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 Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.	
		dentification Information				
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	Γhis return/report is for:	X first return/report	final retur	n/report		
		an amended return/report	short plan	year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter description	on)			
Da	rt II Basic Plan Infor	mation—enter all requested inform	,			
	Name of plan	mation—enter all requested inform	lation		1h	Three-digit
	TON CHIROPRACTIC AND MA	ASSAGE RETIREMENT PLAN			1.5	plan number
						(PN) • 001
					1c	Effective date of plan
						01/01/2010
		ress (employer, if for single-employer	r plan)		2b	Employer Identification Number
SUI	ON CHIROPRACTIC AND MA	ASSAGE, P.S.			20	(EIN) 91-1945156
1518	BISHOP RD.				20	Plan sponsor's telephone number 360-923-5588
TUM	WATER, WA 98512				2d	Business code (see instructions)
						621310
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	∍")	3b	Administrator's EIN
301	ON CHIROPRACTIC AND MA	ASSAGE, P.S. 1518 BISHC TUMWATEF		2	2-	91-1945156
					3C	Administrator's telephone number 360-923-5588
4 1	the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN
		er from the last return/report. Sponso		, , ,		
					4c	PN
5a	Total number of participants at	t the beginning of the plan year			5a	0
b	Total number of participants at	t the end of the plan year			5b	7
С		rith account balances as of the end o		•		4
	complete this item)				5c	
	•	during the plan year invested in eligib		,		^ Yes No
р		he annual examination and report of (See instructions on waiver eligibility				ĭ Yes ☐ No
		ner 6a or 6b, the plan cannot use F		•		
Pa	rt III Financial Inform					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	()	6498
b	Total plan liabilities					
С		7b from line 7a)		()	6498
8	Income, Expenses, and Trans			(a) Amount		(b) Total
а	Contributions received or rece			(a) 7 mileant		(2) 10:21
			. 8a(1)			
	(2) Participants		. 8a(2)	5975	5	
	(3) Others (including rollovers	s)	. 8a(3)			
b	Other income (loss)		8b	523	3	
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			6498
d	Benefits paid (including direct	rollovers and insurance premiums				
	to provide benefits)		. 8d		_	
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e		_	
f	Administrative service provide	rs (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	e 8h from line 8c)	8i			6498
j	Transfers to (from) the plan (se	ee instructions)	. 8i			

	F	Form 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteris	stic Co	des in	the instr	uctions	s:		_
L		2G 2J 2K 2T 3D		O		di a Calatai				
b	if the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	acteris	tic Cod	des in	tne instru	actions			
art	· V	Compliance Questions								_
0		ng the plan year:		Yes	No		Am	ount		—
-	Was	s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					_
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X					
С	Was	s the plan covered by a fidelity bond?	10c		X					
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X					_
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X					
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					_
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		wh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								_
11	Is thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co					 [Yes	X No	0
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	le or se	ection 3	302 of	ERISA?	[Yes	X	0
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr ting the waiver								
If	_	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			Day		_ 168			
	•	r the minimum required contribution for this plan year		Г	12b					_
		r the amount contributed by the employer to the plan for this plan year			12c					_
_	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le	t of a		12d					_
e	\/\/ill t	the minimum funding amount reported on line 12d he met by the funding deadline?		_		Yes		No	N/A	_

Part VII Plan Terminations and Transfers of Assets

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under 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	Filed with authorized/valid electronic signature.	04/14/2011	MARK F. SUTTON
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 section 6058(a) of the Internal Revenue Code (the Code).

Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information										
Series .	calendar plan year 2010 or fiscal plan year beginning	7	and ending							
	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan					
В	This return/report is for:									
	an amended return/report	short plar	ı year return/report (less than 12 mo	nths)						
C	Check box if filing under: Form 5558		DFVC program							
	special extension (enter descript			_						
Pa	rt II Basic Plan Information—enter all requested inform	nation								
1a	Name of plan	7000		1b	Three-digit					
SUT	TON CHIROPRACTIC AND MASSAGE RETIREMENT PLAN				plan number 001					
				10	(PN) ▶ 001 Effective date of plan					
		- 11		10	01/01/2010					
2a SUT	Plan sponsor's name and address (employer, if for single-employe FON CHIROPRACTIC AND MASSAGE, P.S.	er plan)		2b	Employer Identification Number (EIN) 91-1945156					
1518	BISHOP RD.			2c	Plan sponsor's telephone number 360-923-5588					
TUM	WATER WA 98512			2d	Business code (see instructions) 621310					
3a SAM	Plan administrator's name and address (if same as Plan sponsor, E	enter "Sam	e")	3b	Administrator's EIN 91-1945156					
				3с	Administrator's telephone number					
4 1	the name and/or EIN of the plan sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4h	360-923-5588 EIN					
j	name, EIN, and the plan number from the last return/report. Spons	or's name	port mod for this plant, enter the	40	EIN					
-E-	Table makes of a district of the last of t			4c	PN					
	Total number of participants at the beginning of the plan year			5a	0					
	Total number of participants at the end of the plan year			5b	7					
	Total number of participants with account balances as of the end complete this item)	of the plan y	ear (defined benefit plans do not	5c	4					
6a	Were all of the plan's assets during the plan year invested in eligi	ible assets?	(See instructions.)		X Yes No					
b	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an indeper	ndent qualified public accountant (IQ	PA)						
	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500.	SF and must instead use Form 55		X Yes No					
Pa	rt III Financial Information		or and must instead use roini so	00.						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	7a	(6498					
b	Total plan liabilities	7b		300						
c	Net plan assets (subtract line 7b from line 7a)	7c	C		6498					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from:			Silv						
	(1) Employers	240 14413	Fore							
	(2) Participants		5975	_						
h	(3) Others (including rollovers)	10								
D C	Other income (loss)		523	han						
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	<u>8c</u>		A.	6498					
	to provide benefits)									
е	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (salaries, fees, commissions)	8f		調						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	PRODE TO SERVICE TO SE								
į	Net income (loss) (subtract line 8h from line 8c)		09		6498					
	Transfers to (from) the plan (see instructions)	8j								

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Page	2-	1	

P	art IV	1	Plar	n Cha	aract	teristics
98						ion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
						3D re benefits, enter the applicable welfare, feature codes from the List of Plan Chargelogistic Codes in the instructions.

i-igyesez	Hirtonia.								
Part	-	Compliance Questions							
10		ing the plan year:				Yes	No	0	Amount
а	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	ry Correction Progra	am)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						Х		
C	Was the plan covered by a fidelity bond?						Х		
d	Did or o	the plan have a loss, whether or not reimbursed by the plan's fide lishonesty?	caused by fraud	10d		х			
е							х		
f	Ha	the plan failed to provide any benefit when due under the plan? .			10f		Х		
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		Х		
h	lf th	ils is an individual account plan, was there a blackout period? (See	e instructions and 2	9 CFR	10h		×		
j	If 1	Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or on	e of the	101	16.42.00.43			
Part	Name and Post Of	Pension Funding Compliance						STILL PLANT SERVICE	THE VIEW DESIGNATION
11	Is to 550	is a defined benefit plan subject to minimum funding requirements 0))	s? (If "Yes," see ins	tructions and com	plete	Sched	dule SE	(Form	☐ Yes ☒ No
12	ls I	his a defined contribution plan subject to the minimum funding req	uirements of section	n 412 of the Code	or so	ction '	302 of	EDIRAD	Yes X No
lf y	If a gra ou	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a nting the waiver	mortized in this plan	Mon d skip to line 13.	th		enter th Day	e date of th	ne letter ruling Year
		er the minimum required contribution for this plan year				_	12b		
C	Enter the amount contributed by the employer to the plan for this plan year						12c		
	neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)			••••••	··· L	12d		
STATE OF THE RESERVE		the 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 resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Yes X No
	If "\	es," enter the amount of any plan assets that reverted to the empl	loyer this year	***************************************			13a		
	We of t	re all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought	under	the co			Yes X No
С	If d whi	uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	ne pla	n(s) to) X		
1	3c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
								and the second	
									1
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed i	unless reasonab	le cau	se is	establ	ished	
Unde SB or	r pei Sch	nalties of perjury and other penalties set forth in the instructions, I cedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have i	evamined this retu	un lear	and in	_!لـ، ام،	. tr	ble, a Schedule nowledge and
SIGN	1		c/-13-11	MARK F. SUTT	ON				10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
HER	122	Signature of plan administrator	Date	Enter name of in	ndivida	ial sin	nina as	plan admir	nistrator
SIGN	0.00							Pieri adrilli	nou dio!
HER	-0.00							emplover	or plan sponsor

Enter name of individual signing as employer or plan sponsor