## 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).

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

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2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	irt I   Annual Rep	ort Identification Informatior	1		
For	calendar plan year 2015	or fiscal plan year beginning 01/01/	2015 and ending 12	2/31/2015	
<b>A</b> 1	This return/report is for:	<ul><li>a single-employer plan</li><li>a one-participant plan</li></ul>	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		
Вт	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 me	onths)	
C	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension	DFVC pr	ogram
Pa	rt II Basic Plan I	nformation—enter all requested in	nformation		
1a	Name of plan	ICES, INC. 401(K) RETIREMENT SA		1b Three-digit plan number (PN) ▶	001
				1c Effective date	e of plan 1/01/2011
	Mailing address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.v vince, country, and ZIP or foreign pos		(=,	I-1167664
	HEALTH CARE SERVIO		tal code (ii toroight, coo includencie)		-462-2111
	SOUTH MAYO TRAIL ILLE, KY 41501				e (see instructions) 21610
	Plan administrator's nam	CES, INC. 1414 SC	DUTH MAYO TRAIL LLE, KY 41501	<b>3c</b> Administrator	's EIN 1-1167664 's telephone number -462-2111
4		of the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
а	Sponsor's name			4c PN	
5a	Total number of participa	ants at the beginning of the plan year.		5a	23
b	Total number of participa	ants at the end of the plan year		5b	22
С			the plan year (defined benefit plans do not	5c	7
d(	1) Total number of active	e participants at the beginning of the p	lan year	5d(1)	20
d(	2) Total number of active	e participants at the end of the plan ye	ear	5d(2)	20
	than 100% vested		e plan year with accrued benefits that were less	5e	0
			rn/report will be assessed unless reasonable cauditions. I declare that I have examined this return/reports.		olicable a Schodule
SBc		ed and signed by an enrolled actuary,	as well as the electronic version of this return/report		•

SIGN HERE

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

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

Preparer's telephone number

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

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<ul> <li>Were all of the plan's assets during the plan year invested in eligit</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan can</li> </ul>	an independent	dent qualified public a	ccount	ant (IQ	PA)			X Ye	
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC i	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	ermined
Part III Financial Information	1				-				
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		71	514				68	3647
<b>b</b> Total plan liabilities	7b		74	544					20.47
C Net plan assets (subtract line 7b from line 7a)	7с			514	-				3647
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)								
(2) Participants	8a(2)		8	840					
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		-2	697					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								6143
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		9	010					
Certain deemed and/or corrective distributions (see instructions)									
f Administrative service providers (salaries, fees, commissions)									
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9	9010
i Net income (loss) (subtract line 8h from line 8c)	8i							-2	2867
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	n feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	footure code	os from the List of Pla	n Char	octorict	ic Coc	loc in the	o inetrue	ions:	
in the plant provides welfare benefits, effer the applicable welfare	reature code	es nom the List of Fia	ii Cilaia	acterist	ic Coc	162 111 1116	e ilistiuc	110115.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					10000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bon	d, that was caused	10d	, , , , , , , , , , , , , , , , , , ,	X				10000
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.)	ther persons me or all of t	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla					Χ				
			10f		-				
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount a</li><li>h If this is an individual account plan, was there a blackout period?</li></ul>		,	10g		X				
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			. •,	I	<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								ΓYe	s No
11a Enter the unpaid minimum required contribution for all years from						11a		<u> </u>	
12 Is this a defined contribution plan subject to the minimum funding						-	RISA?	Ye	s X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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 brought under the of the PBGC?						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 number			
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)?		Design- based safe ADP/ACP harbor test method				
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?				Ye	Yes 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**

