Form 5500-	SF Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089	
Department of the Treas Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee					
Department of Labor Employee Benefits Security Adm Pension Benefit Guaranty Cor	Retirement Income Security the li	This Form is	s Open to Public pection				
	Complete all entries in a		uctions to the Form 550	0-SF.			
	eport Identification Informatio	n 1/2012	and ending 1	2/31/2	2012		
A This return/report is for			plan (not multiemployer)		a one-particip	ant plan	
- '	the first return/report	the final return/report				an plan	
B This return/report is:					,		
•	an amended return/report		rn/report (less than 12 m	onths			
C Check box if filing unc	=	automatic extension			DFVC progra	m	
	special extension (enter des	1 /					
	n Information—enter all requested i	nformation		46			
1a Name of plan JAMES S. SULLIVAN M.D.	, P.A. PROFIT SHARING PLAN			10	Three-digit plan number (PN) ►	001	
				1c	Effective date of 08/02/	•	
2a Plan sponsor's name JAMES S. SULLIVAN M.D	and address; include room or suite num ., P.A.	ber (employer, if for a single	e-employer plan)	2b	Employer Identif (EIN) 63-08		
4300 WEST MAIN ST, STI		/EST MAIN ST, STE 16		2c	Sponsor's telep 334-793		
DOTHAN, AL 36301		AN, AL 36301		2d	Business code (62111	,	
3a Plan administrator's	name and address 🗙 Same as Plan Spo	nsor Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN	
4 If the name and/or E	IN of the plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b	EIN		
name, EIN, and the a Sponsor's name	plan number from the last return/report.			40	PN		
	icipants at the beginning of the plan year					5	
	icipants at the end of the plan year			5a 5b		5	
•	nts with account balances as of the end c			50		5	
				5c		5	
6a Were all of the plan	s assets during the plan year invested in	eligible assets? (See instru	ctions.)			🗙 Yes 🗌 No	
, .	vaiver of the annual examination and rep		•	,		🗙 Yes 🗌 No	
	104-46? (See instructions on waiver elig o" to either line 6a or line 6b, the plan	,				X Yes No	
	he late or incomplete filing of this retu						
Under penalties of perjury	and other penalties set forth in the instroleted and signed by an enrolled actuary,	uctions, I declare that I have	e examined this return/rep	port, ir	ncluding, if applic	'	
SIGN Filed with aut	horized/valid electronic signature.	06/19/2013	JAMES S SULLIVAN				
HERE Signature o	f plan administrator	Date	Enter name of individ	ual sig	gning as plan adn	ninistrator	
SIGN							
HERE Signature o	f employer/plan sponsor	Date	Enter name of individ	ual sig	gning as employe	r or plan sponsor	
	ng firm name, if applicable) and address;					number (optional)	

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	7a	107765	9			1141470
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)		107765	9			1141470
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:			_			
(1) Employers		2870	0			
(2) Participants						
(3) Others (including rollovers)						
b Other income (loss)		6456	0			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					93260
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		1137	2			
e Certain deemed and/or corrective distributions (see instructions)						
f Administrative service providers (salaries, fees, commissions)		1807	7			
Q Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)						29449
i Net income (loss) (subtract line 8h from line 8c)						63811
j Transfers to (from) the plan (see instructions)						
Part IV Plan Characteristics	0)					
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	utions within th luciary Correct	ne time period described in ion Program)	10a		x	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	•	-	10b		x	
C Was the plan covered by a fidelity bond?			10c	Х		120000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		-	10d		х	
e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	of the benefits	under the plan? (See	10e		x	
${f f}$ Has the plan failed to provide any benefit when due under the plan	an?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	.)	10q		Х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		x	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i		x	
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If "Yes	s," see instructions and com	plete	Sched	ule SB	(Form
1a Enter the amount from Schedule SB line 39 11a						
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	-					
a If a waiver of the minimum funding standard for a prior year is be granting the waiver.				and e	nter the Day _	Year
		Mon		, and e		-

