For	rm 5500-SF	Short Form Annu	•	oyee	OMB Nos. 1210-0110 1210-0089						
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and		etirement	2016					
Employee B	epartment of Labor enefits Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code).								
Pension Be		Complete all entries in a dentification Information		structions to the Form 55	500-SF.	Public Inspection					
	ar plan year 2016 or fisc			and ending 05	5/31/2017						
A This ret	turn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac		king this box must attach a ith the form instructions.)					
B This retu	urn/report is	the first return/report an amended return/report	$\!$	t urn/report (less than 12 m	onths)						
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension	1	DFVC p	rogram					
Part II	Basic Plan Inform	nation —enter all requested inf	, ,								
1a Name CONCOURS	of plan SE PARACOM RETIREN	IENT PLAN			(PN) 1c Effect	number ▶ 001 tive date of plan 06/01/2009					
Mailing	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C country, and ZIP or foreign posta		structions)	(EIN)						
	E CONCESSIONS, LLC				2c Sponsor's telephone number 206-824-6300						
	NE VIEW DR. S. S, WA 98198				2d Busir	ness code (see instructions) 722513					
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	nsor.			nistrator's EIN					
		blan sponsor has changed since ber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN						
	or's name				4C PN						
		t the beginning of the plan year			5a 5b	26					
C Numb	er of participants with ac	t the end of the plan year	the plan year (only define	ed contribution plans	50 50	(
	,	cipants at the beginning of the pl			5d(1)	(
• • •	•	cipants at the end of the plan yea			5d(2)	(
than	100% vested	rminated employment during the	•		5e	(
		incomplete filing of this return r penalties set forth in the instruct									
SB or Sche		signed by an enrolled actuary, a									
SIGN	Filed with authorized/va	lid electronic signature.	07/12/2017	DAVID FUKUHARA							
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual signing	as plan administrator					
SIGN											
HERE	Signature of employe		Date			as employer or plan sponsor					
Preparer's	name (including firm nar	ne, if applicable) and address (in	iclude room or suite num	iber)	Preparer's	s telephone number					
		see the Instructions for Form 5500				Form 5500-SE (2016)					

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									No
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									No
	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	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined by the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									ermined
	Part III Financial Information									
7	-									
<u>'</u> a	Total plan assets	7a		421810				(b) End)
	Total plan liabilities	7a 7b								
-				421810					C)
	Net plan assets (subtract line 7b from line 7a)	7c								·
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	t	-			(b)	Total	
a	(1) Employers	8a(1)			_					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		15085						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							15085	5
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	436895						
е	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							436895	5
i	Net income (loss) (subtract line 8h from line 8c)	8i							-421810)
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	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									
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Pa	t 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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x				

b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	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	
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.).	10e		x	
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		C
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		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 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					ΓY	es 🗙 No
		A? 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 insi	tructio	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	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			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the litic amount)			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 resolution to terminate the plan been adopted in any plan year?				X Ye	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?					X Yes	No
C		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi 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 1	rust's l	EIN	
14c	Name	of trustee or custodian					's or custodia	an's
						leiepho	ne number	
Par	+ I Y	IRS Compliance Questions						
Fai				Vee				
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:		Desig safe h	n-basec arbor	[Prior ye test	ar" ADP
				"Curre ADP t	ent year' est	,	N/A	
16a		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		ne 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	iost rec	ent determir	ation
18		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	arated	from	Yes	s [No	
		xe?						

