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

2009

This Form is Open to Public Inspection

Pe	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
				entification Information						
For	calendar	plan year 2009 or f	fiscal	plan year beginning 01/01/200	9	and ending 1	2/31/2	2009		
A	This retur	rn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan	
		rn/report is for:		first return/report	final retur	n/report				
	i i ii 3 i Ctai	питероп із юг.	H	an amended return/report]]	·	nthe)			
•							111113)	П впис		
C	Check bo	ox if filing under:	^	Form 5558	ı	extension		DFVC progra	m	
				special extension (enter description	on)					
Pa	rt II	Basic Plan Infe	orm	ation—enter all requested inform	ation					
	Name of						1b	Three-digit		
SPEE	DWARE	MOTORSPORTS	RET	IREMENT PLAN				plan number	001	
								(PN) •		
							1C	Effective date of 01/01/2		
	D						26			
		onsor's name and a MOTORSPORTS		ss (employer, if for single-employer	· pian)		ZD	Employer Identif		ımber
OI LL	DVVAIL	- WOTOKSI OKTS,	, L.L.	C .			20	Plan sponsor's t		number
9042	WILLOW	V RD. N.E.						425-869		Hamber
		VA 98052					2d	Business code (see instru	ctions)
								441300		
				ddress (if same as Plan sponsor, e			3b	Administrator's E		
SPEE	DWARE	MOTORSPORTS,	, L.L.	C. 9042 WILLO REDMOND,			2-	91-1683		
				, , , , , , , , , , , , , , , , , , , ,			3C	Administrator's t		number
4 If	the nam	ne and/or FIN of the	nlar	sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4h	EIN	7-1001	
				from the last return/report. Sponso		port mod for time plant, orner the	70	LIIV		
		•					4c	PN		
5a	Total nu	ımber of participant	s at t	he beginning of the plan year			5a			9
b	Total nu	ımber of participant	s at t	he end of the plan year			5b			10
С						year (defined benefit plans do not				
						(11)	5c			5
6a	Were a	ll of the plan's asse	ts du	ring the plan year invested in eligib	ole assets?	(See instructions.)			X Ye	s No
b						ndent qualified public accountant (IQ			— V	Π
						ions.)			× Ye	s 📗 No
Da				<u> </u>	orm 5500-	SF and must instead use Form 55	00.			
		Financial Infor	ma	tion		T				
7		sets and Liabilities				(a) Beginning of Year		(b) End	of Year	
а	Total pla	an assets			7a	91417	7			158090
b	Total pla	an liabilities			. 7b					
С	Net plan	n assets (subtract lin	ne 7b	from line 7a)	. 7с	91417	7			158090
8	Income,	, Expenses, and Tra	ansfe	rs for this Plan Year		(a) Amount		(b) T	otal	
а		utions received or re								
	(1) Em	ployers			. 8a(1)	641	Ц			
	(2) Par	ticipants			. 8a(2)	22290				
	(3) Oth	ers (including rollov	ers).		. 8a(3)					
b	Other in	come (loss)			8b	37972	2			
С	Total ind	come (add lines 8a)	(1), 8	a(2), 8a(3), and 8b)	. 8c					66673
d				ollovers and insurance premiums						
				·	. 8d		_			
е	Certain	deemed and/or cor	rectiv	ve distributions (see instructions)	. 8e		_			
f	Adminis	strative service prov	iders	(salaries, fees, commissions)	. 8f					
g	Other ex	xpenses			8g					
h		·		e, 8f, and 8g)						
i				8h from line 8c)						66673
i				e instructions)						
,			. ,550		· 8j	1				

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: 2A 2E 2G 2J 2K 2T 3D

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		Amo	unt	
_	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		Aine	·uiii	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
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?	10d		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						
art 1			0 - 1 1		· /F			
•	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						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 instruc	ctions.	and e	nter th	e date of t	he let	ter ruli	ng
	granting the waiverMon	th						
	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				
	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 negative amount)			12d				1
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?							
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X 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 of the PBGC?			ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) El	N(s)		13c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	establ	ished			
Jnde	er 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.	urn/rep	ort, in	cludin	g, if applic			
	f, it is true, correct, and complete.	•						
eici	Filed with authorized/valid electronic signature. 09/22/2010 SHAUN S. DUNC	JAN						

SIGN HERE
Signature of plan administrator
Date
Enter name of individual signing as plan administrator

