

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
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).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ZENETEX, LLC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2000</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>ZENETEX, LLC</u> <u>950 HERNDON PARKWAY, SUITE 350</u> <u>HERNDON, VA 20170</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>54-1963721</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>703-657-0377</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541519</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>54-1963721</u>	2c Sponsor's telephone number <u>703-657-0377</u>	2d Business code (see instructions) <u>541519</u>	
2b Employer Identification Number (EIN) <u>54-1963721</u>					
2c Sponsor's telephone number <u>703-657-0377</u>					
2d Business code (see instructions) <u>541519</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	11/08/2012	MAGGIE HOEFLEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ZENETEX, LLC 950 HERNDON PARKWAY, SUITE 350 HERNDON, VA 20170	3b Administrator's EIN 54-1963721 3c Administrator's telephone number 703-657-0377
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	128
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	300
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	80
d Subtotal. Add lines 6a , 6b , and 6c	6d	380
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	380
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	301
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ 1 **A** (Insurance Information)
- (4) ☐ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>ZENETEX, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ZENETEX, LLC</u>	D Employer Identification Number (EIN) <u>54-1963721</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>01-0233346</u>	<u>65838</u>	<u>95662</u>	<u>304</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid <div style="text-align: right;"><u>7604</u></div>	(b) Total amount of fees paid <div style="text-align: right;"><u>4552</u></div>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

FINANCIAL TELESIS INC. 4340 REDWOOD HWY, SUITE A-23
SAN RAFAEL, CA 94903

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>7604</u>		<u>BROKER COMMISSIONS</u>	<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DUNCAN ACCOUNTING & TAX, INC. 311 MAIN STREET
IRWIN, PA 15642

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	<u>3939</u>	<u>TPA FEES TPA COMPENSATION TPA JH IRA R/O PAYMENT</u>	<u>5</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

FIDELITY MANAGEMENT & RESEARCH CO.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	544	REDEMPTION FEES	6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

VANGUARD GROUP, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	69	REDEMPTION FEES	6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2011</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p>				
<p>For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011</p>						
<p>A Name of plan ZENETEX, LLC 401(K) PLAN</p>		<p>B Three-digit plan number (PN) ▶ 001</p>				
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ZENETEX, LLC</p>		<p>D Employer Identification Number (EIN) 54-1963721</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; background-color: #f2f2f2; font-weight: bold;">Part I</td> <td style="background-color: #f2f2f2; font-weight: bold;">Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</td> </tr> <tr> <td colspan="2" style="background-color: #f2f2f2; font-size: x-small;">(Complete as many entries as needed to report all interests in DFEs)</td> </tr> </table>			Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)	(Complete as many entries as needed to report all interests in DFEs)	
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)					
(Complete as many entries as needed to report all interests in DFEs)						
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2050</p>						
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK USA</p>						
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1674</p>				
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2015</p>						
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK USA</p>						
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5139</p>				
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2020</p>						
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK USA</p>						
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29587</p>				
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2025</p>						
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK USA</p>						
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140863</p>				
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2030</p>						
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK USA</p>						
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21776</p>				
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2035</p>						
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK USA</p>						
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35065</p>				
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2040</p>						
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK USA</p>						
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11726</p>				

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2045		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11726

a Name of MTIA, CCT, PSA, or 103-12 IE: LS-CONSERV		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137185

a Name of MTIA, CCT, PSA, or 103-12 IE: LS-MODERAT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87387

a Name of MTIA, CCT, PSA, or 103-12 IE: LS-BALANCE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 455117

a Name of MTIA, CCT, PSA, or 103-12 IE: LS-GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149826

a Name of MTIA, CCT, PSA, or 103-12 IE: LS-AGGRESS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139517

a Name of MTIA, CCT, PSA, or 103-12 IE: LS-MOGIFL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3551

a Name of MTIA, CCT, PSA, or 103-12 IE: LS-BAGIFL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92766

a Name of MTIA, CCT, PSA, or 103-12 IE: LS-GRGIFL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176370

a Name of MTIA, CCT, PSA, or 103-12 IE: STBL VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34232

a Name of MTIA, CCT, PSA, or 103-12 IE: FTFFALLOC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2043

