Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be file		4065 of the Employee Re	etirement	2017			
	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the		This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in a second s		tructions to the Form 55	5500-SF. Public Inspection				
Part I		dentification Information							
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/2			2/31/2017	ving this hav must attach a			
A This ret	urn/report is for:	a single-employer plan		mployer information in ac		king this box must attach a vith the form instructions.)			
B This rotu	urn/report is	a one-participant plan							
		the first return/report	the final return/report						
		an amended return/report	a short plan year retu	irn/report (less than 12 mo	onths)				
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter desci	ription)						
Part II	Basic Plan Info	mation—enter all requested in	formation						
1a Name	-				1b Three				
KKTC ENTE	RPRISES, LLC 401(K)	PLAN			plan (PN)	number 001			
			· · · ·	tive date of plan 08/15/2011					
	 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) 				2b Employer Identification Number (EIN) 45-3018821				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CTC ENTERPRISES, LLC				2c Sponsor's telephone number 253-508-6217				
					2d Busir	ness code (see instructions)			
914 67TH ST						453990			
AUBURN, W	A 96092								
3a Plan a	dministrator's name an	d address X Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b EIN				
•	or's name				4d PN				
C Plan N	lame								
5a Total r	number of participants	at the beginning of the plan year			5a	3			
		at the end of the plan year			5b	3			
C Numb	er of participants with a	account balances as of the end of	the plan year (only define	d contribution plans	5c	3			
d(1) Tota	al number of active par	ticipants at the beginning of the pl	an year		5d(1)	3			
d(2) Tota	al number of active par	ticipants at the end of the plan year	ar		5d(2)	3			
	e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0			
Caution: A	penalty for the late of	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau	ise is estal	blished.			
Under pena SB or Sche	alties of perjury and oth edule MB completed an	er penalties set forth in the instruct d signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/rep	oort, includi	ng, if applicable, a Schedule			
SIGN	true, correct, and comp	valid electronic signature.	09/15/2018	CHRISTOPHER R. RE	TTKOWS	<			
HERE	Signature of plan ac		Date	Enter name of individu					
SIGN	Signature of plan at		Dale		an arginny i	ao pian aominiotrator			
HERE	Signature of employ	ver/nlan snonsor	Date	Enter name of individu	ual eigning	as employer or plan sponsor			
For Paperw		e see the Instructions for Form 5500			an siyining i	Form 5500-SF (2017)			

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6a Were all of the plan's assets during the plan year invested in eligibl	e assets? (See instructions.)					X Yes
 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
C If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pro	ogram (see ERISA se	ection 40	21)? .		Yes No	Not determine
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning o				(b) End	of Year
a Total plan assets	7a	20	95445 0				337403 0
b Total plan liabilities	7b	20	95445				337403
C Net plan assets (subtract line 7b from line 7a)	7c						
 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (1) Employers 	8a(1)	(a) Amoun	t 0			(b)	Total
(2) Participants	8a(2)	2	20000				
(3) Others (including rollovers)	8a(3)		0				
b Other income (loss)	8b	2	46958				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						66958
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	25000				
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						25000
i Net income (loss) (subtract line 8h from line 8c)	8i						41958
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	feature cod	es from the List of Pla	an Chara	acteris	tic Co	odes in the ins	tructions:
b If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	n Charac	cteristi	c Cod	les in the instr	uctions:
Part V Compliance Questions							
10 During the plan year:				Yes	No		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							

	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	
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		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		х	
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	Х		8903
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
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			

