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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation		▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.		peotion
Pa	art I	Annual Repor	t Ide	entification Information				•	
For	calenda	ar plan year 2010 or			0	and ending 1.	2/31/	2010	
Δ.	This ret	urn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan
		urn/report is for:	Ī	first return/report	final retur				
		·		an amended return/report	short plan	year return/report (less than 12 mor	nths)		
C	Check b	box if filing under:		Form 5558	automatic	extension		DFVC progra	ım
				special extension (enter description	on)				
Pa	art II	Basic Plan Inf	orm	ation—enter all requested information	ation				
1a	Name			·			1b	Three-digit	
			I(K) I	PROFIT SHARING PLAN				plan number	002
								(PN) •	002
							1c	Effective date of 07/01/1	
2a	Plan sr	nonsor's name and a	ddre	ss (employer, if for single-employer	nlan)		2h	Employer Identi	
		SKOW M.D., P.C.	uui o	30 (criployor, ir for single criployer	piari)		1	(EIN) 91-134	
3502	OL VMI	PIC BLVD W					2c	Plan sponsor's t	elephone number
		Y PLACE, WA 98466	6				2d	Business code (
							-	621111	, ooo mon donono,
3a VITA	Plan ad	dministrator's name a	and a	ddress (if same as Plan sponsor, e	nter "Same	e") W	3b	Administrator's 91-134	
		,		UNIVERSITY	PLACE, \	WA 98466	3c	Administrator's	telephone number
4 .	• • •						41	253-56	5-2555
			•	sponsor has changed since the last from the last return/report. Sponso		port filed for this plan, enter the	4D	EIN	
		· '		· · ·			4c	PN	
5a	Total r	number of participant	s at t	he beginning of the plan year			5a		1
b	Total r	number of participant	s at t	he end of the plan year			5b		1
С				n account balances as of the end of		rear (defined benefit plans do not	5c		1
6a		•				(See instructions.)			X Yes No
b						ndent qualified public accountant (IQI			— — — Na
			,	• ,		ons.)			Yes No
Da	rt III	Financial Info		<u> </u>	orm 5500-	SF and must instead use Form 550	υ.		
_			IIIa	LIOII					
7		Assets and Liabilities			_	(a) Beginning of Year 3520372	,	(b) End	of Year 4171417
		olan assets			. 7a	3320372	-		7171717
b				o from line 7a)	. 7b	3520372)		4171417
<u>с</u> 8	•	e, Expenses, and Tra		•	7c	(a) Amount		(b) 7	
а		butions received or re				(a) Amount		(6)	Otal
ű					. 8a(1)	32500)		
	(2) Pa	articipants			. 8a(2)	22000)		
	(3) Ot	thers (including rollov	ers).		. 8a(3)				
b	Other	income (loss)			. 8b	596545	5		
С	Total in	ncome (add lines 8a)	(1), 8	a(2), 8a(3), and 8b)	. 8c				651045
d				ollovers and insurance premiums	. 8d				
е	Certair	n deemed and/or cor	rectiv	ve distributions (see instructions)	. 8e				
f	Admin	nistrative service prov	iders	(salaries, fees, commissions)	. 8f				
g	Other	expenses			. 8g				
h	Total e	expenses (add lines 8	3d, 8	e, 8f, and 8g)					
i				8h from line 8c)					651045
j		, , ,		e instructions)					

Form 5500-SF 2010	Page 2- 1
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Part IV	Plan	Charact	eristics