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP EQ INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6521

a Name of MTIA, CCT, PSA, or 103-12 IE: IDX TOTAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1644

a Name of MTIA, CCT, PSA, or 103-12 IE: VS VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1324

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MCV		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SMCP GR IN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2330

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL VAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1728

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA TAVA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18839

a Name of MTIA, CCT, PSA, or 103-12 IE: MIDCP GIDX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: ENERGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23790

a Name of MTIA, CCT, PSA, or 103-12 IE: VS NAT RES		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5712

a Name of MTIA, CCT, PSA, or 103-12 IE: VS RESTS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13164

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDADVGOLD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35101

a Name of MTIA, CCT, PSA, or 103-12 IE: LS COGIFL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2388

a Name of MTIA, CCT, PSA, or 103-12 IE: TOT BMKT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23248

a Name of MTIA, CCT, PSA, or 103-12 IE: CO FUN HOL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1096

a Name of MTIA, CCT, PSA, or 103-12 IE: CO DIV GI		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1039

a Name of MTIA, CCT, PSA, or 103-12 IE: AF FUN INV		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11303

a Name of MTIA, CCT, PSA, or 103-12 IE: AF CAP WGI		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2796

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9650

a Name of MTIA, CCT, PSA, or 103-12 IE: INX MID**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21120
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a Name of MTIA, CCT, PSA, or 103-12 IE: MIDVL IDX**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPAC**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29200
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a Name of MTIA, CCT, PSA, or 103-12 IE: IDX SMALL**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16150
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a Name of MTIA, CCT, PSA, or 103-12 IE: VS SCTEC**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29168
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a Name of MTIA, CCT, PSA, or 103-12 IE: IDX INTL**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21903
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a Name of MTIA, CCT, PSA, or 103-12 IE: US SML CAP**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21501
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a Name of MTIA, CCT, PSA, or 103-12 IE: CO GLB DIV**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3133
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a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETN**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28371
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPP INTB**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9313
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a Name of MTIA, CCT, PSA, or 103-12 IE: VS REAL RT**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14912
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a Name of MTIA, CCT, PSA, or 103-12 IE: VS USHIYLD**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31184
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a Name of MTIA, CCT, PSA, or 103-12 IE: AF AM BAL**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336079
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a Name of MTIA, CCT, PSA, or 103-12 IE: BEACON**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: IDX 500**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10853
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a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13629
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a Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18758
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan ZENETEX, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ZENETEX, LLC	D Employer Identification Number (EIN) 54-1963721	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	1556	1914
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		63579
	(2) Participant contributions	1b(2)	0	0
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	14991	33559
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	1555035	2532008
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1571582	2631060

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1571582	2631060
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	416136	
(B) Participants	2a(1)(B)	854194	
(C) Others (including rollovers)	2a(1)(C)	336084	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1606414
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1176	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1176
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-64122
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1543468

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	480106	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		480106
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1684	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2200	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3884
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		483990

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1059478
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CHERRY, BEKAERT & HOLLAND, L.L.P.

(2) EIN: 56-0574444

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>ZENETEX, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ZENETEX, LLC</u>	D Employer Identification Number (EIN) <u>54-1963721</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>01-0233346</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

ZENETEX, LLC 401(K) PLAN
REPORT AND FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

**ZENETEX, LLC 401(K) PLAN
DECEMBER 31, 2011 AND 2010**

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Statement of Changes in Net Assets Available for Benefits	3
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INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
Zenetex, LLC 401(k) Plan.

We were engaged to audit the accompanying statements of net assets available for benefits of the Zenetex, LLC 401(k) Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Cherry, Bekaert & Holland, L.L.P.

