For	m 5500-SF	Short Form Annu	al Return/Repo Benefit Plar		oyee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be file			etirement	2016		
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	Internal	This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 55	500-SF.	T ubic inspection		
Part I	Annual Report Ic	dentification Information al plan year beginning 01/01/2	016	and ending 12	2/31/2016			
		a single-employer plan		plan (not multiemployer) (I		ting this box must attach a		
A This ret	urn/report is for:	a one-participant plan		employer information in ac		-		
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 mo	onths)			
C Check	box if filing under:	 Form 5558	automatic extensio		DFVC p	rogram		
		special extension (enter descr	,					
Part II		mation—enter all requested inf	ormation					
<b>1a</b> Name KKTC ENTE	of plan RPRISES, LLC 401(K) F	PLAN			<b>1b</b> Threplan (PN)	number		
					1c Effect	tive date of plan 08/15/2011		
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O.		actructions)	2b Empl (EIN)	oyer Identification Number 45-3018821		
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) C ENTERPRISES, LLC				2c Sponsor's telephone number 253-508-6217			
17127 164TH RENTON, W	I WAY SE A 98058-9582			ľ	2d Busir	ess code (see instructions) 453990		
3a Plan a	dministrator's name and	address X Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN		
					3c Admi	nistrator's telephone number		
4 If the r	amo and/or EIN of the r	blan sponsor has changed since	the last return/report file	d for this plan, ontor the	4b EIN			
	, EIN, and the plan numb	per from the last return/report.		o for this plan, enter the	<b>4C</b> PN			
· · · ·		t the beginning of the plan year			5a	3		
		t the end of the plan year			5b	3		
C Numb	er of participants with ac	count balances as of the end of	the plan year (only defir	ed contribution plans	5c	3		
	,	cipants at the beginning of the pla			5d(1)	3		
• •		cipants at the end of the plan yea	-		5d(2)			
e Numb	per of participants that te	rminated employment during the	plan year with accrued	benefits that were less	5e	(		
Caution: A	penalty for the late or	incomplete filing of this return	n/report will be assess	ed unless reasonable cau				
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.						
SIGN	Filed with authorized/va	lid electronic signature.	05/01/2017	CHRISTOPHER R. RE	TTKOWSK	1		
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual signing	as plan administrator		
SIGN	· ·							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor		
Preparer's		ne, if applicable) and address (in	clude room or suite nur			telephone number		
		see the Instructions for Form 5500				Form 5500-SE (2016)		

6a b c	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountant tions.) rm 5500-SF and must instead u	(IQPA) Yes No Jse Form 5500.
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	267878	295445
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	267878	295445
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	7500	
	(2) Participants	8a(2)	5500	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	14567	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		27567
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		27567
j	Transfers to (from) the plan (see instructions)	8i		

## 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 2J 2K 3D9a

8j

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

## 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			18715
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 co m 5500) and line 11a below)					י 🗌 י	′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					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ 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 le tive 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?				Yes	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	nt und	er the			Yes 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify			to				
			1	3c(2)	EIN(s)		13c(3	) PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			<b>14b</b> ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian						an's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
						[	Prior ye test	ar" ADP	
						,	N/A		
16a								N/	A
16b				Yes			No		
	the le	etter/ and the serial number	-			-			ł
17b	10 11 -	plan is an individually designed plan that reasived a favorable determination letter from the IPS, and	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBCC? 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(2) EIN(s) 13c(3) PN(s)   13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)   14a Name of trust 14b Trust Information   14c Name of trust 14b Trust's EIN   14c Name of trustee or custodian 14d Trustee's or custodian's telephone number   Part IX IRS Compliance Questions   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: Image: Current year'' ADP test is test is during the plan satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Image: Current year'' is N/A   16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4). Yes in No   16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4). Yes in No   17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a forvarble IRS opinion letter or advisory letter, enter the date of test is test.									