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: 2E

b	If th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	ist of Plan Characteris	tic Cod	des in	the instruction	ons:	
Part	٧	Compliance Questions							
10	Du	ring the plan year:			Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	•			X			
b		re there any nonexempt transactions with any party-in-interest? (Doline 10a.)				X			
С	W	as the plan covered by a fidelity bond?		10c		X		_	
d		the plan have a loss, whether or not reimbursed by the plan's fideli				X			
е	ins	re any fees or commissions paid to any brokers, agents, or other peurance service or other organization that provides some or all of the tructions.)	e benefits under the	plan? (See		X			
f	На	s the plan failed to provide any benefit when due under the plan?		10f		X			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of y	vear end.)	10g		X			
_	If th	nis is an individual account plan, was there a blackout period? (See 20.101-3.)	instructions and 29) CFR		X			
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the		X			
art	۷I	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements?	•	•			•	Yes X No	
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	1 412 of the Code or se	ction 3	302 of	ERISA?	Yes X No	
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	e.)						
а		waiver of the minimum funding standard for a prior year is being an							
If ·	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB				рау		Year	
		er the minimum required contribution for this plan year	•	•	Γ	12b			
					1	12c			
	Sub	er the amount contributed by the employer to the plan for this plan y etract the amount in line 12c from the amount in line 12b. Enter the r ative amount)	result (enter a minu	is sign to the left of a		12d			
е		the minimum funding amount reported on line 12d be met by the fu			_		Yes	No □ N/A	
art		Plan Terminations and Transfers of Assets	g				<u>L</u>		
		s a resolution to terminate the plan been adopted during the plan ye	or or only prior you	·2				☐ Yes X No	
Ju					Γ	13a			
b		'es," enter the amount of any plan assets that reverted to the emplore all the plan assets distributed to participants or beneficiaries, tran							
		he PBGC?						Yes X No	
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the pla	n(s) to			<u> </u>	
13c(1) Name of plan(s):					130	c(2) El	N(s)	13c(3) PN(s)	
Caut	ion:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable car	ıse is	establ	lished.		
Unde SB o	er pe r Sch	nalties of perjury and other penalties set forth in the instructions, I do needle MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	leclare that I have e	examined this return/re	port, in	cludin	g, if applical		
SIG	N F	filed with authorized/valid electronic signature.	7/14/2011	VITA PLISKOW	1				
HER		Signature of plan administrator	Date	Enter name of individ	ual sig	ning as	s plan admir	nistrator	

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 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).

Pension Benefit Guaranty Corporation

Complete all entries in accordance with the instructions to the Form 5500-SF.

Down I Pension Benefit Guaranty Corporation

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	Annual Report Identification information					
For	calendar plan year 2010 or fiscal plan year beginning $01/01/2010$		and er	nding 1	2/31/201	.0
Α	This return/report is for: X single-employer plan multiple-emp	loyer p	olan (not multien	nployer)	one-participant	plan
В	This return/report is for: first return/report final return/re	eport				
_	an amended return/report short plan ye	ar retu	urn/report (less t	han 12 months	s)	
С	Check box if filing under: Form 5558 automatic ex	tensio	n		DFVC program	
	special extension (enter description)					
Pa	Basic Plan Information - enter all requested information					
	Name of plan		1b	Three-digit		
VI	TA S PLISKOW M.D., P.C.			plan number (PN)	002
40	1(K) PROFIT SHARING PLAN		1c	Effective date	of plan	
				07/0	1/1986	
<u>2a</u>	Plan sponsor's name and address (employer, if for single-employer plan)		2b	Employer Ider	tification Numb	er (EIN)
	TA S PLISKOW M.D., P.C.				342926	
			2c	Plan sponsor's	s telephone num	nber
35	02 OLYMPIC BLVD W				565-2555	
			2d	Business code	e (see instruction	ns)
UN	IVERSITY PLACE WA 98466			6211		
<u>3a</u>	Plan administrator's name and address (If same as Plan sponsor, enter "Same")	3b	Administrator'	s EIN	
SA	ME					
			3c	Administrator'	s telephone nun	nber
4 I	f the name and/or EIN of the plan sponsor has changed since the last return/rep	ort file	d for this 4b	EIN		
p	olan, enter the name, EIN, and the plan number from the last return/report. Sp	onsor'	's name			
			4c	PN		
<u>5a</u>	Total number of participants at the beginning of the plan year		5a		1	
b	Total number of participants at the end of the plan year				1	
С	Total number of participants with account balances as of the end of the plan ye					
	benefit plans do not complete this item)		5c		1	
6a	Were all of the plan's assets during the plan year invested in eligible assets? (S	ee inst	ructions.)		X Ye	s No
b	Are you claiming a waiver of the annual examination and report of an independent	ent qua	alified public acc	countant	_	_
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and co	onditio	ns.)		X Ye	s 🗌 No
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF	and n	nust instead us	e Form 5500.		
Pa	art III Financial Information		-			
7	Plan Assets and Liabilities		(a) Beginni		(b) End	
а	Total plan assets	7a	3,5	20,372	4,	171,417
b	Total plan liabilities	7b				
_c	Net plan assets (subtract line 7b from line 7a)	7с	3,5	20,372	4,	171,417
8	Income, Expenses, and Transfers for this Plan Year		(a) Am	nount	(b) To	otal
а	Contributions received or receivable from:					
	(1) Employers	8a(1)		32,500		
	(2) Participants	8a(2)		22,000		
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss) SEE STATEMENT 1	8b	5	96,545		4=4
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				651,045
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits) \dots	8d				
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				
i	Net income (loss) (subtract line 8h from line 8c)	8i				651,045
j	Transfers to (from) the plan (see instructions)	8j				