Vienna, Virginia
November 5, 2012

ZENETEX, LLC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	December 31,	
	2011	2010
ASSETS		
Non interest-bearing cash	\$ 1,914	\$ 1,556
Investments, at fair value		
Pooled separate accounts	<u>2,532,008</u>	<u>1,555,035</u>
Total investments	2,533,922	1,556,591
Receivables		
Employer contributions	63,579	-
Notes receivable from participants	<u>33,559</u>	<u>14,991</u>
Total receivables	<u>97,138</u>	<u>14,991</u>
Net assets available for benefits	<u><u>\$ 2,631,060</u></u>	<u><u>\$ 1,571,582</u></u>

(See accompanying notes to financial statements)

ZENETEX, LLC 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2011

ADDITIONS

Investment income (loss)

Net depreciation in fair value of investments	\$ (64,122)
---	-------------

Total investment loss	<u>(64,122)</u>
------------------------------	-----------------

Contributions

Participant contributions	854,194
Employer contributions	416,136
Participant rollovers	<u>336,084</u>

Total contributions	<u>1,606,414</u>
----------------------------	------------------

Interest income on notes receivable from participants	<u>1,176</u>
--	--------------

Total additions	<u>1,543,468</u>
------------------------	------------------

DEDUCTIONS

Benefits paid to participants	480,106
Administrative expenses	<u>3,884</u>

Total deductions	<u>483,990</u>
-------------------------	----------------

Net increase	1,059,478
---------------------	-----------

Net assets available for benefits, beginning of year	<u>1,571,582</u>
---	------------------

Net assets available for benefits, end of year	<u><u>\$ 2,631,060</u></u>
---	----------------------------

(See accompanying notes to financial statements)

ZENETEX, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Note 1 – Description of plan

The following brief description of the Zenetex, LLC 401(k) Plan (the Plan), is provided for general information purposes only. Participants should refer to the Plan agreement, as amended and restated, for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution retirement plan under Section 401(k) of the Internal Revenue Code (IRC). Under the provisions of the Plan, substantially all employees of Zenetex, LLC (the Company) who are 18 years of age are eligible to participate in the Plan. Eligible employees may become participants on the first day of the month coinciding with or next following the date the requirements for eligibility are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended effective August 1, 2010, primarily to make the Plan compliant with legislative and regulatory changes. The Plan's assets are invested with John Hancock Life Insurance Company (John Hancock). Duncan Financial Group, LLC (Duncan) serves as the Plan's record keeper.

Administrative expenses – The Plan is administered by the Company's Pension Committee. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Administrative expenses are paid either directly by the Company or by the account of the participant.

Participant contributions – Participants may contribute a percentage of their eligible compensation, as defined in the Plan, on a pre-tax basis subject to statutory limitations of the Internal Revenue Code. In addition, participants 50 years of age or older may elect to make a catch-up deferral contribution of up to \$5,500 for the year ended December 31, 2011. Upon becoming a participant, the Company will automatically deduct 3% of the employee's eligible compensation, as defined in the Plan, unless the participant elects otherwise.

Company contributions – The Company may make a discretionary match, which when given, is equal to a percentage of each participant's elected deferral, as it determines each year, up to a discretionary percentage of a participant's compensation or a discretionary dollar amount. The Company made no discretionary matching contributions in 2011. For any employee whose work performed is subject to prevailing wage laws, the Company will make contributions to satisfy the fringe benefit requirements of the law.

Participant accounts – Individual accounts are maintained for each participant and include the participant's contributions, employer discretionary matching contribution (if any), prevailing wage contributions, and Plan earnings (losses) including realized and unrealized gains and losses on investments. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting – Participants are immediately vested in their salary deferral contributions, rollover contributions, and prevailing wage contributions plus actual earnings (losses) thereon. Vesting in the Company discretionary match plus actual earnings (losses) thereon is based on years of continuous service. A participant becomes 100% vested in Company contributions upon death, becoming disabled, or reaching retirement age, as defined by the Plan.