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

	m 5500-SF	of Small Employee	OMB Nos. 1210-0110 1210-0089							
	tment of the Treasury al Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and 4	4065 of the Employee Retirement	2017					
Employee Ber	partment of Labor nefits Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Inte Revenue Code (the Code).							
	nefil Guaranty Corporation			ructions to the Form 5500-SF.	Public Inspection					
Part I		: Identification Information iscal plan year beginning			104 (0047					
For calenua	in plan year 2017 of 1		01/01/2017		/31/2017					
A This retu	urn/report is for:	X a single-employer plan		lan (not multiemployer) (Filers che nployer information in accordance	+					
B This retu	rn/report is									
		the first return/report an amended return/report	the final return/report	n/report (less than 12 months)						
C Check b	oox if filing under:	 X Form 5558	☐ automatic extension		program					
		special extension (enter desc			F 3					
Part II	Basic Plan Info	prmation—enter all requested in	formation							
1a Name o				1b Th	ree-digit					
KKTC ENT	CERPRISES, LL	C 401(K) PLAN		pla	n number 001 N) ▶					
					ective date of plan 15/2011					
		oyer, if for a single-employer plan)			b Employer Identification Number					
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		tructions)	(EIN) 45-3018821					
KKTC En	terprises, L	LC			2c Sponsor's telephone number 253-508-6217					
17127 164th Way SE					2d Business code (see instructions) 453990					
Renton		WA 98058-958								
3a Plan ad	dministrator's name a	nd address 🛛 Same as Plan Spo	nsor.	3b Adı	ministrator's EIN					
				3c Adı	ninistrator's telephone number					
4 If the n	ame and/or EIN of th	e plan sponsor or the plan name h	as changed since the last	return/report filed for 4b EI	١					
this pla a Sponso c Plan Na	or's name	onsor's name, EIN, the plan name	and the plan number from t	the last return/report. 4d PN						
5a Total n	umber of participant	s at the beginning of the plan year.		5a	3					
		s at the end of the plan year			3					
c Numbe	er of participants with	account balances as of the end of	the plan year (only defined	d contribution plans 5c						
		articipants at the beginning of the p			3					
		articipants at the end of the plan ye								
e Numb	er of participants wh	o terminated employment during th	e plan year with accrued b	enefits that were less 50						
		or incomplete filing of this retur			ablished.					
Under pena	alties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I have	e examined this return/report, inclu	ding, if applicable, a Schedule					
		MANANA AND AND AND AND AND AND AND AND AN			KOMGKI					
			1/15/18	CHRISTOPHER R. RETT	KUWSKI					
belief, it is ti	Signature of plan	administrator	9/15/18 Date	CHRISTOPHER R. RETT Enter name of individual signin						
belief, it is to SIGN	$-\alpha$	administrator								

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6a		ested in eligible assets? (See instructions.)	X Yes No
b	under 29 CFR 2520.104-46? (See instructions on wa	and report of an independent qualified public accountant (IQPA) iver eligibility and conditions.) he plan cannot use Form 5500-SF and must instead use Form 5500.	X Yes 🗌 No
с		r the PBGC insurance program (see ERISA section 4021)? Yes No umber from the PBGC premium filing for this plan year	See instructions.)
Pa	rt III Financial Information		

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7	Plan Assets and Liabilities		(a) Beginning o	f Year	Year (b) End o			of Year		
а	Total plan assets	7a		295,4	445			3	37,403	
b	Total plan liabilities	7b			0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c		295,	445			3	37,403	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Tot	al		
а	Contributions received or receivable from: (1) Employers	8a(1)			0					
	(2) Participants	8a(2)		20,	000					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		46,	958					
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							66,958	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		25,	000					
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							25,000	
i	Net income (loss) (subtract line 8h from line 8c)	81			41,95			41,958		
j	Transfers to (from) the plan (see instructions)	8j								
9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteri	stic Code	s in the instru	ctions:		
	2A 2E 2J 2K 3D							14		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Pla	n Chara	acterist	ic Codes	in the instruc	tions:		
<u> </u>										
	rt V Compliance Questions									
10	During the plan year:				Yes	No	Ar	nount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		х				
_	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		х				
(Was the plan covered by a fidelity bond?			10c		Х				
-	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
(Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all o	f the benefits under	10e		x				
1	Has the plan failed to provide any benefit when due under the plan	an?		10f		X				
	g Did the plan have any participant loans? (If "Yes," enter amount a	as of year	-end.)	10g	Х				8,903	
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	2	1		
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i				1		

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Part	/I Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)			Yes [] No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		f	Yes	X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.	l enter Da		f the letter rulir Year	ng
If	ou 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			
с	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 a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes] No [] N	/A
Part	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	4	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 brought under the 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), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN	(s)
0					
			6		
-					