## 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).

2010

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

P	art I	Annual Report I	Identification Information								
For	calenda	ar plan year 2010 or fis	cal plan year beginning 01/01/20	10	and ending	12/31/2	2010				
Δ	This ret	turn/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
		turn/report is for:	first return/report	final retu	rn/report						
ם	11115 161	turn/report is for.	님 '	=	,	antha\					
			an amended return/report	i :	n year return/report (less than 12 mo	ontns)					
С	Check b	box if filing under:	Form 5558	automatio	extension		DFVC program				
			special extension (enter descripti	on)							
Pa	art II	Basic Plan Infor	rmation—enter all requested inform	nation							
	Name		•			1b	Three-digit				
		RE MOTORSPORTS R	ETIREMENT PLAN				plan number 001				
							(PN) •				
						1c	Effective date of plan				
	01/01/2006										
			dress (employer, if for single-employe	r plan)		2b	Employer Identification Number				
SPE	EDWAR	RE MOTORSPORTS, L	20	(LIIV)							
9042 WILLOW RD. N.E.							Plan sponsor's telephone number 425-882-0799				
REDMOND, WA 98052							Business code (see instructions)				
							441300				
3a	Plan a	dministrator's name and	d address (if same as Plan sponsor, e L.C. 9042 WILLC	enter "Sam	e")	3b	Administrator's EIN 91-1683184				
OI L	LDWAI	KE MOTOKSI OKTS, E	REDMOND,	, WA 98052		20					
						30	Administrator's telephone number 425-882-0799				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the						4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponsor's name										
						4c					
5a	Total r	number of participants	at the beginning of the plan year			5a	5				
b	<b>b</b> Total number of participants at the end of the plan year					5b	0				
С			with account balances as of the end of				0				
_	•	•	<u></u>			. 5c					
		•	during the plan year invested in eligil		'		Yes No				
D			the annual examination and report of (See instructions on waiver eligibility				ĭ Yes ☐ No				
			ther 6a or 6b, the plan cannot use F		•						
Pa	art III	Financial Inform	nation								
7	Plan A	Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total r	nlan assets		7a	15809	0	0				
b		•									
		'	e 7b from line 7a)		15809	0	0				
8		,	sfers for this Plan Year	70	(a) Amount		(b) Total				
a		butions received or rec			(a) Amount		(D) TOTAL				
ŭ				8a(1)							
	<b>(2)</b> Pa	articipants		8a(2)							
	(3) Ot	thers (including rollover	rs)	8a(3)							
b	Other	income (loss)			881	9					
С	Total i	income (add lines 8a(1)	), 8a(2), 8a(3), and 8b)	8c			8819				
d		, , ,	t rollovers and insurance premiums		40000						
				8d	16232	9					
е	Certai	n deemed and/or corre	ctive distributions (see instructions)	8e							
f	Admin	nistrative service provide	ers (salaries, fees, commissions)	8f							
g	Other	expenses		8g	458	0					
h	Total e	expenses (add lines 8d	, 8e, 8f, and 8g)				166909				
i			ne 8h from line 8c)				-158090				
i		` , `	see instructions)								
				··· 8j	1						

	Form 5500-SF 2010 Page <b>2-</b>				
ar	IV Plan Characteristics				
<u>а</u>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	cteris	tic Co	des in	the instructions:
	2A 2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	ctorict	ic Coc	loc in t	ho instructions:
,	in the plant provides wellare betterns, enter the applicable wellare fleature codes from the List of Flan Charac	CIENSI	10 000	ies III t	ne msudenons.
art	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
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		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.)	10q		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
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			
rt	VI Pension Funding Compliance			'	
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				`     \ \ \     \ \ \     \ \ \ \     \ \ \ \     \ \ \ \ \       \ \ \ \ \ \     \
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 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver				
-	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 of negative amount)			12d	

#### Part VII | Plan Terminations and Transfers of Assets

X Yes No

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

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

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

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	Filed with authorized/valid electronic signature.	01/20/2011	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					

