Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		t Identification Information								
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 ————————————————————————————————————	and ending 1	2/31/2016					
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box m										
A This ret	turn/report is for:	П помініванти		nployer information in a	accordance with the form instructions.)					
		a one-participant plan	a foreign plan							
D		The first return/report	The final return/report							
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retur	nonths)						
C Check I	box if filing under:	Form 5558	automatic extension		DFVC program	1				
		special extension (enter description)								
Part II	Racic Plan Inf	ormation—enter all requested in	' '							
1a Name		offination—effici all requested in	IOITIIation		1b Three-digit					
		RETIREMENT SAVINGS PLAN			plan numbe	r				
	, ,				(PN) •	001				
					1c Effective da	te of plan				
					(7/01/2004				
		oyer, if for a single-employer plan)	N. D A			entification Number				
		om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		ructions)	(=)	0-1272558				
INTERSPAC		3 ,		,		elephone number -252-0000				
						ode (see instructions)				
444 EAST MA	AIN STREET					337000				
SUITE 104 LEXINGTON	KV 40507				`	337000				
LEXINGTON	, KT 40307									
3a Plan a	dministrator's name a	and address 🛚 Same as Plan Spoi	nsor.		3b Administrate	or's EIN				
					25 44 44 4					
					3C Administrate	or's telephone number				
4 16.0		 			41					
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN					
	or's name				4c PN					
5a Total r	number of participant	s at the beginning of the plan year			5a	10				
_		s at the end of the plan year			5b	9				
		n account balances as of the end of								
			. , , ,	•	5c	8				
		articipants at the beginning of the pl			5d(1)	10				
		participants at the end of the plan ye			5d(2)	7				
		at terminated employment during the								
					5e	0				
		or incomplete filing of this return								
		other penalties set forth in the instru- and signed by an enrolled actuary, a				pplicable, a Schedule				
	true, correct, and con	and digitod by an ornollod doldary, t	ao tron ao ano dioda dina vo	olon of this rotarrinopol	it, and to the boot t					
	irde, correct, and cor	nplete.								
SIGN		nplete. d/valid electronic signature.	04/28/2017	DARLENE HUFFMAN	I					
	Filed with authorized	d/valid electronic signature.				of my knowledge and				
SIGN HERE		d/valid electronic signature.	04/28/2017 Date	Enter name of individ		of my knowledge and				
SIGN	Signature of plan	d/valid electronic signature. administrator	Date	Enter name of individ	dual signing as plar	my knowledge and administrator				
SIGN HERE SIGN HERE	Filed with authorized Signature of plan Signature of empl	d/valid electronic signature. administrator loyer/plan sponsor	Date Date	Enter name of individ	dual signing as plar	administrator				
SIGN HERE SIGN HERE	Filed with authorized Signature of plan Signature of empl	d/valid electronic signature. administrator	Date Date	Enter name of individ	dual signing as plar	administrator				
SIGN HERE SIGN HERE	Filed with authorized Signature of plan Signature of empl	d/valid electronic signature. administrator loyer/plan sponsor	Date Date	Enter name of individ	dual signing as plar	administrator				
SIGN HERE SIGN HERE	Filed with authorized Signature of plan Signature of empl	d/valid electronic signature. administrator loyer/plan sponsor	Date Date	Enter name of individ	dual signing as plar	administrator				
SIGN HERE SIGN HERE	Filed with authorized Signature of plan Signature of empl	d/valid electronic signature. administrator loyer/plan sponsor	Date Date	Enter name of individ	dual signing as plar	administrator				

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		810752		9240				
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		810752	2	924063				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total				
а	Contributions received or receivable from:	0=(4)		14427						
	(1) Employers	8a(1)		36092						
	(2) Participants	8a(2)		30032						
	(3) Others (including rollovers)	8a(3)		66229)					
	Other income (loss)	8b		00220	_				116748	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							110740	
u	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		3437						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3437	•
i	Net income (loss) (subtract line 8h from line 8c)	8i		113311						
j	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported 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 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.)						5547			
f	f Has the plan failed to provide any benefit when due under the plan?									
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co		f	ΠY	es X No	
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

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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

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OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

	Complete all entries in	accordance with the mendictions to	### 1 OHN 2200-0	<u>"' : </u>			
	ldentification Information						
For calendar plan year 2016 or f				12/31/2016			
A This return/report is for:	💢 a single-employer plan	a multiple-employer plan (not multi list of participating employer info	tlemployer) (Filers mation in accords	s checking this box must attach a ance with the form instructions.)			
'	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 (les	_				
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension	Пр	FVC program			
	<u> </u>	<u> </u>					
	ormation—enter all requested in	formation	16	Three-digit			
1a Name of plan INTERSPACE LIMITED 4		INGS PLAN	15	plan number 001			
			10	Effective date of plan			
		<u> </u>	,,,	07/01/2004			
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)	2b	Employer Identification Number (EIN)20-1272558			
City or town, state or provin	ce, country, and ZIP or foreign pos	tal code (if foreign, see instructions)	2c	2c Sponsor's telephone number			
INTERSPACE LIMITED				859-252-0000			
67 44 737 677			2d	Business code (see instructions)			
444 EAST MAIN STREE SUITE 104	GT.			337000			
LEXINGTON	KY 40507						
	and address X Same as Plan Spo	onsor.	3b	3b Administrator's EIN			
•	· · · · · · · · · · · · · · · · · · ·		<u> </u>				
•			36	Administrator's telephone number			
4 If the name and/or EIN of t	he plan sponsor has changed since	the last return/report filed for this plan	i, enter the 4b	D EIN			
name, EIN, and the plan n a Sponsor's name	umber from the last return/report.			PN			
	te at the heginning of the plan year		·· - ·	5a 1.0			
· · · · · · · · · · · · · · · · · · ·				5 b 9			
		f the plan year (only defined contribution		5c .			
complete this item)	······································		······				
• •		plan year	····/	d(1) 10 d(2) 5			
d(2) Total number of active p	participants at the end of the plan y	eare plan year with accrued benefits that		· · · · · · · · · · · · · · · · · · ·			
than 100% vested	·			5e			
Caution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed unless re	asonable cause	is established.			
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary	uctions, I declare that I have examined , as well as the electronic version of thi	s return/report, ar	to the best of my knowledge and			
SIGN DON'N	Doma	אוטכ פר. 4 Darler	ne Huffman				
HERE Signature of plan	110			signing as plan administrator			
sign Dal-	Dyme-	4.28.507Darles					
HERE Signature of emp	lover/plan sponsor	Date Enter n	ame of individual	signing as employer or plan sponsor			
Preparer's name (including firm	n neme, if applicable) and address	(include room or suite number)	Pi	reparer's telephone πumber			
Darlenc Buff	Man II.		9	359-25 <i>3-0</i> 000			
Interspace Lim	ited, IIC in stect, soite 11	n4-	<u> </u>				
		√ ⊤	[·*::				
Lextnatan 1 X	5× 40 501						

	Form 5500-SF 2016		Page 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 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public actions.) rm 5500-SF and must	counta instead	nt (IQE d use	PA) Form	5500.		
	••	istiture b	inglatti (see Elvon sei		217: .	····· 🗀			
	t III Financial Information	1500 -						LV Cod of Voca	
	Plan Assets and Liabilities		(a) Beginning o	<u>ryear</u> 310,7	, 5 3		(1	b) End of Year 924,063	
	Total plan assets	7a		<u> </u>			324,003		
	Total plan liabilities	7b 7c	10. The state of t	310,7	52			924,063	
	Net plan assets (subtract line 7b from line 7a)	7.0 7.00 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	(a) Amount		-			(b) Total	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	egi ili sasanggala	(a) Amoun		 \$10	87 T (- 7)	The market see 17	Y 10. W 1.	
а	(1) Employers	8a(1)		14,4	27	, in the second			
	(2) Participants	8a(2)		3.6,0	92	· 大學學學學學學學學學學學學學學學			
	(3) Others (including rollovers)	8a(3)			. '	<u> </u>	Williams		
b	Other income (loss)	8ь		66,2	29	اه زيمريا		Server Part of the Server Server	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Se: T. 1111		. to . t	· · · · · · · · · · · · · · · · · · ·	116,748	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	84					7 35 - 5 135		
e	Certain deemed and/or corrective distributions (see instructions)	8e			0.0				
f	Administrative service providers (salaries, fees, commissions)	. 8f		3,4	3,437				
q	Other expenses	. 8g		'					
	Total expenses (add lines 8d, 8e, 8f, and 8g)			ne yaren e. Suara 1909	3,4				
ī	Net income (loss) (subtract line 8h from line 8c)							113,311	
j	Transfers to (from) the plan (see instructions)	. 8j							
Pa	rt IV Plan Characteristics					·			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare	feature coo	ies from the List of Plai	n Chara	cterist	tic Coo	tes in t	he instructions:	
Pa	rt V Compliance Questions						1 1	-	
10	During the plan year:				Yes	No	N/A	Amount	
a	Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary i	Fiduciary Correction	10a		х			
t .	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	.,,		10b		х	**		
C	Was the plan covered by a fidelity bond?			10c	X	<u> </u>		87,500	
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x	1		
	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.)				х			5,547	
í	f Has the plan failed to provide any benefit when due under the plan?					x	iV.		
	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		Х			
1	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х			
Ī	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								

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INTERSPACE_LIMITED

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No

Yes

⊬age **э-** լ HORM 5500-SH 2016 **Pension Funding Compliance** Part VI Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB Yes (Form 5500) and line 11a below). 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes X ERISA? (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 enter the date of the letter ruling granting the waiver. ______ If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year 12c C Enter the amount contributed by the employer to the plan for this plan year 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 12d N/A No Will the minimum funding amount reported on line 12d be met by the funding deadline?.... Part VII Plan Terminations and Transfers of Assets Yes 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes." enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the X No Yes control of the PBGC?. If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(2) EIN(s) 13c(3) PN(s) 13c(1) Name of plan(\$): Part VIII Trust Information 14b Trust's EIN 14a Name of trust 14d Trustee's or custodian's 14c Name of trustee or custodian telephone number Part IX IRS Compliance Questions Yes ∏No 15a is the plan a 401(k) plan? If "No," skip b...... "Prior year" ADP Design-based 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section safe harbor test 401(k)(3) for the plan year? Check all that apply: "Current year" ∏ N/A ADP test 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio Average ∏ N/A percentage year? Check all that apply: benefit test test 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) No Yes for the plan year by combining this plan with any other plan under the permissive aggregation rules?. 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of and the serial number the letter 17b if the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination Defined Benefit Plan or Money Purchase Pension Plan Only: No Yes Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?