ZENETEX, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Company contributions vest ratably as follows:

<u>Years of Service</u>	<u>Percent Vested</u>
1	25%
2	50%
3	75%
4	100%

Forfeitures – Forfeited balances of terminated participants' nonvested account balances shall be used first against administrative expenses and then against Company contributions. There were no forfeitures that were used to reduce administrative expenses or Company contributions in 2011. Forfeitures available for use totaled \$1,914 and \$1,556 at December 31, 2011 and 2010, respectively.

Payment of benefits – Upon termination of service due to death, disability, or retirement, a participant with an account balance of \$1,000 or greater may elect to receive a distribution under any of the optional forms available under the Plan. A participant with an account balance of less than \$1,000 is required to take a lump-sum payment upon termination of service. For termination of service for other reasons, a participant may either directly roll over their vested account balance to an individual retirement account or another employer plan, receive the value of the vested interest in his or her account as a lump-sum distribution, or leave the vested balance within the Plan to provide future benefits.

The Plan also allows, in certain hardship situations as defined in the Plan, participants to withdraw from their account balances while actively employed. These hardship withdrawals are subject to IRC restrictions and penalties.

Notes receivable from participants – Participants may borrow against their vested accounts in any amount greater than \$1,000, but less than 50% of their vested account balance, not to exceed \$50,000. Loans are secured by the balance in the participant's account and bear interest at an agreed-upon percentage based on prevailing market rates. At December 31, 2011, interest rates on notes receivable from participants ranged from 4.25% to 10.25% and were due through November 2016. Principal and interest are paid ratably through payroll distributions.

Note 2 – Summary of significant accounting policies

Basis of accounting – The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment valuation and income recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend basis. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefits paid to participants – Benefits paid to participants are recorded when paid.

ZENETEX, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Risks and uncertainties – The Plan provides for various investment fund options. Investments are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Fair value measurements – Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Pooled separate accounts – These investments are public investment vehicles valued using the Net Asset Value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

Notes receivable from participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are reclassified as distributions based upon the terms of the Plan document.

New Accounting Pronouncements – In January 2010, the FASB issued guidance to improve disclosures regarding fair value measurements. This update requires entities to (i) disclose separately the amount of significant transfers in and out of Level 1 and Level 2 fair value measurements and describe the reasons for the

ZENETEX, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

transfers and (ii) present separately (i.e., on a gross basis rather than as one net number), information about purchases, sales, issuances, and settlements in the roll forward of changes in Level 3 fair value measurements. For the gross presentation of activity in the Level 3 roll forward, this guidance is effective for fiscal years beginning after December 15, 2010. As this guidance is only disclosure related, it did not cause any changes to the carrying value of the investments on the statements of net assets available for benefits as of December 31, 2011 and 2010.

In May 2011, the FASB issued guidance to provide a consistent definition of fair value and ensure that the fair value measurement and disclosure requirements are similar between GAAP and International Financial Reporting Standards. This update changes certain fair value measurement principles and enhances the disclosure requirements particularly for Level 3 fair value measurements. This guidance is effective for annual periods beginning after December 15, 2011 and should be applied prospectively. Plan management is currently evaluating the impact of the pending adoption of this update on the Plan's financial statements.

Note 3 – Investments

Investments consist of various pooled separate accounts that allow participants to diversify their holdings. Participants are afforded several investment options covering a wide range of investment objectives and risk. Participants may allocate their contribution across these options in any proportion they wish, and can change this allocation at any time. Transfers of account balances between elected investment options may also be made at any time.

As of December 31, 2011 and 2010, participants had the choice of investing their contributions, along with Company contributions, in over 50 different investment funds. The fair values of individual investments that represent 5% or more of the Plan's net assets are as follows:

	2011	2010
LifeStyle Fund Balanced Portfolio	\$ 547,883	\$ 325,933
American Balanced Fund	336,079	398,889
LifeStyle Fund Growth Portfolio	326,198	*
Retirement Living at 2025	241,235	*
Retirement Living at 2030	140,863	*
LifeStyle Fund Aggressive Portfolio	139,517	81,994
LifeStyle Fund Conservative Portfolio	139,573	*
LifeStyle Moderate GIFL	-	83,793
LifeStyle Growth GIFL	-	56,722

* Investment is less than 5% of the Plan's net assets.