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	Annual Repo	rt Identification Information				
For calend	dar plan year 2015 or		01/01/2015	and ending	12/31/	2015
_		X a single-employer plan		plan (not multiemployer)		
A This re	eturn/report is for:		list of participating e	mployer information in a	ccordance with the	e form instructions)
		a one-participant plan	a foreign plan			
			7			
B This ref	turn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Charle	L :		1	NO. 1 TO BE INCIDENCE OF THE SECOND SERVICE OF THE SECOND		
С Спеск	box if filing under:	Form 5558	automatic extension		∐ DFVC	program
		special extension (enter descripti	on)			
Part II	Basic Plan In	formation—enter all requested inform	nation			
1a Name		•			1b Three-digit	ł I
Home He	ealth Care Se	ervices, Inc. 401(k) Ret	irement Saving	gs Plan	plan numb	
					(PN) ▶	
					1c Effective d	ate of plan
					01/01/2	2011
		loyer, if for a single-employer plan)			2b Employer I	dentification Number
Mailin	g address (include ro	om, apt., suite no. and street, or P.O. Bonce, country, and ZIP or foreign postal c	)X)		(EIN) 61-	1167664
		Services, Inc.	de (ii foreign, see inst	ructions)	2c Sponsor's	telephone number
1101110	incarcii carc i	octvices, inc.			606-462	2-2111
1111	Courth Morro The				2d Business c	ode (see instructions)
1414 3	South Mayo Tr	all			621610	
n'1						
Pikevi	200000000000000000000000000000000000000	KY 41501				
	dministrator's name				3b Administrat	
Home H	ealth Care Se	ervices, Inc.			61-1167	2 2 2
					The second secon	tor's telephone number
1414 S	outh Mayo Tra	ail			606-462	-2111
Pikevi	lle	KY 41501				
4 If the r	name and/or EIN of the	ne plan sponsor has changed since the	ast return/report filed f	or this plan, enter the	4b EIN	
		umber from the last return/report.			_	
<b>a</b> Spons	or's name				4c PN	919.00
5a Total	number of participant	s at the beginning of the plan year			5a	23
<b>b</b> Total i	number of participant	s at the end of the plan year			5b	22
		account balances as of the end of the			Eo	
compl	ete this item)				5c	7
d(1) Tota	al number of active p	articipants at the beginning of the plan y	ear		5d(1)	20
0.000		articipants at the end of the plan year			5d(2)	20
		t terminated employment during the plan		nofits that were less		
		terminated employment during the plan			5e	0
Caution: A	penalty for the late	or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ise is established	d.
Under pena	alties of perjury and o	ther penalties set forth in the instruction	s, I declare that I have	examined this return/rep	port, including, if a	pplicable, a Schedule
belief it is t	rue correct, and com	and signed by an enrolled actuary, as we	as the electronic ver	sion of this return/report	t, and to the best o	if my knowledge and
	MAMMA	(1) (D) N M VA A AA		Sharon Branhai	m	
SIGN HERE	CHOW WELL	w pour man	- Oh 1.	Sharon Branna		
	Signature of plan	administrator	Date 1940 6	Enter name of individu	ual signing as plan	administrator
SIGN	Sulvum i	i) lorammai	(0/1	Sharon Branha	m	
HERE	Signature of empl	over/plan sponsor	Date 2016	Enter name of individu	ual signing as emr	lover or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (include		er)	Preparer's teleph	
	. •	,	no was process seas and confidence and confidence		o con posicion di di distribili	escursos distributions

