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 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

F	ension Ber	nefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.	Ins	spection		
P	art I	Annual Report Id	lentification Information							
For	calenda	r plan year 2011 or fisc		1	and ending 1	2/31/2	011			
Α	This retu	urn/report is for:	x a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	oant plan		
		urn/report is:	the first return/report	•	eturn/report			·		
_	THIS TOLO		an amended return/report		an year return/report (less than 12 mo	onthe)				
_	a		╡ '							
C	Check b	ox if filing under:	Form 5558		extension		DFVC progra	ım		
			special extension (enter description	,						
Pa	art II	Basic Plan Inforr	mation—enter all requested inform	ation		l		T		
	Name o	•					Three-digit plan number			
VIIA	SPLISH	(OW M.D., P.C. 401(K)	PROFIT SHARING PLAN				(PN)	002		
						1c	Effective date o			
							07/01	•		
2a	Plan sp	onsor's name and addr	ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identi	fication Number		
VITA	S PLIS	KOW MD PC						42926		
						2c	Sponsor's telep	hone number		
3502	OLYMP	PIC BLVD W	3502 OLYM	PIC BLVD	W		253-56			
UNIV	'ERSITY	' PLACE, WA 98466	UNIVERSIT			2d	Business code (see instructions)		
							62111			
		Iministrator's name and	address (if same as plan sponsor, e 3502 OLYMF			3b	Administrator's	EIN 342926		
VIIA	3 FLISH	COV IND PC	UNIVERSITY			30				
						3c Administrator's telephone number 253-565-2555				
4						4b	EIN			
	name, EIN, and the plan number from the last return/report.									
	3 Sponsor's name						PN			
5a	a Total number of participants at the beginning of the plan year							1		
b	Total n	umber of participants at	t the end of the plan year			5b				
С			count balances as of the end of the	,	•					
		,				5c				
		·	during the plan year invested in eligib		· ·		•••••	X Yes No		
b			ne annual examination and report of See instructions on waiver eligibility							
		,	er 6a or 6b, the plan cannot use F		•					
Pa	rt III	Financial Informa	ation							
7	Plan As	ssets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total p	lan assets		. 7a	4171417			3947972		
b	Total p	lan liabilities		. 7b						
С	Net pla	n assets (subtract line 7	7b from line 7a)	. 7c	4171417			3947972		
8	Income	e, Expenses, and Transf	fers for this Plan Year		(a) Amount		(b) 1	Total		
а		outions received or rece					` ,			
	(1) Em	nployers		. 8a(1)	0					
	(2) Pa	rticipants		. 8a(2)	0					
	(3) Oth	ners (including rollovers)	8a(3)						
b	Other in	ncome (loss)		. 8b	-223445					
С	Total in	ncome (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c				-223445		
d			rollovers and insurance premiums							
		,		. 8d						
e			tive distributions (see instructions)							
f	Admini	strative service provide	rs (salaries, fees, commissions)	. 8f						
g		•								
h			8e, 8f, and 8g)							
į			e 8h from line 8c)					-223445		
j	Transfe	ers to (from) the plan (se	ee instructions)	. 8j						

Form	5500.	SF.	201

Part IV	Plan	Characteristics

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

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						
0	During the plan year:		Yes	No	A	Mount	
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			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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		X			
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		X			
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		X			
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	olete S	Sched	lule SB	(Form	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	302 of I	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver						
	ou 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			
	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 onegative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
l3a	Has a resolution to terminate the plan been adopted in any plan year?	···· <u>····</u>		Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	За				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?					☐ Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the						Ш
	which assets or liabilities were transferred. (See instructions.)		· /			Т	
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e can	se is	establ	ished		
Jnde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	rn/rep	ort, in	cludin	g, if applicat	,	
elle	, it is true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	07/15/2012	VITA PLISKOW				
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 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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Pa	irt I Annual Report Identification Information									
For	calendar plan year 2011 or fiscal plan year beginning $01/01/2011$		and e	ending	1	2/31/201	L1			
A	This return/report is for: X a single-employer plan a multiple-em	ployer	r plan (not mul	tiemploy	er)	a one-participa	ant plan			
В	This return/report is: the first return/report the final return	return/report								
_	an amended return/report a short plan	ear re	turn/report (le	ss than ¹	12 mo <u>nt</u>	hs)				
С	Check box if filing under: Form 5558 automatic ex	tensio	n			DFVC program	า			
	special extension (enter description)									
Pa	Irt II Basic Plan Information - enter all requested information									
1a	Name of plan		1b	Three-	digit					
VI	TA S PLISKOW M.D., P.C.			plan n	umber (I	PN)	002			
40	1(K) PROFIT SHARING PLAN		10	Effecti	ve date	of plan				
					07/0	1/1986				
<u>2a</u>	Plan sponsor's name and address; include room or suite number (employer, if for single-e	mploye	er plan) 2b			tification Numb	er (EIN)			
VI	TA S PLISKOW MD PC			•	91-1	342926				
			20	Spons	or's tele	phone number				
35	02 OLYMPIC BLVD W		25	3-56	5-25	55				
			2 d	Busine	ess code	e (see instructio	ns)			
UN	IVERSITY PLACE WA 98466				6211	11				
<u>3a</u>	Plan administrator's name and address (if same as plan sponsor, enter "Same")		3b	Admin	istrator'	s EIN				
SA	ME									
			30	Admin	istrator'	s telephone nur	mber			
4 If	the name and/or EIN of the plan sponsor has changed since the last return/repo	ort filed	d for this 4b	EIN						
р	olan, enter the name, EIN, and the plan number from the last return/report.									
а	Sponsor's name		40	PN						
5a	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		5b)		1				
С	Number of participants with account balances as of the end of the plan year (de	efined								
	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? (See	ee inst	ructions.)			X Ye	es 📙 No			
b	Are you claiming a waiver of the annual examination and report of an independent	ent qua	alified public a	ccountai	nt	_	_			
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and co	nditio	ns.)			X Ye	es 📙 No			
_	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF	and m	านst instead เ	ise Form	1 5500.					
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginı			(b) End				
а	Total plan assets	7a	4,	<u>171,</u>	417	3,	,947,972			
b	Total plan liabilities	7b								
_	Net plan assets (subtract line 7b from line 7a)	7с		171,	417		,947,972			
8	Income, Expenses, and Transfers for this Plan Year		(a) A	mount		(b) T	otal			
а	Contributions received or receivable from:									
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)		202	445					
	Other income (loss) SEE STATEMENT 1	8b	_	223,	445		202 445			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_	-223,445			
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	, , , , , , , , , , , , , , , , , , , ,	8h					202 445			
!	Net income (loss) (subtract line 8h from line 8c)	8i				_	-223,445			
<u>_Ĺ</u>	Transfers to (from) the plan (see instructions)	8j								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2011) v.012611

