Form 5500-SF		Short Form Annua	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee I				2016				
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).								
	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 55	00-SF.	Public Inspection				
Part I	Annual Report Ic Ar plan year 2016 or fisc	dentification Information	016	and ending 12	/31/2016					
	ai pian year 2010 or lisc	a single-employer plan				ting this box must attach a				
A This ret	turn/report is for:	a one-participant plan				ith the form instructions.)				
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	onths)					
C Check	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram				
Dert	Decis Dien Inferr	special extension (enter descri	,							
Part II		mation—enter all requested info	ormation		1b Thro	o diait				
1a Name CONCOURS		IENT PLAN			1b Three plan (PN)	number				
						tive date of plan 06/01/2009				
Mailing	g address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O		ructions)	2b Employer Identification Number (EIN) 20-0149579					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CONCOURSE CONCESSIONS, LLC				ructions)	2c Sponsor's telephone number 206-824-6300					
22518 MARINE VIEW DR. S. DES MOINES, WA 98198					2d Business code (see instructions) 722513					
3a Plan a	dministrator's name and	address X Same as Plan Spon	ISOT.		3b Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
		blan sponsor has changed since t per from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN					
· · · · ·	or's name				4c PN					
5a Totalı	number of participants a	t the beginning of the plan year			5a	75				
		t the end of the plan year count balances as of the end of t			5b 5c	26				
	,	cipants at the beginning of the pla			5d(1)	70				
()		cipants at the end of the plan yea	5		5d(2)	C				
e Numb	per of participants that te	minated employment during the	plan year with accrued be	nefits that were less	5e					
		incomplete filing of this return			ise is estal	olished.				
SB or Sche		er penalties set forth in the instruc I signed by an enrolled actuary, a ete.								
SIGN	Filed with authorized/va	alid electronic signature.	06/19/2017	DAVID FUKUHARA						
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing a	as plan administrator				
SIGN										
HERE	Signature of employe		Date			as employer or plan sponsor				
Preparer's	name (including firm nar	me, if applicable) and address (in	clude room or suite numbe	er)	Preparer's	telephone number				
		and the Instructions for Form FF00								

-3045

6a b										
Ň	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.									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA section 4021)	? Yes No Not determined						
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	424855	421810						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	424855	421810						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:		7517							
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	35885							
	(3) Others (including rollovers)	8a(3)								
b		8b	24499							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		67901						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	69825							
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	1121							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		70946						

Part IV Plan Characteristics

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

i.

j

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: $2E \ 2G \ 2J \ 2K \ 2T \ 3D$

8i

8j

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	N/A	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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was 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 or dishonesty?	10d		Х		
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		х		
f	Has 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			5671
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				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 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		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					ΠY	es 🗙 No
		SA? Yes," complete line 12a or lines 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 inst	tructior	ns, and	l enter t	he date	of the letter	ruling
	<u> </u>	ting the waiver			_ Day	′	Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1		
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			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least of the matter amount)			12d			
е	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 in any plan year?				X Yes	s 🗌 No)
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					Yes X	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information						
		of trust			14b 1	Frust's E	EIN	
14c	Name	e of trustee or custodian					s or custodi	an's
						leiepho	ne number	
Par	4 IV	IRS Compliance Questions						
rai							□	
15a	Is the	plan a 401(k) plan? If "No," skip b	🛛	Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	1	Prior ye test	ar" ADP
				"Curre ADP t	ent year' est		N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter		nter the	e date	of the m	ost rec	ent determir	nation
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 ce?		from	Yes	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