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," 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 the pBGC?	control		Yes X No		
С	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.)						
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Part H Annual Report Identification information Description Complete all entries in accordance with the instructions to the Form 5500-SF. In Public Inspection Or all control Report Identification information and ending 12/231/2012 and ending 12/231/2012 This return/report is a single-employer plan In the four intrum/report and ending 12/231/2012 This return/report is a single-employer plan In the four intrum/report a sone participant plan This return/report is in a man-62 of run map. Intrum the four intrum/report a sone participant plan This return/report is in a man-62 of run map. Intrum the four intrum/report a sone of plan 30 None of plan Check box if filing under: 001 10 Effective dias of plan 26 Plan sponsors name and address, include room or sult amber (employer, if or single-amployer plan 10 Interescipt 001 27 Plan sponsors name and address A and address Same as Plan Sponsor hance 20 Sono Sin	Form 5500-SF	Short Form	Annual Return/Re Benefit P		mployee	OMB N	os. 1210-0110 1210-0089			
	Internal Revenue Service	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee								
Development Development <thdevelopment< th=""> <thdevelopment< th=""></thdevelopment<></thdevelopment<>	Department of Labor Employee Benefits Security Administration									
an calendar plan year 2012 or faced pan year beginning 01/01/2012 and ending 12/31/2012 This return/report is for: a single-employer plan in the final return/report a nort plan year return/report a one patiopant plan in the final return/report a sone patiopant plan is for the final return/report a sone patiopant plan is for the final return/report 2 Check box if filing under: Final return/report a sone patiopant plan is for the final return/report a sone patiopant plan is for the final return/report a sone patiopant plan is for the final return/report 3 Name of plan This return/report In the final return final is the final return		•		the instructions to th	ne Form 5500-SF					
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3 This return/report is:	For calendar plan year 2012 or fi	iscal plan year beginning	01/01/201	.2 ar	nd ending					
Check box if filing under:	A This return/report is for:				multiemployer)	a one-particip	ant plan			
Check box if filing under: Form 5505	B This return/report is:			•	. (I	- 44 -)				
Part III Basic Plan Information - enter all requested information IS Name of plan Ib Three-cigit Data number (PN) 001 IC Effective of plan 00/02/19/82 2a Plan spensor's name and address; include room or sults number (employer, if for single-employer plan) Ib Three-cigit Data number (PN) 001 IC Effective of plan 08/02/19/82 Employer plant Call Status	C Check box if filing under:	Form 5558	automat	, ,	t (less than 12 mo		n			
JAMES S. SULLIVAN M.D., P.A. PROFIT SHARING PLAN plan administrator 001 1c Effective date of plan 08/02/1982 001 2a Plan sponsor's name and address: include room or suite number (employer, if for single-employer plan) TAMES S. SULLIVAN M.D., P.A. 2b Employer distinction Number (EN) 63-0830658 1300 WEST MAIN ST, STE 16 2c Sponsor's name and address: Include room and address 2d Business code (see instructions) 621111 3a Plan administrator's name and address Same se Pen Sponsor Name 3b Administrator's EIN 3c Administrator's name and address Same se Pen Sponsor Name 3c Administrator's EIN 3c Administrator's latephone number 3d Administrator's EIN 3c Administrator's Latephone number 3a Flan administrator's at the bagin number from the last return/report. 3c Administrator's Latephone number 3a Total number of participants at the bagin number from the last return/report. 5a 5 3c Number of participants at the end of the plan year 5a 5 5a Total number of participants at the end of the plan year 5a 5 5a Were all of the plan's saste during the plan year invested in eligible assets? (See instructions) Xee No 5a Were all of the plan's saste during the plan year invested in eligible assets? (See instructions) Xee No 5a Gordenia MB complete fing of this	Part II Basic Plan Info									
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 5a Total number of participants at the beginning of the plan year 5a Total number of participants at the end of the plan year 5a Total number of participants at the end of the plan year 5a Total number of participants at the end of the plan year 5b Total number of participants with account balances as of the end of the plan year (defined before the plan's assets during the plan year invested in eligible assets? (See instructions.) M Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 2520.104.467 (See instructions on waiver eligibility and conditions.) M Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 2520.104.467 (See instructions on waiver eligibility and conditions.) M Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 2520.104.467 (See instructions on waiver eligibility and conditions.) M Yes No b Are you claiming a waiver of the annual examination and report will be assessed unless reasonable cause is established. Jude penalties of perjury and other penalties set forth in the instructions. I declare that 1 have examined this return/report, including, if applicable, a Schedule BS to Schedule BS to Complete d ministrator Date If an administrator Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) Preparer's telephone number (optional) <p< td=""><td>-</td><td></td><td></td><td>as Plan Sponsor Address</td><td></td><td></td><td></td></p<>	-			as Plan Sponsor Address						
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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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Johr 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 (////////////////////////////////////	······································									
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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							d.			
HERE Control of APPEN State Source of Network Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2012)	Schedule SB or Schedule MB c	completed and signed by a	an enrolled actuary, as	lare that I have exami well as the electronic	ined this return/re version of this re	port, including, if turn/report, and t	applicable, a to the best of			
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HERE Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2012)	HERE Signature of plan adm	inistrator	Date			an administrator				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2012)										
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2012	Signature of employer									
	Preparer's name (including firm	n name, if applicable) and	address; include room	1 or suite number (opt	ional) Preparer's	telephone numb	er (optional)			
	For Paperwork Reduction Act 218571 08-10-12	Notice and OMB Contro	ol Numbers, see the i	nstructions for Form	1 5500-SF.	Form	5500-SF (2012 v.120126			

