## 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 Revenue Code (the Code).

Revenue Code (the Code).

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

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

		t Identification Informatio							
For calenda	ar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12/3	31/2014				
A This return/report is for:					(Filers checking this box must attach a list rdance with the form instructions)				
		a one-participant plan	a foreign plan						
<b>B</b> This retu	rn/report is	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year ret	nort plan year return/report (less than 12 months)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC pr	ogram			
		special extension (enter des	cription)						
Part II	Basic Plan In	ormation—enter all requested i	nformation						
1a Name of INTERSPAC	of plan	RETIREMENT SAVINGS PLAN			1b Three-digit plan numbe (PN) ▶	er 001			
					1c Effective da				
2a Plan sp		address; include room or suite num	ber (employer, if for a sing	e-employer plan)	<b>2b</b> Employer lo	lentification Number 0-1272558			
444 EAST MA	AIN STREET				2c Sponsor's t	elephone number 9-252-0000			
SUITE 104 LEXINGTON,						ode (see instructions)			
3a Plan ac	dministrator's name	and address Same as Plan Spo	nsor.		<b>3b</b> Administrator's EIN				
INTERSPACE	ELIMITED		ST MAIN STREET		_	0-1272558			
		SUITE	104 STON, KY 40507		<b>3c</b> Administrator's telephone number				
name,	EIN, and the plan r	he plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN				
<b>a</b> Sponso					4c PN				
_		ts at the beginning of the plan year		-	5a	10			
		ts at the end of the plan year		-	5b	9			
comple	ete this item)	h account balances as of the end c		-	5c				
d(1) Total number of active participants at the beginning of the plan year					9				
-(-)	·	participants at the beginning of the	olan year		5d(1)	7			
		participants at the beginning of the participants at the end of the plan y			5d(1) 5d(2)	7 9			
d(2) Tota e Number	al number of active proferring and active proferring active proferri		earplan year with accrued be			7			
d(2) Tota  e Number less tha	al number of active professions of participants that an 100% vested	participants at the end of the plan y terminated employment during the	earplan year with accrued be	nefits that were	5d(2) 5e	5			
d(2) Tota  e Number less that  Caution: A  Under pena SB or Schee	al number of active professions of participants that an 100% vested  penalty for the late alties of perjury and dule MB completed	coarticipants at the end of the plan y terminated employment during the e or incomplete filing of this retu other penalties set forth in the instr and signed by an enrolled actuary,	plan year with accrued be  rn/report will be assesse uctions, I declare that I have	nefits that were  d unless reasonable cause examined this return/rep	5d(2) 5e se is established ort, including, if ap	5 0 0 1. oplicable, a Schedule			
d(2) Tota  e Number less that  Caution: A  Under pena SB or Schee belief, it is to	al number of active professions of participants that an 100% vested  penalty for the latalties of perjury and dule MB completed rue, correct, and co	coarticipants at the end of the plan y terminated employment during the e or incomplete filing of this retu other penalties set forth in the instr and signed by an enrolled actuary,	plan year with accrued be  rn/report will be assesse uctions, I declare that I have	nefits that were  d unless reasonable cause examined this return/rep	5d(2) 5e se is established ort, including, if ap	. pplicable, a Schedule			
d(2) Tota  e Number less that  Caution: A  Under pena SB or Schelelef, it is to	al number of active professions of participants that an 100% vested  penalty for the latalties of perjury and dule MB completed rue, correct, and co	coarticipants at the end of the plan y terminated employment during the end of this return the instruction of the plan y terminated employment during the end of the plan y terminated employment filling of this return the instruction and signed by an enrolled actuary, mplete.  d/valid electronic signature.	plan year with accrued be rn/report will be assesse uctions, I declare that I hav as well as the electronic v	nefits that were  d unless reasonable cause examined this return/report,	5d(2)  5e  se is established ort, including, if an and to the best o	pplicable, a Schedule f my knowledge and			
d(2) Tota e Number less that Caution: A Under pena SB or Sche- belief, it is tr SIGN HERE SIGN	al number of active professions of participants that an 100% vested  penalty for the latalties of perjury and dule MB completed rue, correct, and coffiled with authorize	coarticipants at the end of the plan y terminated employment during the end of this return the instruction of the plan y terminated employment during the end of the plan y terminated employment filling of this return the instruction and signed by an enrolled actuary, mplete.  d/valid electronic signature.	plan year with accrued be rn/report will be assesse uctions, I declare that I hav as well as the electronic v	nefits that were  d unless reasonable cause examined this return/report,  DARLENE HUFFMAN	5d(2)  5e  se is established ort, including, if an and to the best o	pplicable, a Schedule f my knowledge and			
d(2) Tota e Number less that Caution: A Under pena SB or Schee belief, it is tr SIGN HERE SIGN HERE	r of participants that an 100% vested  penalty for the lat alties of perjury and dule MB completed rue, correct, and co Filed with authorize  Signature of plan  Signature of emp	terminated employment during the terminated employment during the e or incomplete filing of this return other penalties set forth in the instrand signed by an enrolled actuary, mplete.  d/valid electronic signature.  administrator  loyer/plan sponsor	plan year with accrued be  rn/report will be assesse uctions, I declare that I hav as well as the electronic v  04/17/2015  Date  Date	nefits that were  d unless reasonable cause examined this return/repersion of this return/report,  DARLENE HUFFMAN  Enter name of individu	5d(2)  5e  se is established ort, including, if an and to the best of all signing as plantal signing as emplain as signing as emplantal	pplicable, a Schedule f my knowledge and administrator			
d(2) Tota e Number less that Caution: A Under pena SB or Schee belief, it is tr SIGN HERE SIGN HERE	r of participants that an 100% vested  penalty for the lat alties of perjury and dule MB completed rue, correct, and co Filed with authorize  Signature of plan  Signature of emp	coarticipants at the end of the plan y terminated employment during the e or incomplete filing of this return other penalties set forth in the instrand signed by an enrolled actuary, mplete. d/valid electronic signature. administrator	plan year with accrued be  rn/report will be assesse uctions, I declare that I hav as well as the electronic v  04/17/2015  Date  Date	nefits that were  d unless reasonable cause examined this return/repersion of this return/report,  DARLENE HUFFMAN  Enter name of individu	5d(2)  5e  se is established ort, including, if an and to the best of all signing as plantal signing as emplain as signing as emplantal	pplicable, a Schedule f my knowledge and administrator			

	Form 5500-SF 2014		Page <b>2</b>				
<b>b</b> .	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to the pl	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)? .		Yes	No Not determined
Par	III Financial Information				1		
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	7651	36			833559
0	Total plan liabilities	7b	7054				000550
	Net plan assets (subtract line 7b from line 7a)	7c	7651	36			833559
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)	150	88			
	2) Participants	8a(2)	363	371			
	3) Others (including rollovers)	8a(3)					
-	Other income (loss)	8b	402	277			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					91736
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	200	)38			
e (	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	32	275			
<u>g</u> (	Other expenses	8g			_		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					23313
	Net income (loss) (subtract line 8h from line 8c)	8i					68423
_ J	Fransfers to (from) the plan (see instructions)	8j					
b Part	ZE 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	ıciary Cor	rection Program)	10a		X	
	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		87500
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e	X		5221
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	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			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
<u>11a</u>	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day	

	Form 5500-SF 2014	Page <b>3</b> - 1			
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	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		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):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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 Revenue Code (the Code).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report	Identification Information					
For calendar plan year 2014 or f	iscal plan year beginning 01	/01/2014	and ending	12/31/	2014	
A This return/report is for:	an (not multiemployer) ( er information in accord		nis box must attach a list minstructions)			
·		foreign plan			•	
B This return/report is	the first return/report	e final return/report				
	an amended return/report a	short plan year return	/report (less than 12 mo	onths)		
C Check box if filing under:	Form 5558	utomatic extension		DFVC p	rogram	
	special extension (enter description)					
Part II Basic Plan Info	ormation—enter all requested informati	on				
1a Name of plan				1b Three-digi		
INTERSPACE LIMITED		plan numb (PN) ▶	er 001			
				1c Effective d 07/01/		
2a Plan sponsor's name and ac INTERSPACE LIMITED	ddress; include room or suite number (em	ployer, if for a single-	employer plan)		dentification Number -1272558	
444 EAST MAIN STREE	T			2c Sponsor's 859-25	telephone number	
SUITE 104					ode (see instructions)	
LEXINGTON	KY 40507			337000		
3a Plan administrator's name a	nd address Same as Plan Sponsor.			3b Administra 20-127		
INTERSPACE LIMITED				-	tor's telephone number	
•				859-252-0000		
444 EAST MAIN STREE	T			859-252	2-0000	
SUITE 104	100				6	
LEXINGTON	KY 40507					
	e plan sponsor has changed since the las Imber from the last return/report.	it return/report filed fo	r this plan, enter the	4b EIN		
a Sponsor's name	_			4c PN		
5a Total number of participants	s at the beginning of the plan year		***************************************	5a	10	
<b>b</b> Total number of participants	at the end of the plan year			5b	9	
·	account balances as of the end of the pla	•	•	5c	9	
d(1) Total number of active pa	articipants at the beginning of the plan yea	ar.,,,,		5d(1)	7	
d(2) Total number of active pa	articipants at the end of the plan year		,,,	5d(2)	9	
·	erminated employment during the plan ye		fits that were	5e	0	
Caution: A penalty for the late	or incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ise is establishe	d.	
Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and com	ther penalties set forth in the instructions, and signed by an enrolled actuary, as well polete.	I declare that I have as the electronic vers	examined this return/re sion of this return/report	port, including, if i, and to the best	applicable, a Schedule of my knowledge and	
sign Doylone	Derman	2/2/1015	Darlene Huffm	an		
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator	
sign Dover	Danne	2104/14/6	Darlene Huffm	an		
HERE Signature of emplo		Date	Enter name of individ	ual signing as en	nployer or plan sponsor	
Preparer's name (including firm	name, if applicable) and address (include	room or suite numbe	r ) (optional)	Preparer's tele	ohone number (optional)	

	Form 5500-SF 2014		Page <b>2</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	an indeper and condit	ndent qualified public accounta	nt (IQI	PA) 			X X	-		No No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	вигапсе р	rogram (see ERISA section 40	21)? .		Yes	□No □	No	t deter	mine	ed .
Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Y	ear		•
а	Total plan assets	7a	76	513	6					833.	559
b	Total plan liabilities	7b	·								
С	Net plan assets (subtract line 7b from line 7a)	7c	. 76	513	6				1	833	559
8	Income, Expenses, and Transfers for this Plan Year	November 1988 November 1988	(a) Amount				(b)	otal	and to rees	Streets London	
а	Contributions received or receivable from: (1) Employers	8a(1)	]	508	8					2 2 2	
	(2) Participants	8a(2)		637	1	16, 78					
	(3) Others (including rollovers)	8a(3)				21. (6)				to si	
b	Other income (loss)	8b	4	1027	7					TO CO	
Ç	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	re de la companya de					.,	<del></del>	91	736
d	Benefits paid (including direct rollovers and insurance premiums	١	1	2003	۵ ۵	M. Sant					
	to provide benefits)										
e	Certain deemed and/or corrective distributions (see instructions)	8e		327	5					100.00	
	Administrative service providers (salaries, fees, commissions)	8f			2 2 3 3 3	00.000		ries de			
<u>g</u>	Other expenses	8g 8h	10 p. 16			777764 4 6 6 7 1 1 1 1		Alaka Wijana		23	313
_ <u>;;</u>	Net income (loss) (subtract line 8h from line 8c)	1	\$1.65 12.75 July 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.0								423
<del>-</del>	Transfers to (from) the plan (see instructions)	8j		rekis sone		vivis.					
, Ba	rt IV Plan Characteristics	1 oj			2000	10000000		Section 10		Approximate	SV(RC E R FDV
9a	7.7.7.7.7.7.7.4.48	feature co	odes from the List of Plan Chara	acteris	tic Co	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan Charac	teristi	c Cod	es in t	he instruc	tions	:		
Pai	t V Compliance Questions										
10	During the plan year:				Yes	No		An	nount		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)			10a		х					
-	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		х					
				10c	X					87	7500
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	ond, that was caused by fraud	10d	1.70	х					
	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all	her persor of the ber	ns by an insurance carrier, nefits under the plan? (See	10e	х					5	5221
<u> </u>	instructions.)			10f		х					
	Did the plan have any participant loans? (If "Yes," enter amount a	as of vear	end.)	10g		Х					
•	1 If this is an individual account plan, was there a blackout period?			108				Alc:	10.10		
_	2520.101-3.)			10h		Х			13163		
Estat a se	exceptions to providing the notice applied under 29 CFR 2520.10			10i				20.5			
	t VI Pension Funding Compliance						- 7-				
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)				····	dule Si	B (Form	Ш	Ye	s 🗌	No
11	a Enter the unpaid minimum required contribution for current year t	•				11a		<del></del> -			
12	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	orse	ection	302 of	ERISA?.	. 📙	Ye	s X	No

a If a walver 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

... Month

Day

Year

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver.

Form 5500-SF 2014	Page <b>3</b> - [							
If you completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form 5500), and	skip	to line 13.					
<b>b</b> Enter the minimum required contribution for this plan yea	Г		***************************************	12b				
c 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)								
e Will the minimum funding amount reported on line 12d be	e met by the funding deadline?				Yes	No [	N/A	
Part VII Plan Terminations and Transfers of A	ssets							
13a Has a resolution to terminate the plan been adopted in any pl	lan year?							
If "Yes," enter the amount of any plan assets that reverte	d to the employer this year		***************************************	13a				
<b>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	
C If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction)		plan(	s), identify the plan(s)	to				
13c(1) Name of plan(s):			1	3c(2) E	EIN(s)	13c(3)	PN(s)	
	·							
						ı		
Part VIII Trust Information (optional)	···•							
14a Name of trust				14b Trust's EIN				