During the Plan year ended December 31, 2011, the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$64,121.

ZENETEX, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Note 4 – Fair value measurements

Below are the Plan's financial instruments carried at fair value on a recurring basis by the Fair Value Topic hierarchy levels described in Note 2.

<u>Investments at Fair Value at December 31, 2011</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:				
Index funds	\$ 71,669	\$ -	\$ -	\$ 71,669
Balanced funds	1,997,650	-	-	1,997,650
Growth funds	245,710	-	-	245,710
Value funds	138,321	-	-	138,321
Fixed-income funds	55,410	-	-	55,410
Bond market funds	<u>23,248</u>	<u>-</u>	<u>-</u>	<u>23,248</u>
Total investments at fair value	<u>\$ 2,532,008</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,532,008</u>

<u>Investments at Fair Value at December 31, 2010</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:				
Index funds	\$ 45,208	\$ -	\$ -	\$ 45,208
Balanced funds	1,165,967	-	-	1,165,967
Growth funds	136,231	-	-	136,231
Value funds	181,687	-	-	181,687
Fixed-income funds	<u>25,942</u>	<u>-</u>	<u>-</u>	<u>25,942</u>
Total investments at fair value	<u>\$ 1,555,035</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,555,035</u>

Note 5 – Information prepared and certified by John Hancock

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by John Hancock, the custodian, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedule.

John Hancock has supplied the Plan administrator with a certification as to the completeness and accuracy of certain investment information presented in the accompanying statements of net assets available for benefits as of December 31, 2011 and 2010, and the statement of changes in net assets available for benefits for the year ended December 31, 2011.

ZENETEX, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

The following information and related data included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by John Hancock:

	2011	2010
Investments at fair value:		
Pooled separate accounts	\$ 2,532,008	\$ 1,555,035
Notes receivable from participants	33,559	14,991
	<u>\$ 2,565,567</u>	<u>\$ 1,570,026</u>
Net depreciation in fair value of investments	<u>\$ (64,122)</u>	
Interest income on notes receivable from participants	<u>\$ 1,176</u>	

Note 6 – Tax status

The Plan is a prototype non-standardized plan with a cash-or-deferred arrangement, which has received an opinion letter from the Internal Revenue Service, dated March 1, 2009, stating that the prototype plan qualifies under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of this determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2008.

Note 7 – Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts.

ZENETEX, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Note 8 – Parties-in-interest

Certain Plan investments are shares of pooled separate accounts and general accounts managed by John Hancock; therefore, these transactions qualify as party-in-interest transactions. Fees paid to the custodian totaled \$1,684 for the year ended December 31, 2011.

Note 9 – Subsequent events

The Plan has evaluated subsequent events through November 5, 2012, in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

ZENETEX, LLC 401(K) PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500
SCHEDULE H, PART IV, LINE 4i
EIN 54-1963721, PLAN NUMBER 001
DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Dates, Rates of Interest, Par		
	Identity of issuer	or Market Value	Cost	Current Value
	Pooled separate accounts			
*	John Hancock Life Insurance Co.	Retirement Living at 2015	-	\$ 5,139
*	John Hancock Life Insurance Co.	Retirement Living at 2020	-	29,587
*	John Hancock Life Insurance Co.	Retirement Living at 2025	-	241,235
*	John Hancock Life Insurance Co.	Retirement Living at 2030	-	140,863
*	John Hancock Life Insurance Co.	Retirement Living at 2035	-	21,776
*	John Hancock Life Insurance Co.	Retirement Living at 2040	-	35,065
*	John Hancock Life Insurance Co.	Retirement Living at 2045	-	11,726
*	John Hancock Life Insurance Co.	Retirement Living at 2050	-	1,674
*	John Hancock Life Insurance Co.	LifeStyle Fund-Conservative Portfolio	-	139,573
*	John Hancock Life Insurance Co.	LifeStyle Fund-Moderate Portfolio	-	90,938
*	John Hancock Life Insurance Co.	LifeStyle Fund-Balanced Portfolio	-	547,883
*	John Hancock Life Insurance Co.	LifeStyle Fund-Growth Portfolio	-	326,198
*	John Hancock Life Insurance Co.	LifeStyle Fund-Aggressive Portfolio	-	139,517
*	John Hancock Life Insurance Co.	John Hancock Stable Value Fund	-	34,232
*	John Hancock Life Insurance Co.	Total Bond Market Fund	-	23,248
*	John Hancock Life Insurance Co.	Total Return Fund	-	28,371
*	John Hancock Life Insurance Co.	Oppenheimer International Bond Fund	-	9,313
*	John Hancock Life Insurance Co.	Real Return Bond Fund	-	14,912
*	John Hancock Life Insurance Co.	US High Yield Bond Fund	-	31,184
*	John Hancock Life Insurance Co.	Core Fundamental Holdings	-	1,096
*	John Hancock Life Insurance Co.	Core Diversified Growth and Income	-	1,039
*	John Hancock Life Insurance Co.	American Balanced Fund	-	336,079
*	John Hancock Life Insurance Co.	Core Global Diversification	-	3,133
*	John Hancock Life Insurance Co.	FT Founding Allocation	-	2,043
*	John Hancock Life Insurance Co.	500 Index Fund	-	10,853
*	John Hancock Life Insurance Co.	T. Rowe Price Equity Inc	-	6,521
*	John Hancock Life Insurance Co.	Growth Fund of America	-	13,629
*	John Hancock Life Insurance Co.	Total Stock Market Index Fund	-	1,644
*	John Hancock Life Insurance Co.	Utilities Fund	-	18,758

ZENETEX, LLC 401(K) PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500
SCHEDULE H, PART IV, LINE 4i
EIN 54-1963721, PLAN NUMBER 001
DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Dates, Rates of Interest, Par or Market Value	Cost	Current Value
	Identity of issuer			
*	John Hancock Life Insurance Co.	Fundamental Investors	-	\$ 11,303
*	John Hancock Life Insurance Co.	Capital World Growth and Income	-	2,796
*	John Hancock Life Insurance Co.	Oppenheimer Global	-	9,650
*	John Hancock Life Insurance Co.	Mid-Cap Index Fund	-	21,120
*	John Hancock Life Insurance Co.	Value Fund	-	1,324
*	John Hancock Life Insurance Co.	EuroPacific Growth Fund	-	29,200
*	John Hancock Life Insurance Co.	Small Cap Index Fund	-	16,150
*	John Hancock Life Insurance Co.	Science and Technology Fund	-	29,168
*	John Hancock Life Insurance Co.	International Equity Index Fund	-	21,903
*	John Hancock Life Insurance Co.	Small Cap Growth Index	-	2,330
*	John Hancock Life Insurance Co.	DFA US Small Cap Fund	-	21,501
*	John Hancock Life Insurance Co.	DFA US Targeted Value Fund	-	18,839
*	John Hancock Life Insurance Co.	DFA International Value	-	1,728
*	John Hancock Life Insurance Co.	Energy	-	23,790
*	John Hancock Life Insurance Co.	Natural Resources Fund	-	5,712
*	John Hancock Life Insurance Co.	Real Estate Securities Fund	-	13,164
*	John Hancock Life Insurance Co.	Fidelity Advisor Gold	-	35,101
Total pooled separate accounts				\$ 2,532,008

Notes receivable from participants:

	Loans due from January, 2012 to November, 2016 with interest rates ranging from 4.25% to 10.25%		
* Notes receivable from Participants		-0-	\$ 33,559
Total			\$ 2,565,567

* Denotes a party-in-interest.

(d) Cost information is not presented as these are participant directed accounts.

The above information has been certified by John Hancock, the custodian, as complete and accurate.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the Instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For the calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☒ an amended return/report;	☐ the final return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here ☐		
D Check box if filing under:	☒ Form 5558; ☐ special extension (enter description) _____	
☐ automatic extension; ☐ the DFVC program;		

Part II Basic Plan Information --- enter all requested information.		
1a Name of plan Zenetex, LLC 401(k) Plan	1b Three-digit plan number (PN) ▶	001
1c Effective date of plan 01/01/2000		
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) Zenetex, LLC 950 Herndon Parkway, Suite 350 US Herndon VA 20170	2b Employer Identification Number (EIN) 54-1963721	2c Sponsor's telephone number (703) 657-0377
2d Business code (see instructions) 541519		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/26/12	James W. McDermott
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/26/12	James W. McDermott
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") Same		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	128
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants	6a	300
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	80
d Subtotal. Add lines 6a, 6b, and 6c	6d	380
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	380
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	301
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

[illegible]

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan

Zenetex, LLC 401(k) Plan

Employer Identification Number

54-1963721

Three-digit
plan number

► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	John Hancock Life Insurance Co	Retirement Living at 2015		5,139
	John Hancock Life Insurance Co	Retirement Living at 2020		30,763
	John Hancock Life Insurance Co	Retirement Living at 2025		243,027
	John Hancock Life Insurance Co	Retirement Living at 2030		144,895
	John Hancock Life Insurance Co	Retirement Living at 2035		21,893
	John Hancock Life Insurance Co	Retirement Living at 2040		35,065
	John Hancock Life Insurance Co	Retirement Living at 2045		11,726
	John Hancock Life Insurance Co	Lifestyle Conservative		141,763
	John Hancock Life Insurance Co	Lifestyle Moderate		91,220
	John Hancock Life Insurance Co	Lifestyle Balanced		463,685
	John Hancock Life Insurance Co	Lifestyle Growth		154,963
	John Hancock Life Insurance Co	Lifestyle Aggressive		142,804
	John Hancock Life Insurance Co	Lifestyle Moderate GIC		3,723
	John Hancock Life Insurance Co	Lifestyle Balanced GIC		92,937
	John Hancock Life Insurance Co	Lifestyle Growth GIC		176,484
	John Hancock Life Insurance Co	Stable Value		34,582
	John Hancock Life Insurance Co	PIMCO Total Return		28,721
	John Hancock Life Insurance Co	Oppenheimer International Bond		9,635
	John Hancock Life Insurance Co	Real Return Bond		14,912
	John Hancock Life Insurance Co	US High Yield Bond Fd		31,212
	John Hancock Life Insurance Co	American Balanced Fd		343,174
	John Hancock Life Insurance Co	Mutual Beacon		0
	John Hancock Life Insurance Co	Index 500		11,217
	John Hancock Life Insurance Co	Growth Fd of America		13,629
	John Hancock Life Insurance Co	MFS Utilities		18,876
	John Hancock Life Insurance Co	Fundamental Investors		11,303
	John Hancock Life Insurance Co	Capital World Gr & Inc		2,796
	John Hancock Life Insurance Co	Oppenheimer Global		9,650
	John Hancock Life Insurance Co	Mid-Cap Index		21,354
	John Hancock Life Insurance Co	Mid-Cap Value Index		0
	John Hancock Life Insurance Co	Europacific Growth		29,200
	John Hancock Life Insurance Co	Small Cap Index		16,178
	John Hancock Life Insurance Co	Science & Technology Fd		29,371
	John Hancock Life Insurance Co	International Equity Index		21,903
	John Hancock Life Insurance Co	Small Cap Index		21,501
	John Hancock Life Insurance Co	US Targeted Value Fd		18,839
	John Hancock Life Insurance Co	MidCap Growth Index		0
	John Hancock Life Insurance Co	Energy		24,244
	John Hancock Life Insurance Co	Natural Resources Fd		5,712