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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit NW MOTORSPORT RETIREMENT PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2012 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1737754 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number NORTHWEST MOTORSPORT, INC. 253-256-4600 2d Business code (see instructions) 819 RIVER ROAD 441210 PUYALLUP, WA 98371 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 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. a Sponsor's name 4c PN 5a 118 5a Total number of participants at the beginning of the plan year 5b 133 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 93 5c complete this item)..... 118 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 133 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 3 than 100% vested

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.

<u>bellet, it is t</u>	rue, correct, and complete.						
31314	Filed with authorized/valid electronic signature.	10/12/2017	DON T FLEMING				
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator			
SIGN							
HERE	Signature of employer/plan sponsor	Enter name of individ	ual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include i	oom or suite numbe	r)	Preparer's telephone number			

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b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 									es No
	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not d	etermined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
<u>a</u>	Total plan assets	7a	2	556707					30387	'18
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	2	556707					30387	'18
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) ⁻	Total	
	Contributions received or receivable from:	8a(1)		118988						
	(1) Employers	8a(2)		445714						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		160763						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7254	.65
	Benefits paid (including direct rollovers and insurance premiums	- 55								
	to provide benefits)	8d		239899						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f_	Administrative service providers (salaries, fees, commissions)	8f		1635						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2415	
	Net income (loss) (subtract line 8h from line 8c)								4839)31
J	Transfers to (from) the plan (see instructions)	8j		-1920						
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2J $$ 2K $$ 2F $$ 2G $$ 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	uctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoui	nt
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
	Was the plan covered by a fidelity bond?			10c	Χ					210000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e	Х					1635
f	Has the plan failed to provide any benefit when due under the plan	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	` 		10h		X				
i 	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	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 letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

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

2016

This Form is Open to Public Inspection

Part I		t identification information		and ending	12/31/20	16
For calenda	ar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending		
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer) mployer information in a	ccordance with the	form instructions.)
		a one-participant plan	a foreign plan			
B This retu	rn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program	
		special extension (enter des	cription)			
Part II	Basic Plan Inf	formation—enter all requested i	nformation			
1a Name					1b Three-digit	
	sport Retire	ement Plan			plan numbe	001
					1c Effective da	
					01/01/20	
Mailing	address (include ro	oloyer, if for a single-employer plan from, apt., suite no. and street, or P	.O. Box)	Associanc)	(EIN) 91 - 1	entification Number 737754
	town, state or providest Motorspo:	nce, country, and ZIP or foreign port, Inc.	stal code (il foreign, see ins	aructions)	2c Sponsor's to 253-256-	elephone number 4600
010 Div	ver Road				2d Business co	de (see instructions)
OIS KIV	Ver Road				441210	
Puyallu		WA 98371			3b Administrato	or's EIN
3a Plan a	dministrator's name	and address X Same as Plan Sp	onsor.		SD Administrate	JI S LIIV
4 1011	V. TIN of	the plan sponsor has changed sinc	o the last return/report filed	for this plan, enter the	4b EIN	
name	, EIN, and the plan r	number from the last return/report.	e the last return/eport med	for this plan, error the	4c PN	
	or's name				-	118
		nts at the beginning of the plan yea			- Ch	133
b Total	number of participar	nts at the end of the plan year th account balances as of the end	of the plan year (only define	nd contribution plans		100
C Numb	er of participants will lete this item)	th account balances as of the end			5c	93
d(1) Tot	al number of active	participants at the beginning of the	plan year		5d(1)	118
d(2) Tot	tal number of active	participants at the end of the plan	year		5d(2)	133
than	1000/ vocted	nat terminated employment during t			5e	
Cautian: /	A populty for the la	to or incomplete filing of this ret	urn/report will be assesse	d unless reasonable c	ause is establishe	d.
SB or Sche	edule MB completed	other penalties set forth in the inst if and signed by an enrolled actuary	ructions, I declare that I have, as well as the electronic v	re examined this return/repression of this return/rep	ort, and to the best	of my knowledge and
	true, correct, and co	Cida	10/11/20	Don T Fleming	g	
SIGN HERE	Cianatura of plan	n administrator	Date	Enter name of indiv		n administrator
OLON	Signature of plan	nadministrator	Date	Liner Harrie of Mari		
SIGN	Signature of one	nlover/nlan enoneer	Date	Enter name of indiv	idual signing as em	ployer or plan sponsor
Preparer's	name (including fire	ployer/plan sponsor m name, if applicable) and address			Preparer's telep	hone number
. reparer s	(Judanig ini					
					1	