### 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).

▶ 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

Pai		Identification Information					and the second s			
For c	alendar plan year 2010 or fi		STEEL STREET	and ending						
Ат	his return/report is for:	X single-employer plan	multiple-em	ployer plan (not multiemployer)		one-participant plan				
Вт	his return/report is for:	first return/report	X final return	report						
	2	an amended return/report	short plan	short plan year return/report (less than 12 months)						
C C	heck box if filing under:	☐ Form 5558	extension	☐ DFVC program						
•	HECK DOX II IIIIII BIIICEI.		8	□						
Pai	4 II Dania Dian Info	special extension (enter descontant) special extension (enter descontant)			750					
CEC PROP	Name of plan	ormation—enter all requested in	tormation	· · · · · · · · · · · · · · · · · · ·	1h	Three-digit				
	DWARE MOTORSPORTS	RETIREMENT PLAN			12	plan number				
OI LL	DWARL MOTOROFORTO	IXE TIME WELLT I SOUT				(PN) •	001			
					1c	Effective date of 01/01/2				
		dress (employer, if for single-empl	oyer plan)		2b	Employer Identif				
SPEE	DWARE MOTORSPORTS,	L.L.C.			2-	(EIN) 91-168	CAN SOUTH			
9042	WILLOW RD, N.E.				20	425-88	elephone number 2-0799			
	MOND WA 98052				2d	Business code (	see instructions)			
	A.V. Alder		-			441300				
3a SAME		nd address (if same as Plan spons	or, enter "Same'	)		Administrator's I 91-168	3184			
	-					3c Administrator's telephone number 425-882-0799				
		plan sponsor has changed since to		ort filed for this plan, enter the	4b	lb ein				
	name, EIN, and the plan number from the last return/report. Sponsor's name						1.00			
5a Total number of participants at the beginning of the plan year					5a	1	5			
	25 27	s at the end of the plan year			5b		0			
С	and the control of th	s with account balances as of the e			5с		0			
				See instructions.)			X Yes No			
b				dent qualified public accountant (IQ			X Yes ☐ No			
				ons.) F and must instead use Form 55		*******************	ĭ Yes ∐ No			
Pa	rt III Financial Infor		ise i omi sous-c	and must mateau use i omi so						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
			7a	158090		(5) 2.10	0			
b				30 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			· · · · · · · · · · · · · · · · · · ·			
	50	ne 7b from line 7a)	1	158090	)		0			
8	Income, Expenses, and Tra			(a) Amount	(b) Total					
a	Contributions received or re		,: · · · · · · · ·	/m/ c street at	0.10	12/	, <del>, , , , , , , , , , , , , , , , , , </del>			
			8a(1)		_					
	(2) Participants		8a(2)		_					
	(3) Others (including rollow	rers)	8a(3)							
b	Other income (loss)		8b	8819	3					
C		(1), 8a(2), 8a(3), and 8b)		ALIK CARACTER CONTRACTOR CONTRACT			8819			
d		ect rollovers and insurance premiu		162329	9					
е	Certain deemed and/or cor	rective distributions (see instructio	ns) 8e	****						
f	Administrative service prov	riders (salaries, fees, commissions	)8f	Metal						
g	Other expenses		8g	4580	)					
	Total expenses (add lines	8d, 8e, 8f, and 8g)	8h				166909			
i	M (0)	t line 8h from line 8c)	(8) 8)	011/24/2012 ARTOS 11 NO. 1118		107-25-70	-158090			
i		n (see instructions)								

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Page	Z-	1

Form	55011	 711	71

Part IV	Plan	Chara	cteristi	re
railiv	ган	CHAIR	LLCIISU	LJ

9a 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:

			i								
Part	٧	Compliance Questions		-33							
10	During the plan year:						No		Amo	unt	
а		there a failure to transmit to the plan any participant contributions w CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary (			10a		х				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									0.0.0.0.000	
С	Was	s the plan covered by a fidelity bond?	***************************************	******	10c		Х				
d	Did t	the plan have a loss, whether or not reimbursed by the plan's fidelity shonesty?	bond, that was ca	used by fraud	10d		х				
е	Were	e any fees or commissions paid to any brokers, agents, or other per rance service or other organization that provides some or all of the tuctions.)		×		3					
f	Has	the plan failed to provide any benefit when due under the plan?	************************	***************************************	10f		×				
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)	*************	10g		Х				
h		is is an individual account plan, was there a blackout period? (See in			10h		х	195-49			*********
i	If 10	th was answered "Yes," check the box if you either provided the requeptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one	of the	10i						
Part		Pension Funding Compliance									
11	Is thi	is a defined benefit plan subject to minimum funding requirements?							П	Yes	□ No
12		nis a defined contribution plan subject to the minimum funding requir		77						Yes	X No
E(4)(T)(E)		res," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									tonal .
а	Ifav	waiver of the minimum funding standard for a prior year is being am-	ortized in this plan								
1F v	gran ou c	nting the waiverompleted lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13.	····		Day.		1 68		
-		er the minimum required contribution for this plan year					12b				
							12c				10
d	C Effect the amount continued by the employer to the plan for this plan year.									* 2 2 2	
6		the minimum funding amount reported on line 12d be met by the ful						Yes	Π	No [	N/A
Part		Plan Terminations and Transfers of Assets									
		a resolution to terminate the plan been adopted during the plan year	ar or any prior year	?					×	Yes	∏ No
		es," enter the amount of any plan assets that reverted to the employ				ſ	202				0
b	Wer	re all the plan assets distributed to participants or beneficiaries, trans-	sferred to another p	olan, or brought	under	the c	ontrol		×	Yes	∏ No
С	If du	uring this plan year, any assets or liabilities were transferred from the								-	,,
C.	3c(1	) Name of plan(s):				13	13c(2) EIN(s)			13c(3)	PN(s)
			and and the second	7		*					
		The state of the s	5116 6 46 466 446 456 456 456 456 456 456 4	<del> </del>							
Caut	ion:	A penalty for the late or incomplete filing of this return/report v	vill be assessed u	nless reasonal	ole ca	use is	establ	ished.			-74
Unde SB c	er per	nalties of perjury and other penalties set forth in the instructions, I do nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have e	xamined this ret	tum/re	port, i	includin	g, if appli	cable y kno	, a Sch wledge	edule and
SIG	N	(50 Sd) w	1/13/2011	SHAUN S. DU	NCAN	1					
HEF		Signature of plan administrator	Date	Enter name of	individ	lual si	gning a	s plan ad	minis	Irator	
SIG											
HEF											