A RATE Disas Characteristics					
art IV Plan Characteristics		-	4	and a la sha in the	_A:_
a If the plan provides pension benefits, enter the applicable pension feature codes from the List	of Plan	Charac	teristic C	odes in the instru	CTIO
					:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	r Plan Cl	naract	eristic Co	des in the instruct	ions
art V Compliance Questions					_
		\ <u>\</u>	11-1	1	_
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described		Yes	No	Amount	
	10a		x		
in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program.)	· IUA		**		_
Were there any nonexempt transactions with any party-in-interest? (Do not include	106		x		
transactions reported on line 10a.)			X		
Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that	. 100				_
in the second of	10d		x		
was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance	100				
carrier, insurance service or other organization that provides some or all of the benefits under					
the plan? (See instructions.)	10e		x		
Has the plan failed to provide any benefit when due under the plan?	101		X		
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X		
If this is an individual account plan, was there a blackout period? (See instructions	. 12				
and 29 CFR 2520.101·3.)	10h		x		
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		x		
art VI Pension Funding Compliance					
	r, see ins	structio	ons, and e	enter the date of the	
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year ruling granting the waiver. Month	r, see ins	tructic Day	ons, and e		
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year ruling granting the waiver. Month	r, see ins	tructic Da	ons, and e	enter the date of the	
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year ruling granting the waiver. Month	r, see ins	tructic Da	ons, and e	enter the date of the	
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year ruling granting the waiver. Month If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ekip b Enter the minimum required contribution for this plan year c Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus significant plan year)	to line 1	Day 13.	12b	enter the date of the	
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year ruling granting the waiver. Month You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip be 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 the left of a negative amount)	to line 1	Day	12b 12c	Year	ne i
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If a waiver of the minimum funding standard for a prior year is being amortized in this plan year ruling granting the waiver. Month f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ekip Denter 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 the left of a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? art VII Plan Terminations and Transfers of Assets	to line 1	Da Da	12b 12c 12d Yes	Year	he
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If a waiver of the minimum funding standard for a prior year is being amortized in this plan year ruling granting the waiver. Month f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip 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 the left of a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? art VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	to line	Da Da	12b 12c 12d Yes	Year	ne i
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If a waiver of the minimum funding standard for a prior year is being amortized in this plan year ruling granting the waiver. Month You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip of 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 the left of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline?	to line	Day IS.	12b 12c 12d Yes	No Yes	Tr.
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If a waiver of the minimum funding standard for a prior year is being amortized in this plan year ruling granting the waiver. Month You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip of 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 the left of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline? The triangle of the minimum funding amount reported on line 12d be met by the funding deadline?	to line to lin	Day 3.	12b 12c 12d Yes 13a plan(s) to	No Yes Which assets or	I X
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