## 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 section 6058(a) of the Internal Revenue Code (the Code).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	- 1			
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participan	t plan		
	This return/report is for:	n/report		_					
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program	n		
		special extension (enter description	on)						
Pa	rt II Basic Plan Inform	mation—enter all requested inform							
	Name of plan	oner an requested intern	idilori		1b	Three-digit			
	S PLISKOW M.D., P.C. 401(K)	PROFIT SHARING PLAN				plan number	000		
						(PN) <b>•</b>	002		
					1c	Effective date of			
	<u> </u>				O.L.	07/01/19			
	Plan sponsor's name and addr S PLISKOW M.D., P.C.	ress (employer, if for single-employer	r plan)		∠D	Employer Identification (EIN) 91-1342			
VIIA	OT LIONOW W.D., T.O.				2c	Plan sponsor's te			
	OLYMPIC BLVD W					253-565			
UNIV	ERSITY PLACE, WA 98466				2d	Business code (s	ee instructions)		
32	Dlan administrator's name and	address /if some as Dispersions	ntor "Com	,n\	2 h	621111 Administrator's E	INI		
	S PLISKOW M.D., P.C.	address (if same as Plan sponsor, 6 3502 OLYM			SD	91-1342			
		UNIVERSIT	Y PLACE, \	NA 98466	3с	Administrator's telephone number			
					253-565-2555				
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN			
	iame, Liiv, and the plan numbe	er from the last return report. Opons	JI S Hallie		4c	PN			
5a	Total number of participants at	t the beginning of the plan year			5a		1		
b	Total number of participants at	t the end of the plan year			5b		1		
С	· ·	rith account balances as of the end o			0.0		·		
					5c		1		
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No		
b				ndent qualified public accountant (IQI			X Yes No		
				ons.)SF and must instead use Form 55			∆ Tes ∐ No		
Pa	rt III Financial Inform		01111 3300-	or and must misteau use i orm 55					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End o	of Voor		
=	Total plan assets		7a	2526320	)	(b) Liid (	3520372		
b	. otal pian according						33233.2		
C	·	7b from line 7a)		2526320	)		3520372		
8		me, Expenses, and Transfers for this Plan Year (a) Amount				(b) To			
а	Contributions received or rece			(a) Amount		(6) 10	Juli		
_			. 8a(1)	32500	)				
	(2) Participants		8a(2)	22000	00				
	(3) Others (including rollovers	s)	8a(3)						
b	Other income (loss)		8b	939552	2				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c				994052		
d		rollovers and insurance premiums	8d						
е		tive distributions (see instructions)							
f		rs (salaries, fees, commissions)							
g h	·	8e, 8f, and 8g)							
:							994052		
i		e 8h from line 8c)ee instructions)					337032		
J	to (inding the plant (of		8i	İ	1				

