## 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).

----

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P		lance witl	n the instructions to the Form 5500	O-SF.		•	
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011		
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-partici	oant plan	
			eturn/report	L		·	
			•	ontha)			
_			in year return/report (less than 12 mo	ontns) r	<b>¬</b>		
С	Check box if filing under:	automatic	extension	Į	DFVC progra	ım	
	special extension (enter description	n)					
Pa	art II Basic Plan Information—enter all requested information	ition					
	Name of plan			1b	Three-digit		
	ES S. SULLIVAN M.D., P.A. PROFIT SHARING PLAN				plan number		
					(PN) <b>•</b>	001	
				1c	Effective date o		
					08/02	/1982	
	Plan sponsor's name and address; include room or suite number (en ES S. SULLIVAN M.D., P.A.	nployer, if	for a single-employer plan)		Employer Identi		
JAIVI	23 S. SOLLIVAN M.D., F.A.				(= 11 4)	30858	
				2c	Sponsor's telep		
4300	WEST MAIN ST, STE 16 4300 WEST M		STE 16	•	334-79		
ווסט	HAN, AL 36301 DOTHAN, AL	36301		2d	Business code (		;)
				-	62111		
	Plan administrator's name and address (if same as plan sponsor, enter S. S. SULLIVAN M.D., P.A. 4300 WEST M			3D	Administrator's 63-08	EIN 30858	
OAIVIL	DOTHAN, AL 3	- ,	312 10	30	Administrator's		ner
				00	334-79		,01
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/i	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report.						
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			
b	Total number of participants at the end of the plan year			5b			
С	Number of participants with account balances as of the end of the pl	lan vear (d	defined benefit plans do not				
	complete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a	n indeper	dent qualified public accountant (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes	No
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	00.			
Pa	rt III   Financial Information		Γ	1			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	980808			1077659	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	980808			1077659	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	otal	
а	Contributions received or receivable from:		, ,		` '		
	(1) Employers	8a(1)	30192				
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	95442				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				125634	_
d	Benefits paid (including direct rollovers and insurance premiums						
~	to provide benefits)	8d	11372				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	17411				
g	Other expenses	8g					
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				28783	
:						96851	
!	Net income (loss) (subtract line 8h from line 8c)	8i				30031	
J	Transfers to (from) the plan (see instructions)	8j					

Form		

Page 2 -	1	1	
----------	---	---	--

Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

)	During the plan year:		Yes	No			Amou	nt	
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		<u> </u>			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	Χ					1	1000
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		Х					
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		Χ					
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		Χ					
art	VI Pension Funding Compliance								
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						П	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code								
_	15 this a defined continuation plan subject to the minimum randing regularitients of section 412 of the Code	or se	ction 3	02 of	ERIS	A?	\	Yes	X N
_		e or se	ction 3	02 of	ERIS	A?	□ `	Yes	X
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	ctions,	and e	nter tl	he dat	e of th	ப e lette	er rulir	ng
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions,	and e	nter tl	he dat	e of th	ப e lette	er rulir	ng
a If y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, ith	and e	nter tl	he dat	e of th	ப e lette	er rulir	ng
a If y b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, th	and e	nter ti Day	he dat	e of th	ப e lette	er rulir	ng
a If y b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, ith of a	and e	nter tl Day	he dat	e of th	ப e lette	er rulir	ng
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	ctions, th of a	and e	nter ti Day 12b 12c 12d	he dat	e of th	ப e lette	er rulir	ng ——
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	nter ti Day 12b 12c 12d	he dat	e of th	e lette Year _	er rulir	ng
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	nter the Day	he dat	e of th	e lette Year _	er rulir	ng ——
a  If y b c d e	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	nter the Day	he dat	e of th	e lette Year _	er rulir	ng ——
a  If y b c d e art	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	nter ti Day 12b 12c 12d	he dat	e of th	e lette Year _	er rulir	N/#
a If y b c d e art 3a b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	nter ti Day 12b 12c 12d	he dat	e of th	e lette Year _	er rulir	N/#
a If y b c d e art 3a b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	nter ti Day 12b 12c 12d	he dat	e of th	e letted year _	er rulir	N/#
a  If y b c d e art 3a b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	12b 12c 12d	he dat	e of th	e letted year _	Yes	N/#
a  If y b c d e art 3a b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	12b 12c 12d	he dat	e of th	e letted year _	Yes	N/A