Form 5500-	SF	Sho	rt Form Anr		turn/Report o enefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasu Internal Revenue Servic				filed under	sections 104 and 40	65 of the Employee R		2016		
Department of Labor Employee Benefits Security Admi	nistration	Income	Security Act of 19		), and sections 6057 ue Code (the Code).	(b) and 6058(a) of the	e Internal This Form is Open to Public Inspection			
Pension Benefit Guaranty Corp	poration	► Con	nplete all entries	in accorda	nce with the instru	ctions to the Form 5	500-SF.	I able inspection		
			tion Information							
For calendar plan year 20	_	plan yea	beginning	01/0	1/2016	and ending	12/3	1/2016		
A This return/report is for	r:		employer plan	list	t of participating emp			ting this box must attach a the form instructions.)		
			irticipant plan		oreign plan					
B This return/report is	Ц		eturn/report	님	final return/report					
		an amen	ded return/report	as	hort plan year return/	report (less than 12 n	nonths)			
C Check box if filing und	ler:	Form 55	58	🗌 aut	tomatic extension		DFVC p	rogram		
		special e	extension (enter de	escription)						
Part II Basic Pla	n Inform	ation—	enter all requested	l informatio	n					
1a Name of plan							1b Three			
KKTC ENTERPRISES	, LLC 4	01(K)	PLAN				· ·	number 001		
							(PN)	tive date of plan		
								5/2011		
2a Plan sponsor's name							2b Empl	oyer Identification Number		
Mailing address (incl City or town, state or					(if foreign see instru	uctions)		45-3018821		
KKTC Enterprise		ountry, a		103101 0000	(in foreign, oee motie		· ·	nsor's telephone number		
-								508-6217 ness code (see instructions)		
17127 164th Way	SE						4539	1 /		
Renton		WA	98058-9	582						
3a Plan administrator's	name and a	ddress 🛛	Same as Plan S	Sponsor,			3b Adm	inistrator's EIN		
							3c Adm	inistrator's telephone number		
4 If the name and/or E name, EIN, and the					return/report filed fo	r this plan, enter the	4b EIN			
a Sponsor's name	F						<b>4c</b> PN			
5a Total number of part	icipants at t	he begin	ning of the plan ye	ar			. 5a			
<b>b</b> Total number of part	ticipants at t	he end o	f the plan year				. 5b			
<b>c</b> Number of participation complete this item).						contribution plans	5c			
d(1) Total number of a	ctive partici	pants at f	he beginning of th	ie plan yeai	٢					
d(2) Total number of a							5d(2)			
e Number of participa than 100% vested						nefits that were less	5e			
Caution: A penalty for t	he late or i	ncomple	te filing of this re	turn/repor	t will be assessed i	unless reasonable c	ause is esta	blished.		
Under penalties of perjur SB or Schedule MB com belief, it is true, correct, a	pleted and s	signed by	set forth in the in an enrolled actua	structions, l iry, as well	declare that I have as the electronic ver	examined this return/r sion of this return/repo	eport, includ ort, and to the	ing, if applicable, a Schedule e best of my knowledge and		
SIGN	14		,			CHRISTOPHER F	R. RETTK	OWSKI		
HERE Signature of	of plan adm	inistrato	r		Date 51111	Enter name of indivi	dual signing	as plan administrator		
SIGN										
HERE Signature of					Date			as employer or plan sponsor		
Preparer's name (includi	ng tirm nam	е, іт аррі	cable) and addres	s (include i	room or suite numbe	ir )		s telephone number		
							1	F		

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	🗙 Yes 📋 No
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.)	X Yes 🗌 No
	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 insurance program (see ERISA section 4021)? Yes No	Not determined

Part III | Financial Information (b) End of Year 7 Plan Assets and Liabilities (a) Beginning of Year 295,445 267,878 7a a Total plan assets 0 b Total plan liabilities 7b 295,445 267,878 C Net plan assets (subtract line 7b from line 7a) 7c 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 7,500 (1) Employers ..... 8a(1) 5,500 8a(2) (2) Participants..... 0 (3) Others (including rollovers)..... 8a(3) 14,567 8b b Other income (loss) 27,567 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c Benefits paid (including direct rollovers and insurance premiums d 0 to provide benefits) .. 8d 0 e Certain deemed and/or corrective distributions (see instructions) ... 8e 0 f Administrative service providers (salaries, fees, commissions) ..... 8f 0 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 8h 27,567 Net income (loss) (subtract line 8h from line 8c) ..... **8i** i. Transfers to (from) the plan (see instructions)..... i 8j

## Part IV Plan Characteristics

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 2J 2K 3D

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
a	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		х		
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		
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		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X			18,715
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	-	
	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				The Contraction of

Form 5500-SF 2016

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Part	/I Pension Funding Compliance					
A STATE PROPERTY OF	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and a (Form 5500) and line 11a below)				Ye	es 🗌 No
11a	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 C ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or sectio	n 302 of		Ye	es 🛛 No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.		d enter t Dav		of the letter Year	ruling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			-	1001	
	Enter the minimum required contribution for this plan year		12b			
			12c			
	Enter the amount contributed by the employer to the plan for this plan year		120			_
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d	N		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part V	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			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 brou control of the PBGC?			[	Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	and a second	) to			
1	3c(1) Name of plan(s):	13c(2	) EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information					
	Name of trust		14b	Trust's E	IN	
14c	Name of trustee or custodian		12 11 12 12 12 13		s or custodi le number	an's
Par	IX IRS Compliance Questions					
	Is the plan a 401(k) plan? If "No," skip b	Yes		[	No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	□ safe	gn-base harbor rent year test	-	Prior ye test N/A	ar" ADP
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Rati	entage		verage enefit test	□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?				No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, letter	enter the date	e of the r	nost rece	ent determi	nation
18	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 se service?		[] Ye	es [	No	
				Г	No	