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art V	Compliance Questions								
<b>0</b> D	uring the plan year:		Yes	No		Amount			
	as there a failure to transmit to the plan any participant contributions of CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	0a	X	_					
	rere there any nonexempt transactions with any party-in-interest? (Do	0b	X						
<b>c</b> V	Vas the plan covered by a fidelity bond?		1	0с	X				
	id the plan have a loss, whether or not reimbursed by the plan's fideli	•	•	0d	X				
in	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.)								
fн	as the plan failed to provide any benefit when due under the plan?	Of	X						
<b>g</b> D	id the plan have any participant loans? (If "Yes," enter amount as of y		0g	X					
<b>h</b> If	this is an individual account plan, was there a blackout period? (See 520.101-3.)	0h	X						
<b>i</b> If	,								
art VI	Pension Funding Compliance								
1 <b>1</b> Is	this a defined benefit plan subject to minimum funding requirements?	? (If "Yes," see inst	ructions and comple	ete Sche	dule SB	(Form	Yes	X No	
	s this a defined contribution plan subject to the minimum funding requ							X No	
(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	.)							
	a waiver of the minimum funding standard for a prior year is being an								
	anting the waiver  I completed line 12a, complete lines 3, 9, and 10 of Schedule MB				Day _		Year		
_	nter the minimum required contribution for this plan year	Ī	12b						
	nter the amount contributed by the employer to the plan for this plan y			Ī	12c				
<b>d</b> St	ubtract the amount in line 12c from the amount in line 12b. Enter the regative amount)	result (enter a minu	us sign to the left of	а	12d				
e w	ill the minimum funding amount reported on line 12d be met by the fu	unding deadline?				Yes	No	N/A	
art VI					-				
 3а на	as a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?				Yes	X No	
	, , , , , , , , , , , , , , , , , , , ,	,, ,			13a				
<b>b</b> W	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							X No	
	during this plan year, any assets or liabilities were transferred from th hich assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	plan(s) t	)				
13c	13c(1) Name of plan(s):						13c(3	<b>)</b> PN(s)	
aution	: A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	cause is	establi	ished			
Jnder p SB or So	enalties of perjury and other penalties set forth in the instructions, I dechedule MB completed and signed by an enrolled actuary, as well as is true, correct, and complete.	eclare that I have e	examined this return	/report, i	ncluding	g, if applic			
SIGN	Filed with authorized/valid electronic signature.	07/22/2010	VITA PLISKOW						
	nr				dividual cigning as plan administrator				

Date

Enter name of individual signing as employer or plan sponsor

) <b>7</b> -7	24 11:35	PLISKOW 253	35652565 >>	20	6 325 06	632	DA	P 2/3	
	Form 5500-SF	Short Form Annua	Benefit Plan		•	-	OMB No	6. 1210-0110 1210-0089	
-	Department of the Tressury Internal Revenus Service	This form is required to be t					200	)9	
Emp	Department of Lisbor Indome Security Act of 1974 (ERISA), and section Internal Revenue Code (the Code).			trucii oraș	AND OF THE	This Form			
Pe	neion Benefit Guaranty Corporation	Complete all entries in acc	The second secon	uction	as to the F	orm 5500-8f	. to Public In	spection	
Pı	et i Annual Repo	rt identification informati							
For	calendar plan year 2009 or fl	scal plan year beginning 0	1/01/2009		and e	nding	<u> 12/31/200</u>		
A	This return/report is for:	🍇 single-employer plan	multiple-amploys		(not multie	mployer)	one-participant	plan	
В	This return/report is for:	first return/report	final return/repor						
C		an amended return/report			eport (less	than 12 mon	[ 1		
•	Check box if filing under:	Form 5658	automatic extens	ion			DFVC program		
_	a Ni Con a Constant	special extension (enter d	escription)						
_		formation - enter all requests	id information						
	Name of plan				מו	Three-digit	. 10AN .		
	TA S PLISKOW M							002	
40	1(K) PROFIT SH	ARING PLAN			1¢	Effective de	te of plan 01/1986		
21	Plan sponsor's name and a	ddress (employer, if for single-em	ployer plan)		2b	Employer Id	entification Numbe	er (EIN)	
VI	TA S PLISKOW M	.D., P.C.				91-	<u> 1342926</u>		
3 E	AA ATIMMTA BII	n w			<b>2</b> ¢	•	or's telephone num	ber	
JO	02 OLYMPIC BLV	U W			24		-565-2555		
ГТХІ	IVERSITY PLACE	WA 98466				2d Business code (see instructions) 621111			
		ind address (if same as Plan spo	neor enter "Same"		3h	Administrate			
	ME	the markets in serve as their spec	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (			April an imperiod re	// 6 EN1		
W					3c	Administrato	or's telephone num	ber	
4 1	the name and/or EIN of the	plan sponsor has changed since	the last return/report fi	ed for	this 4b	EIN			
F	olan, enter the name, EIN, and	d the plan number from the last r	sturn/report. Sporis	or,e us	· · ·		H		
					4c	PN			
5a	Total number of participants	at the beginning of the plan year	ır		5a		1		
b	Total number of participants				5b		1	•	
¢		with account balances as of the	end of the plan year (c	etinec					
	benefit plans do not comple	4 - 11-4 - 11-11					1		
6e	Were all of the plan's assets	during the plan year invested in					X Yes	No	
		the annual examination and rep						_	
		104-467 (See instructions on wait					X Yes	No	
Pa		ther 5a or 6b, the plan cannot a							
7	Plan Assets and Liabilities			7	(a) Baginni	ng of Year	(b) End o	f Year	
8	Total plan assets	**************	<b>7</b> 8		2,5	26,320	3,!	520,372	
D	T-sal -las flabilistes	76							
C	Net plan assets (aubtract lin	e 7b from line 7a)	70		2,5	26,320	3,	520,372	
8	Income, Expenses, and Transfers for this Plan Year				(a) An	(a) Amount (b) Total			
a	Contributions received or re-	intributions received or receivable from:							
	(1) Employers			3		32,500			
	(Z) Participants	····			22,000				
	(3) Others (including rollover	8) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8a(:						
b	Other Income (loss)	seemen seemen seemen seemen seems.			9	39.552			
C	Total income (add lines 8a(1)	), 8±(2), 8±(3), and 8b)	80				1	994,052	