	Form 5500-SF 2015		Page <b>2</b>							
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 indepe and condi ot use Fo	ndent qualified public ations.)orm 5500-SF and mus	account	ant (IC	PA) Form	5500.			Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA s	ection 4	021)?	L	Yes	No	Not de	etermined
Pa	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginnin	g of Ye		_		(b) End	d of Year	
-	Total plan assets	7a			7151	4				68647
•	Total plan liabilities	7b				_				
-	Net plan assets (subtract line 7b from line 7a)	7c			7151	4				68647
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amo	unt		+		(b)	Total	
a	(1) Employers	8a(1)								
	(2) Participants	8a(2)			884	0				
	(3) Others (including rollovers)	8a(3)					and the Million Co.			
b	Other income (loss)	8b			-269	7		and the second s		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								6143
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			901	0				
	Certain deemed and/or corrective distributions (see instructions)	8e				1				
	Administrative service providers (salaries, fees, commissions)	8f								
-	Other expenses	8g		<u> </u>						
	Total expenses (add lines 8d, 8e, 8f, and 8g)									9010
i	Net income (loss) (subtract line 8h from line 8c)	8i								-2867
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	lan Cha	racteri	stic Co	odes in t	he instru	uctions:	
В	3D 2E 2F 2G 2J 2K 2T  If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruc	tions:	
Part	V Compliance Questions					<u> </u>	***************************************		- Uwan	
10	During the plan year:				Yes	No	N/A	_	Amou	
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 Program)	oluntary F	iduciary Correction	10a	130	х			Amou	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					10000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10d		Х				
е	by fraud or dishonesty?  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.)	er person e or all of	s by an insurance the benefits under	10u		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	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)		TWO REAL PROPERTY.	10h		Х				H-10-11-11-11-11-11-11-11-11-11-11-11-11-
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						
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 requirements 5500) and line 11a below)								Y	′es No
11a	Enter the unpaid minimum required contribution for all years from						11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the	he Cod	e or se	ction 3	302 of E	RISA?	ΙПΥ	'es X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
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	enter the	e date of t	he letter ru Year	ling		
lf	you 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					
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)	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	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 co	ontrol					
	of the PBGC?		L	Yes X	No		
	which assets or liabilities were transferred. (See instructions.)			2007 00000 12			
	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	N(s)		
Part	VIII Trust Information						
14a	Name of trust	14b T	rust's EIN	1			
14c	Name of trustee or custodian		Trustee's telephone	or custodia number	an's		
Part							
	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?	Ye	s	No			
		De ba	s esign- sed safe rbor ethod	No ADF	//ACP		
15b	Is the plan a 401(k) plan?	De ba	esign- sed safe rbor ethod	ADF	//ACP		
15b 15c 16a	Is the plan a 401(k) plan?	De ba ha me	esign- sed safe rbor ethod s	ADF test	rage efit test		
15b 15c 16a	Is the plan a 401(k) plan?	De ba ha me	esign- sed safe rbor ethod s	ADF test	rage		
15b 15c 16a 16b	Is the plan a 401(k) plan?	De ba ha me Yes	esign- sed safe rebor ethod s etio rcentage st	ADF test  No  Ave	rage		
15b 15c 16a 16b 17a	Is the plan a 401(k) plan?	De ba ha me Yes	esign- sed safe rbor ethod s ttio rcentage st	ADF test  No  Ave ben  No  No	rage efit test		
15b 15c 16a 16b 17a 17b	Is the plan a 401(k) plan?	De ba ha ha me Yes Yes Yes Yes Yes Yes	esign- sed safe rbor ethod s titio rcentage st s le code	ADF test  No  Ave ben  No  No  (See in	rage efit test N/A estructions		
15b 15c 16a 16b 17a 17b 17c	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De ba ha me Yes Pesapplicab	esign- sed safe rbor ethod s titio rcentage st s le code vorable IR	ADF test  No  Ave ben  No  No  See ir	rage efit test N/A estructions		
15b 15c 16a 16b 17a 17b 17c 17d	Is the plan a 401(k) plan?	De ba ha me Yes Pesapplicab	esign- sed safe rbor ethod s  etio rcentage st s le code vorable IR 's last fav	ADF test  No  Ave ben  No  No  See ir	rage efit test N/A estructions		
15b 15c 16a 16b 17a 17b 17c 17d 18	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De ba ha me le	esign- sed safe rbor ethod s  etio rcentage st s le code vorable IR 's last fav	ADF test No Ave ben No No See ir	rage efit test N/A estructions		
15b 15c 16a 16b 17a 17b 17c 17d 18	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Del ba ha me la pe tes la pe tes la pelicab to a far la	esign- sed safe rbor ethod s  etio rcentage st s le code vorable IR 's last fav	ADF test  No  Ave ben  No  No  See in	rage efit test N/A estructions		
15b 15c 16a 16b 17a 17b 17c 17d 18 19	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De ba had a me with the plant the plant Yes Yes	esign- sed safe rbor ethod s tio rcentage st s le code vorable IR . 's last fav	ADF test  No  Ave ben  No  No  See in	rage efit test N/A estructions		