	n 5500-SF	Short Form Annu	ual Return/Rep Benefit Pla	ort of Small Employee	OMB Nos. 1210- 1210-
	ment of the Treasury al Revenue Service		ed under sections 104	and 4065 of the Employee Retireme	
	artment of Labor refits Security Administration		4 (ERISA), and section Revenue Code (the	s 6057(b) and 6058(a) of the Interna Code).	This Form is Open 1
Pension Ben	efit Guaranty Corporation	Complete all entries in	accordance with the	instructions to the Form 5500-SF	Public Inspection
Part I	Annual Repor	t Identification Information			
For calendar	r plan year 2016 or	fiscal plan year beginning 01/01/20)17	and ending 05/31/2017	· · · · · · · · · · · · · · · · · · ·
A This retu	m/report is for:	X a single-employer plan		rer plan (not multiemployer) (Filers on ng employer information in accordan	
		a one-participant plan	a foreign plan		,
B This return	n/report is	the first return/report	X the final return/rep	port	
		an amended return/report	🗙 a short plan year	return/report (less than 12 months)	-
C Check bo	ox if filing under:	Form 5558	automatic extens	ion 🗌 DF\	/C program
		special extension (enter desc	cription)		
Part II	Basic Plan Inf	ormation-enter all requested in	nformation		
1a Name of				1b	Three-digit
ONCOURSE	E PARACOM RETIR	REMENT PLAN		i F	plan number
					Effective date of plan
					06/01/2009
		over, if for a single-employer plan)			Employer Identification Numbe
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		instructions)	EIN) 20-0149579
ONCOURSE	CONCESSIONS, I	LLC		20 8	Sponsor's telephone number (206) 824-6300
				2d B	Business code (see instruction
2518 MARINI	E VIEW DR. S.				22513
ES MOINES,	WA 08108				
,					
3a Plan adn	ninistrator's name a	nd address X Same as Plan Spo	nsor.	3b A	dministrator's EIN
3a Plan adn	ninistrator's name a	nd address 🛛 Same as Plan Spo	nsor.		dministrator's EIN
3a Plan adn	ninistrator's name a	ind address 🛛 Same as Plan Spo	nsor.		dministrator's EIN dministrator's telephone num
3a Plan adn	ninistrator's name a	nd address X Same as Plan Spo	nsor.		
3a Plan adn	ninistrator's name a	ind address X Same as Plan Spo	nsor.		
				3C A	dministrator's telephone numl
4 If the nar name, E	me and/or EIN of th IN, and the plan nu	ind address X Same as Plan Spo e plan sponsor has changed since imber from the last return/report.		ed for this plan, enter the 4b E	dministrator's telephone numl
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*

Form 5500-SF 2016

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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 If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and conditi not use For	ident qualified public a ons.) rm 5500-SF and mus	account it inste	ant (IC	PA) Form	n 5500.		X Yes X Yes	No	
Pa	rt III Financial Information								<u> </u>		
7	Plan Assets and Liabilities	Service.	(a) Beginning	of Yeal				b) End o	f Year		
а	Total plan assets	7a		4218		0					
b	Total plan liabilities										
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		4218	10					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt _				(b) To	tal		
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		150	85	de R		由			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1508	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		436895							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
<u> </u>	Other expenses	er expenses									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				436895					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8í				-421810					
	Transfers to (from) the plan (see instructions)	8j									
14	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature coo	les from the List of Pl	an Cha	racteris	stic Co	odes in	the instru	ctions:		
b Par		eature code	es from the List of Pla	n Chara	acterist	ic Coo	les in tì	ne instruc	tions:		
10	During the plan year:			·	Yes	No	N/A		Amount		
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					х					
С	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		x			······		
e	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	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-er	nd.)	10g	Х					0	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х				·	
i								24			

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Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	omplete S	chedule S	3B	Y	es 🗌	No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Con EPISA2	de or sec	tion 302 o	f	Пт	es 🗙	No
	ERISA? (If "Yes," complete line 12a or lines 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 instr granting the waiver	onth	ind enter Da		of the letter Year	ruling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3	· _ · ·				
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				
dd	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the let 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 in any plan year?			X Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	_		0	
d	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?			[X Yes	No	
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		_		
	3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)	
Part	VIII Trust Information						
14a	Name of trust		14b ⁻	ſrusťs El	IN		
14c	Name of trustee or custodian				or custodia e number	n's	
Par	IX IRS Compliance Questions						<u> </u>
15a	Is the plan a 401(k) plan? If "No," skip b	Yes			No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		ign-based harbor		"Prior yea test	r" adp	,
			rent year' ' test		N/A		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Rat perc test	centage		erage nefit test	□ N/	A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan way by combining this plan with any other plan way as the p	☐ Yes		Г	No		
17a	for the plan year by combining this plan with any other plan under the permissive aggregation rules? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number	pinion lette	er or advis	ory lette	-	date of	
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	er the date	of the m	ost recer	nt determina	tion	
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separa service?	ated from	[] Yes		No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		. [Yes		No		