8c

8d

8e

8f

βq.

8h

C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)

d Benefits paid (including direct rollovers and insurance premiums to provide benefits)

Certain deemed and/or corrective distributions (see instructions)

f Administrative service providers (salaries, fees, commissions)

Other expenses

Total expenses (add lines 8d, 8e, 8f, and 8g)

Net income (loss) (subtract line 8h from line 8c)

Transfers to (from) the plan (see instructions) ....

994,052

	Form 5500-SF (2009)	<del></del>	P	age 2-			
Pari	IV Plan Characteristics		wr		,		
	If the plan provides pension benefits, enter the appl	licable nension feature	e cortes from the List of F	Plan Char	acteristic C	andes in the inst	ructions:
2 <b>E</b>	it the bills browning borning, canonical error rue obbi	man parami			+0.00.000		
	If the plan provides welfare benefits, enter the appli	cable weltare feature	codes from the List of Pk	an Charac	teristic Co	des in the instru	ictions:
Part	V Compliance Questions						
10	During the plan year:			Ye	No	Amoun	ţ.
	Was there a failure to transmit to the plan any participent c	ontributions within the t	me period described				
i	it 29 CFR 2510.3-102? (See Instructions and DOL's Vi	oluntary Fiduciary Co	rection Program.)	10a	X		
	Were there any nonexempt transactions with any pa			-			
1	transactions reported on line 10a.)			10b	X		
C	Was the plan covered by a fidelity bond?			10c	X		
	Did the plan have a loss, whether or not reimbursed		1	1	_		
	was caused by fraud or dishonesty?			10d	X   _		
	Were any fees or commissions paid to any brokers,	_	_	1			
	carrier, insurance service or other organization that provides some or all of the benefits under						
- 1	the plan? (See Instructions.)						
	Has the plan failed to provide any benefit when due under the plan?						
	Did the plan have any participant loans? (If "Yes," o	-		10g	X	Tom say or	
	If this is an individual account plan, was there a blac		3				
, 1	and 29 CFR 2520.101-3.)		, <del> </del>	10h	X		
	f 10h was answered "Yas," check the box if you eit	,		- 1			
Part	of the exceptions to providing the notice applied un	der 29 CFR 2520,101	.3	101	X		
***************************************			M # # /				······
• •	s this a defined benefit plan subject to minimum fur	•			-	Yes	X No
	Schedule SB (Form 5500))					Үөз	M NO
,	e this a defined contribution plan subject to the min	_ ,				П.,_	X No
	section 302 of ERISA? (If "Yes." complete 12a or 12						
	f a waiver of the minimum funding standard for a pr						Tine Istret
	uling granting the waiver.				ay	Year	***********
	ou completed line 12s, complete lines 3, 9, and 1						
	Enter the minimum required contribution for this pla						
A a	Enter the amount contributed by the employer to the Subtract the amount in line 12c from the amount in	e pan tor tha pan ye Gastos Satar Has an	CLF		1220		
					504		
- 1	he left of a negative amount)  Nill the minimum funding amount reported on line 1:	Tel ha mat he tha fee	ilian daallaa?	•••••	12d Yes	No	N/A
Part			Jing deadliner		тев_	T. I NO	J N/A
	las a resolution to terminate the plan been adopted		At 2014 Arias (1842)			11-	X No
	f "Yes," enter the amount of any plan assets that re				424	Үев	IN NO
	Were all the plan assets distributed to participants of			han whi	134		