	Form 5500-SF	Short Form Annual Return/Report of Small Employed Benefit Plan				OMB Nos. 1210-0 1210-0		
	Internal Revenue Service	This form is required to be fill	led under sections 104 ar	nd 4065 of the Employee	Retirement	etirement 2016		
Empl	Department of Labor oyee Benefits Security Administration	Income Security Act of 197	4 (ERISA), and sections Revenue Code (the C	6057(b) and 6058(a) of t	the Internal			
Pens	sion Benefit Guaranty Corporation	Complete all entries in		•		This Form is Open t Public Inspection		
Par		Identification Information	n	isu decions to the Form	5500-SF.			
_For ca	ilendar plan year 2016 or fi	scal plan year beginning 01/01/20	016	and ending 12	2/31/2016			
Аты	is return/report is for:	X a single-employer plan	a multiple-employe	r plan (not multiemployer	r) (Filers checki	ng this box must attach a		
	io recumineport is for.	a one-participant plan	a foreign plan	employer information in	accordance wit	th the form instructions.)		
B This	s return/report is	the first return/report	the final return/repo	rt				
		an amended return/report	a short plan year re	turn/report (less than 12	months)			
C Che	eck box if filing under:	Form 5558	automatic extension		_			
		special extension (enter desc				gram		
Part	II Basic Plan Info	rmation-enter all requested in						
	ime of plan			·····	1b Three-	diait		
CONCO	URSE PARACOM RETIRE	EMENT PLAN			plan nu	umber		
					(PN)			
					1C Effectiv 06/01/2	e date of plan		
2a Pla Ma	in sponsor's name (employ iling address (include room	rer, if for a single-employer plan) a, apt., suite no. and street, or P.C				er Identification Number		
City	y or town, state or province	Country, and ZIP or foreign post-), Box) al code (if foreign, see ins	structions)	(EIN) 2	0-0149579		
ONCOL	JRSE CONCESSIONS, LL	c	(**************************************	54 45 (616)	2c Sponso	or's telephone number		
					2d Rusing	(206) 824-6300		
2518 M/	ARINE VIEW DR. S.				722513	ss code (see instructions)		
ES MOI	NES, WA 98198							
	INES, WA 90190							
		address X Same as Plan Soon			24 44 44			
		address 🛛 Same as Plan Spon	sor.		3b Adminis	trator's EIN		
		address 🛛 Same as Plan Spon	ISOF.					
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		address 🛛 Same as Plan Spon	ISOF.					
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-	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 								X Yes	
P	the plan is a defined benefit plan, is it covered under the PBGC art III Financial Information	insurance p	rogram (see ERISA	section	4021)?	Ye	s [] No	Not determine	€d
7	Plan Assets and Liabilities	1	(-) P 11							
a	Total plan assets	7.	(a) Beginnin			_		(b) End o		
	Total plan liabilities			424	855	+			421810	
c				424	055					
8	Income, Expenses, and Transfers for this Plan Year		(-) (421810	
a	Contributions received or receivable from:		(a) Amo	unt				(b) To	tal	
	(1) Employers			7	517					
	(2) Participants			35	885					-
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		244	199					<u> </u>
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							67901	
d							1.1			Т
-	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d		698	25	_				
	Administrative service providers (salaries, fees, commissions)	<u>8e</u>				_				
		8f								
	Other expenses	8g	·····	11	21					
<u></u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							70946	
	Net income (loss) (subtract line 8h from line 8c)							-3045	_	
,	Transfers to (from) the plan (see instructions)	8j				2				
-	t IV Plan Characteristics								·····	
3a	If the plan provides pension benefits, enter the applicable pension t 2E 2G 2J 2K 2T 3D	feature code	s from the List of P	'lan Cha	racteri	istic C	odes in	the instruc	tions:	-
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Pla	an Chara	acteris	tic Co	des in t	the instruct	ions:	_
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	-
a	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fidu	iciary Correction	10a		x				-
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not incl	ude transactions			x				-
С	Was the plan covered by a fidelity bond?			10b		x				-
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	delity bond	that was saved	10c		×				-
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	r persons by	/ an insurance	10e		x			· <u> </u>	-
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				5671	-
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		x				-
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required po	tice or one of the	101	-					-

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Par	t VI Pension Funding Compliance	- ·				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)			SB		Yes 🗌 No
11:	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		1 44 -	1	···•	
12	ERISA?			l of	Тп	Yes X No
					··· ···	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver		and enter Da	the date	of the lett Year	er ruling
<u></u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
	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			
	negative amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le	ft of a	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 in any plan year?			X Yes		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			lo
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?		ne	٦	Yes 🛛	0
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan	(s) to	L		
1	3c(1) Name of plan(s):	120(2) EIN/(-)			
		150(2) EIN(s)	-+	13C(3) PN(s)
Part	VIII Trust Information					•
14a N	Vame of trust				·	<u> </u>
			140 1	rust's Ell	N	
14c I	Name of trustee or custodian		44-1-			
					or custodi number	an's
Part	IX IRS Compliance Questions	<u>. </u>				
15a I	s the plan a 401(k) plan? If "No," skip b	Yes			No	
					NO	
150 H 4	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	∐ safe i			"Prior yea test	ar" ADP
			ent year" test		N/A	
16a v	Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan	Ratic				
y	ear? Check all that apply:	perce	entage	Aver	age efit test	∏ N/A
16b D	bid the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	test Ves			 No	
17a if	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opine letter and the serial number		or adviso	ry letter,	enter the	date of
	the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter					
٧V	efined Benefit Plan or Money Purchase Pension Plan Only: ere any distributions made during the plan year to an employee who attained age 62 and had not separate rvice?	ed from	Yes	 1	10	
	as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		 Yes	<u></u>		
				<u>ب</u>		