Form	5500-SF (2011)			Page	2- [_	
Par	t IV Plan Characteristics								
	if the plan provides pension benefits, enter the	ne applicable pension featur	e codes from the List o	/ Plan	Chara	cterist	ic Code	s in the inst	ructions:
2Е Ь	If the plan provides welfare benefits, enter the	e applicable welfare feature	codes from the List of f	Plan Cl	haract	eristic	Codes	in the instru	ictions:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any partic	-	•		1				
-	in 29 CFR 2510.3-102? (See Instructions and DO	•		10a		X			
	Were there any nonexempt transactions with	• • •			1				
	transactions reported on line 10a.)			10b		X			
	Was the plan covered by a fidelity bond?			10c	-	^			
	Did the plan have a loss, whether or not reimb			10d		x			
	was caused by fraud or dishonesty?			100		 			
	carrier, insurance service or other organization	-			i				
	the plan? (See instructions.)	•		10e	!	x			
	Has the plan falled to provide any benefit who			101	_	X			
	Did the plan have any participant loans? (If ")	•		10g		X			
	If this is an individual account plan, was there	· ·				-			
	and 29 CFR 2520.101-3.)			10h		X			
	If 10h was answered "Yes," check the box if y								
	of the exceptions to providing the notice app		3	101		X			
	t VI Pension Funding Compilar								
	Is this a defined benefit plan subject to minim	* .	•		,			п.,	₩
	Schedule SB (Form 5500))							Yes	X No
	Is this a defined contribution plan subject to t							∏ Yes	X No
	section 302 of ERISA? (If "Yes," complete 12: If a waiver of the minimum funding standard f								
	ruling granting the waiver.					жъ, ш У		Year	rue lerrei
	ou completed line 12s, complete lines 3, 9,					<i></i>			
	Enter the minimum required contribution for t	-	• • • • • • • • • • • • • • • • • • • •			12b			
	Enter the amount contributed by the employe					120			
	Subtract the amount in line 12c from the amo								
	the left of a negative amount)	•••••	-			12d			
	Will the minimum funding amount reported or	line 12d be met by the fun	ding deadline?				68	No	N/A
	t VII Plan Terminations and Tran								
	Has a resolution to terminate the plan been a							Yes	X No
	If "Yes," enter the amount of any plan assets			سسبين		13a			
	Were all the plan assets distributed to particip	pants or beneficiaries, trans	erred to another plan, o	or brou	ght			п.,	₩
	under the control of the PBGC?							Yes	No.
	If during this plan year, any assets or liabilities liabilities were transferred. (See instructions.)	Shar usual benedamn saw s	pian to another pian(s),	Identif	yπ ιο	pl an(s ,	to whic	n assets or	
	Ic(1) Name of plan(s):				12-121	EINVo		10-101	DAI/a)
	nd if Harre of plants).				13c(2)	E114(8		130(3)	PIV(S)
Cauti	ion: A penalty for the late or incomplete filir	ng of this return/report wil	be assessed unless r	eason	able d	ause	is estat	Hished.	
igned b	enalties of perjuny and other penalties set forth in the instruct by an enrolled actuary, as well as the electronic varsion of this	lone, I declare that I have examined to return/report, and to the best of my	nis netum/report, including, if ap knowledge and belief, it is trus,	plicable, correct,	a Sche	dule SB splets.	or Schedu	le MB complete	d and
SIGN HERE	VIJIANINA AIII	07/15/2012	VITA PLISKO	W					
	Signature of plan administrator	Date	Enter name of individu	al sign	ing as	plan	administ	rator	
SIGN									
HERE									
	Signature of employer/plan sponsor	Date	Enter name of Individu	ıal sign	ing as	empl	oyer or p	lan sponso	r

FORM 5500-SF	ORM 5500-SF OTHER INCOME (LOSS)					
DESCRIPTION			AMOUNT			
INTEREST, DIVIDENDS AND REALIZED AND UNREALIZED GAINS AND LOSSES		-223,44	-223,445. 0.			
TOTAL TO FORM 5500-SF, LI	NE 8B		-223,4	45.		