	inder the control of the PBGC?	A Delicircanics, Maisi	extert to exporter bent or	Crougin		Yes	₽
	f during this plan year, any assets or liabilities were	transformed forces this	Nes to esother object. Id	Lareth, the			
• •		(IM DICHED HOUR RID		IGHULY UK		Milital Specifics	X No
			partice errotter plentay, to	,	pian(a) to		
	abilities were transferred. (See instructions.)		pari to erotici pieri(s), to			120/20	
			part of elotter plants, u		) EIN(s)	130(3)	
	abilities were transferred. (See instructions.)		part to a cuttor part(s), to			13q(3)	
	abilities were transferred. (See instructions.)		part to a cuttor particip			130(3)	
	abilities were transferred. (See instructions.)		part to a cuttor parties, to			130(3)	
13	abilities were transferred. (See instructions.) o(1) Name of plan(s):			1301	() EIN(s)		
13	abilities were transferred. (See instructions.)  o(t) Name of plan(s):  on: A penalty for the late or incomplete filing of the late of the	his return/report wil	be assessed unless re	13oli	() EIN(s)	etablished.	PN(s)
13 Caurbi	abilities were transferred. (See instructions.) o(1) Name of plan(s):	his return/report will	the absessed unless rep	13o(i	() EIN(s)	etablished.	PN(s)
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Caurii Unider pe	abilities were transferred. (See instructions.) o(1) Name of plan(s):  on: A penalty for the late or incomplete filling of the late or incomplete filling of the late of penalty and other penalties of penilty and other penalties set forth in the instructions, I de	his return/report will	the absessed unless replies returneport, including, if applic moutedge and bellef, it is true, or	13o(2 asoneble icable, a Sch arrect, and co	() EIN(s)	etablished.	PN(s)
Caurbi Under pe	abilities were transferred. (See instructions.)  ort: A penalty for the late or incomplete filing of the station of perjury and other penalties set forth in the instructions, I do you enrolled actuary, as well as the electronic version of this returning.	his return/report will clere that I have examined to sport, and to the best of my	the absessed unless rep	130f	CSUSE IS 4 CSUSE IS 4	reteblished. Chedule MB complete	PN(s)
Cauril Under pe	abilities were transferred. (See instructions.)  ort: A penalty for the late or incomplete filing of the station of perjury and other penalties set forth in the instructions, I do you enrolled actuary, as well as the electronic version of this returning.	his return/report will close that I have examined to sport, and to the best of my 1	be assessed unless re- tile return report, including, if appliance and belief, it is true, co VITA PLISKLO	130f	CSUSE IS 4 CSUSE IS 4	reteblished. Chedule MB complete	PN(s)
Caurii Under pe	abilities were transferred. (See instructions.)  o(1) Name of plan(s):  on: A penalty for the late or incomplete filling of the nation of plan administrator  Signifus of plan administrator	his return/report will care that I have examined to sport, and to the best of my 7/24/240 Date	be assessed unless re- tile return report, including, if appliance and belief, it is true, co VITA PLISKLO	asonable, a Schamed, and co	CSUSE IS 4 CSUSE IS 4	reteblished. Chedule MB complete	PN(s)

918572 08-14-09