduced and the plan provides pension benefits, enter the applicable pendiduced and the plan provides pension benefits, enter the applicable pendiduced and the plan provides pension benefits, enter the applicable pendiduced and the plan provides pension benefits, enter the applicable pendiduced and the plan pendiduced an	ension feature code	es from the List of Plan Char	acteris	tic Co	des in the instructions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable we	elfare feature codes	s from the List of Plan Chara	cteristi	c Cod	es in the instructions:	
Part V Compliance Questions						
<b>10</b> During the plan year:			Yes	No	Amount	

10	During the plan year:				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		X	
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	X		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		x	
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		×	
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			

Page 3- 1

Part	VIF	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ? 	tion	302 o	f	[	Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII   F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	ו(s) י	to				
1	3c(1) ℕ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)

Form 5500-SF	Short Form Annua	al Return/Report o Benefit Plan	of Small Empl	oyee	OMB Nas, 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be filed	d under sections 104 and 40			2017				
Department of Labor Employee Benefic: Security Administration		(ERISA), and sections 6057 Revenue Code (the Code).		Internal	This Form is Open to Public Inspection				
Fension Benefit Gueranty Corporation	Complete all entries in a	accordance with the Instru	ctions to the Form 5	500-SF.					
	t Identification Information								
For calender plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending		31/2017				
A This return/report is for:	X a single-employer plan	· · · · · ·			ting this box must attach a ith the form instructions.)				
P This nations from a t in	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 m	nonths)					
C Check box if filing under:	X Form 5558	automatic extension		DFVC p	rogram				
	special extension (enter descr	iption)							
Part II Basic Plan Inf	ormation—enter all requested Inf	formation							
<b>18</b> Name of plan				1b Thre	ě l				
Samuel J. Oliver, D.	.M.D., P.A. Retirement	Plan & Trust		plan (PN)	number 003				
				1c Effective date 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)				2b Employer Identification Number					
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.				(EIN) 63-0735854 2c Sponsor's telephone number					
Salluer D. OIIVEL, I	J.M.D., E.A.				-734-1815				
407 4th Avenue, N.E				<b>2d</b> Busil 6212	ness code (see instructions) 10				
Cullman	AL 35055								
3a Plan administrator's name	and address 🐰 Same as Plan Spor	nsor.		3b Adm	inistrator's EIN				
				3c Adm	inistrator's telephone number				
4 If the name and/or EIN of	the plan sponsor or the plan name h	as changed since the last re	turn/report filed for	4b EIN					
this plan, enter the plan sp a Sponsor's name c Plan Name	ponsor's name, EIN, the plan name a	and the plan number from th	e last return/report.	4d PN					
				58	8				
	nts at the beginning of the plan year.				8				
C Number of participants will	nts at the end of the plan year th account balances as of the end of	the plan year (only defined	contribution plans	50					
	participants at the beginning of the p			5d(1)	(				
	participants at the end of the plan ye			5d(2)	(				
e Number of participants w	ho terminated employment during th	e plan year with accrued be	nefits that were less	5e	(				
than 100% vested	te or incomplete filing of this retur	nironart will be seessed	uniess masonable c						
Under penalties of perjury and SB or Schedule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	examined this return/r	eport, includ	ling, if applicable, a Schedule				
belief, it is true, correct, and co		8-24-2018	Samuel J. Oli	lver, DM	1D				
HERE Signature of plan	Administrator	Date			as plan administrator				
	ANTS		Samuel J. Oli						
SIGN HERE Standurg of and	oldver/plan sponsor								
	ologyer/plan sponsor Alice, see the instructions for Form 550	Date 0-SF.		uuai signing	as employer or plan sponsor Form 5500-SF (2017)				

v.170203

Page 2

	and the second		(0)					X Yes	N₀
<ul><li>6a Were all of the plan's assets durin</li><li>b Are you claiming a waiver of the a</li></ul>							**************		
under 29 CFR 2520,104-46? (See	instructions on walver eligibility a	and conditio	ons.)					X Yes	No No
If you answered "No" to either li									
C If the plan is a defined benefit plan									
If "Yes" is checked, enter the My F	AA confirmation number from the	e PBGC pr	emium filing for this ple	in year_			, (§	See instruc	lions.)
Part III   Financial Informatic	,								
7 Plan Assets and Liabilities			(a) Beginning o	f Year			(b) End of	Уеаг	
a Total plan assets	711-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	7a	1,1	108,77	78			1,07	1,423
b Total plan liabilities		7b							
C Net plan assets (subtract line 7b fr		7c	1,1	108,77	78			1,07	1,423
8 Income, Expenses, and Transfers			(a) Amount				(b) Tot	al	
a Contributions received or receivab				8,03	2				
(1) Employers		8a(1)							
(2) Participants		8a(2)		24,00				•	
(3) Others (including rollovers)		8a(3)		15 0		<u> </u>			
b Other income (loss)		8b		15,2	-2				7 264
C Total income (edd lines 8a(1), 8a(		8c			+				7,264
d Benefits paid (Including direct rollo to provide benefits)		8d	A	84,6	19				
e Certain deemed and/or corrective	distributions (see Instructions)	<b>8</b> 9							
f Administrative service providers (	salarlos, fees, commissions)	Bf	·····						
g Other expenses		8g			_				
h Total expenses (add lines 8d, 8e,	Sf, and 8g)	βh			_				34,619
i Net income (loss) (subtract line 8	h from line Bc)	Bi							37 <b>,</b> 355
J Transfers to (from) the plan (see	Instructions)	8j							
Part IV Plan Characteristic	s								
9a If the plan provides pension bene 2A 2E 2J 2K 3D	sfits, enter the applicable pension	feature co	des from the List of Pl	an Chara	icteris	tic Code	is in the instru	ictions:	
b If the plan provides welfare bene	fits, enter the applicable welfare t	feature coo	les from the List of Pla	n Charac	terist	ic Codes	in the instruc	tions:	
			-						
Part V Compliance Quest	ons				V	No		4	
<b>10</b> During the plan year:		•		r	Yes	No	A	nount	
a Was there a failure to transmit t	o the plan any participant contribu 02? (See instructions and DOL's '	utions with Voluntary I	in the time period		I				
Program)		• • • • • • • • • • • • • • • • • • • •		10a		X			
b Were there any nonexempt tran	sactions with any party-in-interes	∎t? (Do not	include transactions			x			
reported on line 10s.)				10b					
•				10c	X	<b> </b>		20	00,000
				10d		x			
e Were any fees or commissions		ther person	ns by an insurance			x			
the plan? (See Instructions.)				10e					
	iny benefit when due under the pl			10 <del>1</del>		x			
g Did the plan have any participa	int 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

Î.

2520.101-3.) 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

х

10h

10i

Form 5500-SF 2017

Page 3-

,

Part '	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl (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 of			of		П	» X No		
	ERISA? (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, and enter the date of the letter ruling granting the waiver.								
lfy	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		120						
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)									
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 un control of the PBGC?		1e 🗌 Ye				es X No		
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See Instructions.)	ə plan(s)	) to						
13c(1) Name of plan(s): 13c(2)				2) EIN(s)			1 <b>3c(3)</b> PN(s)		
							~~~~		
	i								
								<u></u>	