

Form 5500-SF <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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). ► 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
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A	This return/report is for: <input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B	This return/report is for: <input checked="" type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C	Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>SUNWHEEL DESIGN & CONSTRUCTION, LLC PROFIT SHARING PLAN</u>	
1b Three-digit plan number (PN) <u>001</u>	
1c Effective date of plan <u>01/01/2010</u>	
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>SUNWHEEL DESIGN & CONSTRUCTION, LLC</u> <u>786 WEST ROAD</u> <u>SEDRO WOLLEY, WA 98284</u>	
2b Employer Identification Number (EIN) <u>27-4383168</u>	
2c Plan sponsor's telephone number <u>360-595-0903</u>	
2d Business code (see instructions) <u>236110</u>	
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>SUNWHEEL DESIGN & CONSTRUCTION, LLC</u> <u>786 WEST ROAD</u> <u>SEDRO WOLLEY, WA 98284</u>	
3b Administrator's EIN <u>27-4383168</u>	
3c Administrator's telephone number <u>360-595-0903</u>	
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. Sponsor's name	
4b EIN	
4c PN	
5a	Total number of participants at the beginning of the plan year <u>2</u>
b	Total number of participants at the end of the plan year <u>2</u>
c	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) <u>0</u>
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III	Financial Information
7	Plan Assets and Liabilities
a	Total plan assets 7a
b	Total plan liabilities 7b
c	Net plan assets (subtract line 7b from line 7a) 7c
8	Income, Expenses, and Transfers for this Plan Year
a	Contributions received or receivable from:
(1)	Employers 8a(1)
(2)	Participants 8a(2)
(3)	Others (including rollovers) 8a(3)
b	Other income (loss) 8b
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d
e	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
j	Transfers to (from) the plan (see instructions) 8j

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

2E 3D

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

10	During the plan year:	Yes	No	Amount
a	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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?		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	
e	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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☐ Yes ☒ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☒ Yes ☐ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you 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	
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?..... ☒ 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 year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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.)

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

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 HERE	Filed with authorized/valid electronic signature.	07/28/2011	BEARRACH MCMONAGLE
	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

5500 EF Info - Filer Signature Agreement

I understand and agree that the electronic signature is not transferable and that the inclusion of such electronic signature in a Form 5500 or Form 5500-SF return/report filed in electronic form shall have the same legal force and effect as my hand written signature.

If I am not the Transmitter, I also agree that my electronic signature on a Form 5500 or Form 5500-SF constitutes consent for EFAST personnel to send my Transmitter an acknowledgment of receipt of transmission and to communicate with my Transmitter about the success or failure of the transmission and specific reason(s) for any failure(s).

If I am an EFAST Software Developer or EFAST Transmitter, I declare that I am authorized to make and sign this statement on behalf of the applicant. The applicant agrees that it and its employees will comply with all provisions of the EFAST2 procedures for the electronic filing of Forms 5500 or 5500-SF for each year in which the applicant participates. Noncompliance will result in the applicant no longer being allowed to participate as an EFAST2 Software Developer or Transmitter. The applicant understands that acceptance as an EFAST2 Software Developer or Transmitter is not transferable. If applying to be an EFAST2 Transmitter, the applicant further agrees that a copy of all returns/reports that the applicant transmits electronically to the Department of Labor will be provided to the plan administrator, employer or direct filing entity on whose behalf the return/report was transmitted.

Under penalties of perjury, I declare that I have examined this agreement, and to the best of my knowledge and belief the information provided in my request for access to the EFAST2 system is true, correct, and complete.

I declare that I am authorized to make and sign this statement. ☒ (Check "X" here)

5500 EF Info - Practitioner Signature Agreement

Plan Administrator/Employer:

In accordance with expanded EFAST2 signature options, I, the Plan Administrator/Employer for the following plan:
Sunwheel Design & Construction, LLC
Profit Sharing Plan

give this written authorization to: Gregory J. Boots, Esq.
to submit this return/report electronically and to sign this return/report with their EFAST2 UserID and PIN. I further acknowledge that an image of my manual signature will be included with the rest of the annual return/report posted by the DOL on the Internet for public disclosure.

Bearrach McMonagle

Plan Administrator/Employer Name


Plan Administrator/Employer signature

7/23/2011
Date

Practitioner:

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, true and correct pdf copies of the first page of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury and the second page of the completed Form 5500 or Form 5500-SF; (3) I advised the plan administrator/employer that by selecting this electronic signature option the pdf image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

I declare that I am authorized to make and sign this statement. ☒ (Check "X" here)