14540528 786999 S-165P/S

² 2012.03050 JAMES S. SULLIVAN M.D., P.A S-165P_2

Part III Financial Information

7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
<u>a</u>	Total plan assets	7a		1,077,659		1,141,				
b	otal plan liabilities									
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1,077,659		1,141,4			470		
<u>8</u>	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		2	8,7	00				
	(2) Participants	8a(2)	,]				
	(3) Others (including rollovers)	8a(3)]			
	Other income (loss) SEE STATEMENT 1	8b		6	4,5	60				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							93,	260
d	Benefits paid (including direct rollovers and insurance premiums to provide									
	benefits)	8d		1	1,3	372	STA	TEMEN	т 2	•
	Certain deemed and/or corrective distributions (see instructions)	8e					7			
	Administrative service providers (salaries, fees, commissions)	8f		1	8,0)77	STATEMENT 3			6
<u>g</u>	Other expenses	8g]			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					<u>29,449</u> 63,811			
	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>					63,811			811
	Transfers to (from) the plan (see instructions)	8j								
	nt IV Plan Characteristics									
9a	i i i i i i i i i i i i i i i i i i i	odes fro	om the List c	of Plan	Chara	acteris	stic Code	s in the ins	struct	ions:
	2E									
b	If the plan provides welfare benefits, enter the applicable welfare feature coo	les fron	n the List of	Plan C	harac	teristi	c Codes	in the instr	ructio	ns:
Da	TV Compliance Questions									
<u>10</u>	During the plan year:	·			.	T	T			
	Was there a failure to transmit to the plan any participant contributions within the time p			r	Yes	No		Amoun	t	
ŭ	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct			10		v				
h	Were there any nonexempt transactions with any party-in-interest? (Do not inc		gram.)	10a		X				
-				101		x				
	transactions reported on line 10a.) Was the plan covered by a fidelity bond?			10b	X			<u>1</u> ,	20	000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond			10c	Λ			1	20,	000
	was caused by fraud or dishonesty?					x				
е	Were any fees or commissions paid to any brokers, agents, or other persons	ov on in	suranco	10d				,		
	carrier, insurance service or other organization that provides some or all of the									
	the plan? (See instructions.)			10e		x				
f	Has the plan failed to provide any benefit when due under the plan?			10e		X	{			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year en			10g		X				
	If this is an individual account plan, was there a blackout period? (See instruc			lug						
	and 29 CFR 2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided the required	notice a	orone							
	of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i		х				
Pa	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Y	es," see	e instruction	s and	comp	lete				
	Schedule SB (Form 5500) and line 11a below)									
11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of secti	on 412 c	of the Code or	section	n 302 (A?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicate									
а	If a waiver of the minimum funding standard for a prior year is being amortized		plan year, s	ee inst	tructic	ons, ar	nd enter	the date of	the l	etter
	ruling granting the waiver.		Month		Da			Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500),			3.			·····		
	Enter the minimum required contribution for this plan year					12b				

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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? Part VII Plan Terminations and Transfers of Assets	120 Yes	No N/A
13a Has a resolution to terminate the plan been adopted in any plan year?		v
If "Yes," enter the amount of any plan assets that reverted to the employer this year	Yes	X No
 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug under the control of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify liabilities were transferred. (See instructions.) 	ht	Yes X No
13c(1) Name of plan(s):	Bc(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional) 14a Name of trust 14	b Trust's EIN	