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

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).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pai		identification information	W-40-20-0-10-21-21-12			1000
For c	alendar plan year 2009 or fis	그 부가 되고 하다 하는 사람이 하는 사람이 가지 않는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하		and ending		
Ат	nis return/report is for:	x single-employer plan	multiple-en	nployer plan (not multiemployer)		one-participant plan
Вт	nis return/report is for:	first return/report	final return.	report report		
		an amended return/report	short plan	ear return/report (less than 12 mon	ths)	
C c	heck box if filing under:	Form 5558	automatic e	extension		DFVC program
550 50		special extension (enter desc	ription)			
Pai	t II Basic Plan Info	rmation—enter all requested in	Market Commence (Co.)			The state of the s
	lame of plan	Title Gotton Citter Carlo Good Con III	iormation		1b	Three-digit
	DWARE MOTORSPORTS F	RETIREMENT PLAN				plan number
						(PN) ▶ 001
					10	Effective date of plan 01/01/2006
	97	dress (employer, if for single-empl	oyer plan)		2b	Employer Identification Number
SPEE	DWARE MOTORSPORTS,	L.L.C.			20	(EIN) 91-1683184
0040	ANI LOW DE N.E.				ZC	Plan sponsor's telephone number 425-869-1801
	WILLOW RD. N.E. IOND WA 98052				2d	Business code (see instructions)
2040200000						441300
3a I		nd address (if same as Plan spons	or, enter "Same'	')	3b	Administrator's EIN 91-1683184
					3с	Administrator's telephone number 425-869-1801
4 If	the name and/or EIN of the	plan sponsor has changed since I	he last return/rep	ort filed for this plan, enter the	4b	EIN
n	ame, EIN, and the plan num	ber from the last return/report. Sp	onsor's name	W W W	4c	PN
5a	Total number of participants	at the beginning of the plan year.			5a	9
b	Total number of participants	at the end of the plan year		***************************************	5b	10
C		with account balances as of the e		ear (defined benefit plans do not	5c	5
- 6a			101	(See instructions.)	000000000000000000000000000000000000000	X Yes No
				dent qualified public accountant (IQI		
	under 29 CFR 2520.104-46	? (See instructions on waiver eligi	bility and condition	ons.)		X Yes No
- B-			ise Form 5500-	SF and must instead use Form 55	00.	
722	t III Financial Infor	manon			47 24	
7	Plan Assets and Liabilities			(a) Beginning of Year	1	(b) End of Year
				91417		158090
	50			04447	_	150000
V200		ne 7b from line 7a)	7c	91417		158090
8	Income, Expenses, and Tra Contributions received or re	50 NOVEN 1920		(a) Amount	-	(b) Total
а			8a(1)	. 6411		
	names III is N		100 000	22290)	
	(3) Others (including rollove	ers)	8a(3)			
b	Other income (loss)		8b	37972	2	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8с			66673
d	Benefits paid (including dire	ect rollovers and insurance premiu	ms		Lange	
е	Certain deemed and/or con	rective distributions (see instructio	ns) 8e			
f		iders (salaries, fees, commissions	_ Yellerikas_i			€.
g	Other expenses		8g			
		3d, 8e, 8f, and 8g)			22-01-12	The Control of the Co
i	Ø 50	line 8h from line 8c)	3	1000		66673
	WARRING AND DESCRIPTION OF STREET STREET, STRE	(see instructions)	1		$\neg \vdash$	

		Form 5500-SF 2009 Page 2- 1		_					
art	IV	Plan Characteristics		-				-	-
1	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2G 2J 2K 2T 3D	acteris	ilic Co	des in t	he instru	ctions:		
)	if the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	des in th	ne instruc	tions:		
ırt	٧	Compliance Questions							
ľ		ng the plan year:		Yes	No	20 102	Amo	unt	
а	Was 29	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		х				
C	Wa	s the plan covered by a fidelity bond?	10c		Х				
d	Did	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		×			en la	4,0 8
е	Wer	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		х				
f		the plan failed to provide any benefit when due under the plan?	10f		X				
g		the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		X				
•	If th	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
i	If 10	th 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							- T-
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor						Yes	N
2	ls t	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection	302 of	ERISA?.	. []	Yes	X N
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grai	walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the walver	nth	s, and	enter th Day	e date of	the le	etter ru er	ling ———
lf :	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Г	2000				
b		er the minimum required contribution for this plan year		1	12b	-	0001		
C		er the amount contributed by the employer to the plan for this plan year			12c				
d	пед	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef ative amount)	·····		12d		_		_
е	Wil	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							
		s a resolution to terminate the plan been adopted during the plan year or any prior year?		*********		,		Yes	X N
	lf "\	es," enter the amount of any plan assets that reverted to the employer this year		********	13a	-			
b	of t	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough he PBGC?						Yes	X
C	If d wh	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ch assets or liabilities were transferred. (See instructions.)	the pl	an(s) t	0				
	13c(*) Name of plan(s):		1	3c(2) E	IN(s)		13c(3) PN(s
	wh	ch assets or liabilities were transferred. (See instructions.)			_		c(2) EIN(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	X ANDON	19 21 2010	SHAUN S. DUNCAN				
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				