Form 5	5500-SF	2016
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6a Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No
h Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public as	ccounta	int (IQ	PA)		П. П.
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and condit	ions.)	instea	d use	Form	5500.	A 163 [] 140
c If the plan is a defined benefit plan, is it covered under the PBGC in							No ☐ Not determined
	isurance p	rogram (see Enton se	011011-10		Ц		
Part III Financial Information				$\neg \tau$,	IN Find of Voca
7 Plan Assets and Liabilities		(a) Beginning o		707		(b) End of Year 3,038,718
a Total plan assets	7a	4,	556,	707			3,030,71
b Total plan liabilities	7b			707			3,038,718
C Net plan assets (subtract line 7b from line 7a)	7c		556,	101			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	<u>t</u>	-			(b) Total
Contributions received or receivable from: (1) Employers	8a(1)		118,9	88			
(2) Participants	8a(2)		445,	714			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		160,	763			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							725,46
d Benefits paid (including direct rollovers and insurance premiums	00						
to provide benefits)	8d		239,	899			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f		1,	535			
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						241,53
i Net income (loss) (subtract line 8h from line 8c)	. 8i				483,93		
j Transfers to (from) the plan (see instructions)	- 8i		-1,	920			
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in	the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	feature coo	tes from the List of Plan	n Chara	cterist	ic Cod	des in t	he instructions:
b In the plan provides werrare benefits, enter the applicable werrare	icatare out	300 110111 1110 2101 31 1 1 1					
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contribu	utions with	in the time period					
described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary I	Fiduciary Correction	100		X		
b Were there any nonexempt transactions with any party-in-interes			10a		-		
reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?			10c	Х			210,00
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
e Were any fees or commissions paid to any brokers, agents, or of	ther person	ns by an insurance					
carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all o	f the benefits under	10e	Х			1,63
f Has the plan failed to provide any benefit when due under the pl			10f		Х		
g Did the plan have any participant loans? (If "Yes." enter amount			10g		Х		
h If this is an individual account plan, was there a blackout period?	(See insti	ructions and 29 CFR	.09		Х		
2520.101-3.)			10h		A		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i				
exceptions to providing the flotice applied under 23 Of N 2020.	010						

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Part \	VI	Pension Funding Compliance					
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con m 5500) and line 11a below)	nplete Sc	hedule SI	B 	Ye	s No
11a		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod SA?	e or secti	on 302 of		Ye	s X No
	(If "	Yes " complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	Ifa	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru hting the waiver	ictions, ai	nd enter t Day	he date	of the letter Year	ruling
lf y	ou c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year		. 12b			
C	Enter	r the amount contributed by the employer to the plan for this plan year		. 12c			
d	Sub	stract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	t of a	12d			
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No L	N/A
Part '	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X No	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b	We	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	t under th	e		Yes X	No
С	If, c	during 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 plan	(s) to		_	
) Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
D	\/\	T					
Part				14h	Trust's	FIN	
14a	Nam	e of trust		140	Trust's	2114	
14c	Nam	ne of trustee or custodian		14d		e's or custodi one number	an's
Par	t IX	IRS Compliance Questions					
		ne plan a 401(k) plan? If "No," skip b	Ye	S		☐ No	
				sign-base	d	☐ "Prior ye	ar" ADP
15b	Hov 401	v did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply:	Cı	e harbor irrent yea P test	Γ"	☐ test	
		in the section 440/h) for the plan		itio			
16a	yea	at testing method was used to satisfy the coverage requirements under section 410(b) for the plan r? Check all that apply:		rcentage		Average benefit test	□ N/A
	for t	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) the plan year by combining this plan with any other plan under the permissive aggregation rules?	Ye			☐ No	
	I If the	ne plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of letter and the serial number	pinion let				
17k) If the	ne plan is an individually-designed plan that received a favorable determination letter from the IRS, en	ter the da	te of the	most re	cent determine	nation
18	Def	ined Benefit Plan or Money Purchase Pension Plan Only: re any distributions made during the plan year to an employee who attained age 62 and had not sepal vice?	rated fron	n Ye	es	□ No	
19	Wa	s any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Y	es	No	