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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information						
For calend	r calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014							
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box of participating employer information in accordance with the form insti								
		a one-participant plan	a foreign plan					
B This return/report is the first return/report the final return/report								
an amended return/report a short plan year return/report (less than 12					months)			
_		 ☐ Form 5558		nsion DFVC program				
C Check	box if filing under:		automatic extension		☐ peact	Jiogram		
		special extension (enter descrip	ption)					
Part II	Basic Plan Infe	ormation—enter all requested info	ormation					
1a Name of plan					1b Three-digi			
KEYWORD	S INTERNATIONAL I	NC. 401(K) P/S PLAN			plan numb	oer 001		
					(PN) 1C Effective of			
					01/01/2013			
		ddress; include room or suite numbe	r (employer, if for a single	-employer plan)	2b Employer Identification Number			
KEYWORDS	S INTERNATIONAL IN	NC.			(EIN) 46-1073903			
40000 NE 0	TH OT OTE 4000				2c Sponsor's telephone number 425-633-3228			
BELLEVUE,	TH ST STE 1000 WA 98004				2d Business code (see instructions)			
						541519		
3a Plan a	administrator's name a	and address Same as Plan Sponso	or.		3b Administrator's EIN			
KEYWORDS	S INTERNATIONAL IN		8TH ST STE 1000		46-1073903			
BELLEVUE, WA 98004				3c Administrator's telephone number				
					425-633-3228			
		he plan sponsor has changed since the	he last return/report filed for	or this plan, enter the	4b EIN			
	e, Elin, and the plan hi sor's name	umber from the last return/report.			4c PN			
5a Total number of participants at the beginning of the plan year				1				
_		s at the end of the plan year			-			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not								
complete this item)			. 5c	2				
d(1) Total number of active participants at the beginning of the plan year			5d(1)	3				
d(2) Total number of active participants at the end of the plan year			5d(2)	2				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	C				
		or incomplete filing of this return/			use is establishe			
Under pen	alties of perjury and c	other penalties set forth in the instruct	tions, I declare that I have	examined this return/re	port, including, if	applicable, a Schedule		
	edule MB completed a true, correct, and con	and signed by an enrolled actuary, as	s well as the electronic vei	rsion of this return/repoi	rt, and to the best	of my knowledge and		
SIGN HERE		d/valid electronic signature.	05/28/2015	TOMMASO MARIA PETRELLI				
	Signature of plan	administrator	Date	Enter name of individ	Enter name of individual signing as plan administrator			
SIGN								
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	dividual signing as employer or plan sponsor			
Preparer's		name, if applicable) and address (inc				phone number (optional)		

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)				IQPA) X Yes			No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	rogram (see ERISA section 40	21)?		Yes	No Not determine	ed
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
a	Total plan assets	. 7a	31	112			13294	
b	Total plan liabilities	. 7b		0			0	
C	Net plan assets (subtract line 7b from line 7a)	. 7c	31	112			13294	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	. 8a(1)	31	169				
	(2) Participants	· · ·		736				
	(3) Others (including rollovers)			0				
	Other income (loss)	. 8b	4	118				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					10323	
	Benefits paid (including direct rollovers and insurance premiums			0				
	to provide benefits)	. 8d		0				
	Certain deemed and/or corrective distributions (see instructions)	8e		141				
	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g		0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					141	
	Net income (loss) (subtract line 8h from line 8c)	8i					10182	
	Transfers to (from) the plan (see instructions)	8j						
Par	IV Plan Characteristics	O)						
b Part	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	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
	Was the plan covered by a fidelity bond?			10c	Χ		25	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's			100				-
e	or dishonesty?			10d		X		
	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		X		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Χ		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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							
Part	Part VI Pension Funding Compliance							
11								
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)		1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust