Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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).

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

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Parti	Annual Report	identification information						
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015		and ending 12	2/31/2	015	
A This retu	urn/report is for:	a single-employer plan			an (not multiemployer) ployer information in ac		_	
		a one-participant plan	_	oreign plan				
B This retu	rn/report is	the first return/report	the	final return/report				
		an amended return/report	a sh	nort plan year return	/report (less than 12 mg	onths))	
C Check b	oox if filing under:	Form 5558	aut	omatic extension			DFVC progra	am
		special extension (enter descr						
Part II	Basic Plan Info	ormation—enter all requested inf	formatio	n				
1a Name	of plan					1b	Three-digit	
INTERSPAC	CE LIMITED 401(K) R	ETIREMENT SAVINGS PLAN					plan number (PN)	001
						1c	Effective date of	plan /2004
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C). Box)			2b	Employer Identifi	cation Number
	town, state or province	ce, country, and ZIP or foreign post		(if foreign, see instru	uctions)	2c	Sponsor's teleph	
						24		2-0000
144 EAST MA	AIN STREET					Zu	Business code (s	see instructions)
SUITE 104 LEXINGTON.	KV 40507						3370	00
-EXINGTON,	, KY 40507							
		nd address Same as Plan Spons				3b	Administrator's E	IN 272558
NTERSPACE	ELIMITED	444 EAS SUITE 10	04			3с	Administrator's to	
		LEXINGT	ION, KY	40507			859-25	2-0000
		e plan sponsor has changed since mber from the last return/report.	the last	return/report filed fo	r this plan, enter the	4b	EIN	
a Sponso	•	inber nom the last return report.				4c	PN	
5a Total n	number of participants	at the beginning of the plan year				5		10
		s at the end of the plan year			ì	5	b	9
		account balances as of the end of	•	• '		5	С	8
d(1) Tota	al number of active pa	articipants at the beginning of the plant	an year			5d		9
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar			5d	(2)	8
		terminated employment during the				5	е	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report	will be assessed u	unless reasonable cau	ıse is	established.	
SB or Sche		ther penalties set forth in the instruc ind signed by an enrolled actuary, a plete.						
SIGN		/valid electronic signature.		02/12/2016	DARLENE HUFFMAN			
HERE	Signature of plan a	administrator		Date	Enter name of individu	ual siç	gning as plan adm	inistrator
CICN								

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eligit 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 cannot be a continuous or the continuous or the plan cannot be a continuous or the continuous	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			□ □	es No
c If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		833	8559				81	0752
b Total plan liabilities	7b		000)EEO				0.1	0750
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7с	(a) A		3559			(1-) 7		0752
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(a)	Total	
(1) Employers	8a(1)		15	176					
(2) Participants	8a(2)		36	3110					
(3) Others (including rollovers)	1 1								
b Other income (loss)			-21	742					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	9544
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		48	933					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		3	8418					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5	2351
i Net income (loss) (subtract line 8h from line 8c)	8i							-2	2807
j Transfers to (from) the plan (see instructions)	·· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	n feature cod	des from the List of PI	an Cha	racteri	stic Co	des in t	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:	
If the plan provides would be belief, office the applicable would be	reature cout	55 Hom the List of Fla	ii Onait	20101101	.10 000	100 111 111	o iniotrao		
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amour	nt
Was there a failure to transmit to the plan any participant contribing described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interes			401		X				
reported on line 10a.)			10b		^				
C Was the plan covered by a fidelity bond?			10c	X					47000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of t	he benefits under	10e	X					5571
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a					X				
h If this is an individual account plan, was there a blackout period?	•	,	10g		^				
2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			-						
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								Y	es No
11a Enter the unpaid minimum required contribution for all years from	n Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of t	he Cod	e or se	ction :	302 of E	RISA?	Y	es 🛚 No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne 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		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

Part I		t Identification Information			70/	21 /201			
For calenda	ar plan year 2015 or t		01/01/2015	and ending		31/201			
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl list of participating em	an (not multiemployer) ployer information in ac	(Filers checl cordance wi	king this b th the forn	ox must attach a ninstructions)		
		a one-participant plan	a foreign plan						
B This retu	ırn/report is	the first return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check i	oox if filing under:	Form 5558	automatic extension		_ D	FVC prog	ram		
		special extension (enter descript	tion)						
Part II	Basic Plan Info	ormation—enter all requested infor	mation			+			
1a Name INTERSE		401(K) RETIREMENT SAVII	NGS PLAN		1b Three plan r	number	001		
					1c Effect				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. I	Box)		2b Emplo		fication Number		
City or		ce, country, and ZIP or foreign postal		uctions)	2c Spons		hone number		
<i>444</i> FD	ST MAIN STRE	r.T				ess code	(see instructions)		
SUITE	- 10 10				3370	300			
LEXING	TON	KY 40507							
		nd address Same as Plan Sponsor	r.		3b Admir	nistrator's .272558			
INTERS	PACE LIMITED						telephone number		
444 ED	ST MAIN STREE	יידי			l .	252-00	•		
SUITE									
LEXING		KY 40507							
		e plan sponsor has changed since the imber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN				
a Spons		•			4c PN				
5a Total r	number of participants	s at the beginning of the plan year			5a		10		
b Total r	number of participants	s at the end of the plan year			5b	Ec	9		
		account balances as of the end of the			5c		8		
d(1) Tota	al number of active pa	articipants at the beginning of the plan	year		5d(1)		9		
		articipants at the end of the plan year.			5d(2)		8		
than 1	100% vested	t terminated employment during the pl			5e		0		
Caution: A	penalty for the late	or incomplete filing of this return/r	eport will be assessed	unless reasonable cau	ise is estab	lished.	pable a Cabadula		
SB or Sche	dule MB completed a rue, correct, and com	ther penalties set forth in the instruction and signed by an enrolled actuary, as a plete.	well as the electronic ver	sion of this return/repor	t, and to the	best of my	knowledge and		
SIGN	Darbre	Dama	2.12.2016	Darlene Huffm	an				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing a	ıs plan adı	ministrator		
SIGN	Dorbre L	Jen me	वराम निवाम	Darlene Huffm	an				
HERE	Signature of empl		Date	Enter name of individ					
Preparer's	name (including firm	name, if applicable) and address (incl	ude room or suite numbe	r)	Preparer's	telephone	number		

4	Form 5500-SF 2015		Page 2						
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.	an indepe and condi not use Fo	ndent qualified public attions.)orm 5500-SF and mus	account	ant (IC	PA) Form	5500.	<u>3</u>	Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA s	ection 4	021)?		Yes	∐No ∐ Not	determined
Pa	rt III Financial Information	T							
	Plan Assets and Liabilities		(a) Beginnin		ar 3355	a	***************************************	(b) End of Ye	810752
	Total plan assets	7a 7b				1			010752
	Net plan assets (subtract line 7b from line 7a)	7c		8	3355	9			810752
- Charles	Income, Expenses, and Transfers for this Plan Year	1.0	(a) Amo	unt				(b) Total	
-	Contributions received or receivable from:		(0,7 11111		1 - 1 - 7				
	(1) Employers	8a(1)			1517				
-	(2) Participants	8a(2)			3611	0			
-	(3) Others (including rollovers)	8a(3)			2174	2			
to-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c			21/1	-			29544
	Benefits paid (including direct rollovers and insurance premiums	00							
	to provide benefits)	8d			4893	3			
	Certain deemed and/or corrective distributions (see instructions)	8e			247				
	Administrative service providers (salaries, fees, commissions)	8f			341	8			
	Other expenses	8g				+			E22E1
-	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)					_			52351 -22807
	Transfers to (from) the plan (see instructions)	8i				_		-	22007
Par] 0]							***************************************
_	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	lan Cha	racteris	stic Co	des in	the instructions	.:
	2E 2F 2G 2J 2K 2T 3D			01					
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	ies from the List of Pia	in Char	acterist	IC C00	ies in tr	ie instructions:	
Part	V Compliance Questions								
10	During the plan year:		The state of the s		Yes	No	N/A	Amo	ount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest			404		Х			
	reported on line 10a.)			10b	Х				4700
	Was the plan covered by a fidelity bond?			10c	Λ				4700
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e	х				557
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 a	s of vear e	end.)	10g		Х			
	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR			х			
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10h 10i					
j	Did the plan trust incur unrelated business taxable income?		***************************************	10j					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No
11a	Enter the unpaid minimum required contribution for all years from								
12	le this a defined contribution plan subject to the minimum funding		ente of socion 412 of t	ho Cod	0 05 00	otion 5	202 of E	DISA2	Yes X No

	F	Form 5500-SF 2015 Page 3 -					
	(If "Ye	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	a Ifaw	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins					ıling
	THE REAL PROPERTY.	ing the waiver		Day		Year	
-		the minimum required contribution for this plan year		12b			
-				12c	\vdash		
		the amount contributed by the employer to the plan for this plan yearearthe in the lack the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d	+		
		ive amount)		120	1		1
10111		ne minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part		Plan Terminations and Transfers of Assets			П.,		
13a		resolution to terminate the plan been adopted in any plan year?			_ <u> Y</u>	es X No	
		s," 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 broug PBGC?		ontrol		Yes X	No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identification assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
	13c(1) N	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	t VIII	Trust Information					
14a	Name o	of trust		14b	Trust's E	IN	
14c	Name	of trustee or custodian		14d		's or custodi ne number	an's
, 10 100-S	Name	of trustee or custodian IRS Compliance Questions		14d			an's
Par	t IX						an's
Par 15a	t IX I is the	IRS Compliance Questions		Y b	telephor	No	P/ACP
Par 15a 15b	t IX I Is the p If "Yes, matchi If the A testing	IRS Compliance Questions plan a 401(k) plan?	urrent year 01(m)-	Y b	es Design- nased safe arbor nethod	No ADF	P/ACP
15a 15b 15c	I Is the position of the Artesting 2(a)(2)	IRS Compliance Questions plan a 401(k) plan? ," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	urrent year 01(m)-	Yo	es Design- nased safe arbor nethod	No ADF test	P/ACP
Par 15a 15b 15c	If "Yes, matchic lif the A testing 2(a)(2) Check Does the control of the contro	IRS Compliance Questions plan a 401(k) plan?	urrent year .01(m)- on 410(b):	Yo	es Design- assed safe arbor nethod es Ratio ercentage	No ADF test	P/ACP
15a 15b 15c 16a 16b	of IX I Is the II If "Yes, matchi If the A testing 2(a)(2) I Check Does the this plane	IRS Compliance Questions plan a 401(k) plan?	urrent year .01(m)- on 410(b):	Your February Street	es Design- ased safe arbor nethod es Ratio ercentage est	No ADF test No Ave	P/ACP
Par 15a 15b 15c 16a 16b	I Is the part of the A testing 2(a)(2) Check Does to this plat Has the	IRS Compliance Questions plan a 401(k) plan?	urrent year 01(m)- on 410(b):	Y	es Design- ased safe arbor nethod es Ratio ercentage est es	No Ave Ave ber No	P/ACP t erage nefit test
15a 15b 15c 16a 16b 17a 17b	If "Yes, matchi If the A testing 2(a)(2) Check Does the this plate the for tax If the plate the	IRS Compliance Questions plan a 401(k) plan?	urrent year .01(m)	Your State of the	es Design- ased safe arbor nethod es Ratio ercentage est es es	No ADF test No No No No (See in	P/ACP t erage eefit test N/A enstructions
15a 15b 15c 16a 16b 17a 17b	of IX I Is the III If "Yes, matchi If the A testing 2(a)(2) Check Does the thing beautiful this plant and the fortax If the plant advisor If the plant if the plant in	IRS Compliance Questions plan a 401(k) plan?	urrent year .01(m)	Your Deptition of the property	es Design- assed safe arbor nethod es Ratio ercentage est es able code avorable	No ADF test No AVE NO No No See in	P/ACP t erage eefit test N/A enstructions
15a 15b 15c 16a 16b 17a 17b	I Is the I If "Yes, matchi If "Yes, matchi If the A testing 2(a)(2) I Check Does the thing the I I I I I I I I I I I I I I I I I I I	IRS Compliance Questions plan a 401(k) plan?	bining . Enter the aunthat is subject umber near the date of has been	Your Deptition of the property	es Design- ased safe arbor nethod es Ratio ercentage est es avorable an's last fa	No ADF test No AVE NO No No See in	P/ACP t erage eefit test N/A enstructions
15a 15b 15c 16a 16b 17a 17b 17c 17d 18	If "Yes matchi If the A testing 2(a)(2) Check Does the this plate the for tax If the plate the plate the plate the plate the form the plate the pl	IRS Compliance Questions plan a 401(k) plan?	bining . Enter the and that is subject umber need the date of has been Islands)?	Your Properties of the plant the pla	es Design- ased safe arbor nethod es Ratio ercentage est es avorable ari's last fa	No ADF test No AVE NO No See interest	P/ACP t erage eefit test N/A enstructions
15a 15b 15c 16a 16b 17a 17b 17c 17d 18	If "Yes, matchi If "Yes, matchi If the A testing 2(a)(2) I Check Does the thing the plate the pl	IRS Compliance Questions plan a 401(k) plan?	bining . Enter the aun that is subject umber neer the date of has been Islands)?	Your Properties of the plate of	es Design- ased safe arbor nethod es Ratio ercentage est es avorable ari's last fa	No ADF test No AVE NO No See in No	P/ACP t erage eefit test N/A enstructions
15a 15b 15c 16a 16b 17a 17b 17c 17d 18	If "Yes, Check Che	IRS Compliance Questions plan a 401(k) plan?	urrent year .01(m)	You have applicated to a fitthe plate.	es Design- ased safe arbor nethod es Ratio ercentage est es avorable avorable arn's last fa	No ADF test No AVE NO No See in No	P/ACP t erage eefit test N/A enstructions