SIGN	Filed with authorized/valid electronic signature.	06/18/2012	JAMES S SULLIVAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee

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 4.2.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open

D	Part I Annual Report Identification Information	e instru	ctions to t	he Fo	rm 5500-SF.	to Public I	nspection	
C.								
Ā	and chang 12/ 31/ 2011							
В	B This return (rot multierinployer) a one-participant plan							
C				t (less	than 12 mor	1		
	astornatio	extensi	on		Ļ	DFVC program	1	
р	art II Basic Plan Information - enter all requested information							
	Name of plan							
	AMES S. SULLIVAN M.D., P.A. PROFIT SHARI	NC T	דא אל דכ	16	Three-digit plan number	(DNI)	0.01	
	THE THOUSANT BIRMS	MG I	ואאוו				001	
				IC	Effective date			
<b>2</b> a	Plan sponsor's name and address; include room or suite number (employer, if for singl	a-amplo	(or plan)	2h		02/1982		
JI	AMES S. SULLIVAN M.D., P.A.	e-empioy	(et platt)	20	Employer Ide	entification Numb	er (EIN)	
				20		lephone number		
43	300 WEST MAIN ST, STE 16			334	–793–10	Prone number		
						de (see instruction	201	
	OTHAN AL 36301				6211		115)	
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same	e")		3b	Administrator		***************************************	
SI	AME					2.71		
				3с	Administrator	's telephone nun	nber	
			i			,		
4	If the name and/or EIN of the plan sponsor has changed since the last return/re	port file	d for this	4b	EIN			
	plan, enter the name, EIN, and the plan number from the last return/report.							
a	Sponsor's name			4c	PN			
50	Tatal							
b	Total number of participants at the beginning of the plan year			5a		5		
c	rotal named of participants at the end of the plan year	•••••		5b		5		
	Number of participants with account balances as of the end of the plan year (	defined		_			_	
6a	benefit plans do not complete this item)  Were all of the plan's assets during the plan was invested in the plan's assets during the plan was invested in the plan was inve			5c		5		
b	Were all of the plan's assets during the plan year invested in eligible assets? (	See inst	ructions.)			X Yes	s No	
	Are you claiming a waiver of the annual examination and report of an independ (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of the annual examination and	dent qu	alified publi	c acco	ountant	[7]		
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-S	conditio	ns.)			X Yes	s ∐ No	
P	art III Financial Information	r and n	nust instea	a use	Form 5500.			
7	Plan Assets and Liabilities		(a) Beg	innin	g of Year	(b) End o	of Voor	
	Total plan assets	7a			30,808		077,659	
b	Total plan liabilities	7b				- · · ·	S 1 1 1 0 3 9	
	Net plan assets (subtract line 7b from line 7a)	7c		98	30,808	1.	077,659	
8	Income, Expenses, and Transfers for this Plan Year		(a	) Amc	~	(b) To		
а	Contributions received or receivable from:			***************************************				
	(1) Employers	8a(1)			30,192			
	(2) Participants	8a(2)						
h	(3) Others (including rollovers)	8a(3)						
b	Other income (loss) SEE STATEMENT 1	8b	0000000	9	5,442			
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					125,634	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1	1,372	STATEME	NT 2	
e f	Certain deemed and/or corrective distributions (see instructions)	8e						
ı g	Administrative service providers (salaries, fees, commissions)	8f		]	7,411	STATEME	VT 3	
h	Other expenses (add lines add 2s 25 and 2s 25	8g		Stanovski se				
i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					28,783	
i	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i					96,851	
For	Transfers to (from) the plan (see instructions)	8j						
	Paperwork Reduction Act Notice and OMB Control Numbers, see the instru	uctions	for Form 5	500-5	SF.	Form 55	00-SF (2011)	

Form 5500-SF (2011) v.012611

118571 11-15-11

Form	5500-SF	· (2011)	Page	2-				
Par	+ 11.7	Plan Characteristics						
		AND THE RESERVE TO SERVE THE PARTY OF THE PA						
2E	ii the pi	an provides pension benefits, enter the applicable pension feature codes from the List o	f Plan	Chara	cterist	ic Code	es in the in	structions:
	if the pla	an provides welfare benefits, enter the applicable welfare feature codes from the List of	Plan Cl	haract	eristic	Codes	in the inst	tructions:
Par	tV	Compliance Questions						
10	During t	he plan year:		Yes	No	T	Amou	
а	Was ther	e a failure to transmit to the plan any participant contributions within the time period described		103	140		Amou	int .
	in 29 CFF	R 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)	10a		X			
b	Were th	ere any nonexempt transactions with any party-in-interest? (Do not include						
	transact	ions reported on line 10a.)	10b		Х			
С	Was the	plan covered by a fidelity bond?	10c	X		-		110,000
d	Did the	plan have a loss, whether or not reimbursed by the plan's fidelity bond, that						······································
		sed by fraud or dishonesty?	10d		X			
		y fees or commissions paid to any brokers, agents, or other persons by an insurance						VIII VIII
	carrier, i	nsurance service or other organization that provides some or all of the benefits under						
f	the plan	? (See instructions.)	10e		X	ļ		
. u	Did the	plan failed to provide any benefit when due under the plan?	10f		X			
h	If this is	olan have any participant loans? (If "Yes," enter amount as of year end.) an individual account plan, was there a blackout period? (See instructions	10g		X	300200000000	Statement Landson	
•••	and 29 (	CFR 2520 101-3)			17			
i	If 10h w	CFR 2520.101-3.) as answered "Yes," check the box if you either provided the required notice or one	10h		X			
	of the ex	ceptions to providing the notice applied under 29 CFR 2520.101-3	10:		Х			
Par	t VI	Pension Funding Compliance	10i					
<u> </u>	Schedul	defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction e SB (Form 5500))					Yes	∏ No
	is this a	defined contribution plan subject to the minimum funding requirements of section 412 c	of the C	ode o	r			
	section (	302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					Yes	X No
а	if a waiv	er of the minimum funding standard for a prior year is being amortized in this plan year, s	see ins	tructio	ns. ar	nd enter	r the date	of the letter
	ruling gra	anting the waiver. Month		Dav	/		Year _	
if y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to						
D	Enter the	e minimum required contribution for this plan year			12b			
Ч	Subtract	e amount contributed by the employer to the plan for this plan year			12c			
<u>.</u>	the left o	the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign	to					
е	Will the r	f a negative amount)  minimum funding amount reported on line 12d be met by the funding deadline?			12d			
Parl	VII	Plan Terminations and Transfers of Assets	· · · · · · · · · · · · · · · · · · ·		Y	'es	No	N/A
13a	Has a re	solution to terminate the plan been adopted in any plan year?		···			Yes	X No
	lf "Yes,"	enter the amount of any plan assets that reverted to the employer this year		ſ	13a		. [ ] 165	<u> </u>
D	Were all	the plan assets distributed to participants or beneficiaries, transferred to another plan, c	r brou	aht				
1	under th	e control of the PBGC?					Yes	X No
C	It during	this plan year, any assets or liabilities were transferred from this plan to another plan(s),	identif	y the p	olan(s)	to whic	ch assets	or
	liabilities	were transferred. (See instructions.)						
13	c(1) Na	me of plan(s):	1	3c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
Cauti	ion: A pe	enalty for the late or incomplete filing of this return/report will be assessed unless r		ahl-			<u> </u>	
Jnder pe	enalties of p	perjury and other penalties set forth in the instructions. I declare that I have exemined this art to the instructions of the last that I have exemined the last the				is estal	olished.	A 1 .
signed b	y an enrolle	ed 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 com	plete.	or ochedi	ie ivio comble	erea aud

SIGN HERE Signature of employer/plan sponsor

Signatu

SIGN HERE

Date

Date

e of plan administrator

JAMES S SULLIVAN
Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor