Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Part I | | Identification Information | | | | | | |
|---|-------------------------|--|-------------------------------------|---|-------------------------------|---------------------------------------|--|--|
| For calenda | ar plan year 2015 or fi | scal plan year beginning 01/01/2 | <u>2015</u> | and ending 1 | 2/31/2015 | | | |
| A This ret | turn/report is for: | X a single-employer plan | | plan (not multiemployer) employer information in a | | | | |
| | | a one-participant plan | a foreign plan | | | , | | |
| B This retu | urn/report is | the first return/report | the final return/report | | | | | |
| • | | an amended return/report | a short plan year retu | urn/report (less than 12 m | nonths) | | | |
| C Check I | box if filing under: | X Form 5558☐ special extension (enter desc | automatic extension | | DFVC | orogram | | |
| Part II | Rasic Plan Info | prmation—enter all requested in | . , | | | | | |
| 1a Name | | mation—enter all requested in | ioiniation | | 1b Three-digit | | | |
| | OMMERCIAL SOLUTI | ONS 401(K) PLAN | | | plan numbe | er | | |
| | | . , | | | (PN) ▶ | 001 | | |
| | | | | | 1c Effective da | ite of plan 12/01/2005 | | |
| | • | yer, if for a single-employer plan) m, apt., suite no. and street, or P.0 | D. Box) | | | lentification Number 56-4389547 | | |
| City or ZANETT, INC | · · | e, country, and ZIP or foreign post | al code (if foreign, see ins | structions) | 2c Sponsor's telephone number | | | |
| | | | | | | 66-611-3282 ode (see instructions) | | |
| 135 EAST 57 NEW YORK, | 7TH STREET, 4TH FL | .OOR | | | | | | |
| TVEVV TOTAL, | 141 10022 | | | | | 541519 | | |
| 3a Plan a | dministrator's name a | nd address XSame as Plan Spon | sor. | | 3b Administrate | or's EIN | | |
| 4 If the r | nome and/or FIN of th | o plan apparent has abanged singe | the last return/report filed | I for this plan, optor the | | or's telephone number | | |
| | | e plan sponsor has changed since mber from the last return/report. | the last return/report filed | nor this plan, enter the | 4b EIN | | | |
| | or's name | | | | 4c PN 5a | | | |
| _ | | at the beginning of the plan year. | | | | | | |
| | | at the end of the plan year | | | 5b | 48 | | |
| C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) | | | | 5c | 43 | | | |
| d(1) Tota | al number of active pa | rticipants at the beginning of the p | an year | | | | | |
| d(2) Tot | al number of active pa | articipants at the end of the plan ye | ar | | . 5d(2) | | | |
| than | 100% vested | terminated employment during the | | | 5e | | | |
| | | or incomplete filing of this retur | | | | | | |
| SB or Sche | | ther penalties set forth in the instru nd signed by an enrolled actuary, a plete | | | | | | |
| SIGN | | /valid electronic signature. | 10/13/2016 | DENNIS HARKINS | | | | |
| HERE | Signature of plan a | administrator | idual signing as plan administrator | | | | | |
| SIGN | | | | | | | | |
| HERE | Signature of emplo | oyer/plan sponsor | Date | Enter name of individ | lual signing as emp | oloyer or plan sponsor | | |
| Preparer's | name (including firm r | name, if applicable) and address (in | nclude room or suite numl | ber) | Preparer's teleph | one number | | |
| | | | | | 1 | | | |

| | Form 5500-SF 2015 | | 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 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann | an indepe and condi | ndent qualified public a | ccount | ant (IQ | PA) | | | | X Ye | | |
| C I | f 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 | N | Not dete | ermined | |
| Par | t III Financial Information | | 1 | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | | | | | (b) E | nd of | Year | | |
| | Total plan assets | . 7a | | 1680 |)917 | - | | | | 1286 | 5467 | |
| | Total plan liabilities | . 7b | | 1600 | 0017 | | | | | 1000 | 2467 | |
| | Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year | . 7c | (a) Amai | 1680917 | | | | | (b) Total | | | |
| | Contributions received or receivable from: | | (a) Amou | ınt | | | | <u>(r</u> |) 100 | iai | | |
| | 1) Employers | . 8a(1) | | | | | | | | | | |
| | 2) Participants | . 8a(2) | | 64 | 287 | | | | | | | |
| | (3) Others (including rollovers) | . 8a(3) | | | | | | | | | | |
| | Other income (loss) | . 8b | | -1 | 917 | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | | | | | 62 | 2370 | |
| | o provide benefits) | . 8d | | 455 | 5500 | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | | | | | |
| <u>f</u> | Administrative service providers (salaries, fees, commissions) | . 8f | | 1 | 1320 | | | | | | | |
| g | Other expenses | . 8g | | | | | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | | | | 5820 | |
| | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | | | -394 | 1450 | |
| | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | | |
| Par | | | 1 (0 1: (5) | | | 0 | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D | teature co | odes from the List of Pi | an Cha | racteri | stic Co | odes in 1 | the ins | ruction | ons: | | |
| В | If the plan provides welfare benefits, enter the applicable welfare f | eature cod | des from the List of Pla | n Char | acterist | tic Coc | des in th | ne instr | uction | ns: | | |
| | | | | | | | | | | | | |
| Part | • | | | | T., | T | l | | | | | |
| 10 | During the plan year: Was there a failure to transmit to the plan any participant contribu | ıtiono withi | in the time period | | Yes | No | N/A | | | Amoun | t | |
| а | described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program) | oluntary F | Fiduciary Correction | 10a | | X | | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest | | | 401 | | Х | | | | | | |
| | reported on line 10a.) | | | 10b | | | | | | | | |
| c | Was the plan covered by a fidelity bond? | | | 10c | | X | | | | | | |
| 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 oth carrier, insurance service, or other organization that provides some | her persor ne or all of | s by an insurance the benefits under | 100 | | X | | | | | | |
| f | the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla | | | 10e | | | | | | | | |
| | | | | 10f | | X | | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | | | 10g | X | | | | | | 14208 | |
| 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 | | | | | | | | |
| j | Did the plan trust incur unrelated business taxable income? | | | 10j | | | | | | | | |
| Part | VI Pension Funding Compliance | | | • | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | | Ye | es X No | |
| 11a | Enter the unpaid minimum required contribution for all years from | | | | | | 11a | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requirem | ents of section 412 of t | he Cod | e or se | ection : | 302 of E | RISA | , | Υe | es X No | |

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public inspection

| Internal Revent | | Income Security Act of 1974 | | | | |
|--|--|--|---|--|---|--|
| Department | of Labor zurity Administration | | Revenue Code (the Code). | ns to the Form 5500 | 0.01. | |
| | | > Complete all entries in | accordance with the instruction | | 12/31/2015 | j |
| | A | Identification Information | 101/0015 | and ending | It-la bo | v must attach a |
| rt Ann | year 2015 or fi | | Oryoty 2500 or plan (r | ot multiemployer) (F | erdance with the form | instructions) |
| calendar plan | yeur zonz | X a single-employer plan | a multiple-employer plan (r list of participating employ | er information in acc | Oldance with an | |
| | mort is for | Com- | a foreign plan | | | |
| his return/rep | port is ion | a one-participant plan | Пакоголя | | | |
| | | . • | the final return/report | | | |
| | | the first return/report | a short plan year return/re | oort (less than 12 mc | onths) | |
| his return/rep | port is | an amended return/report | a short plan your forth | | ☐ DFVC prog | ıram |
| | | ⊢ | automatic extension | | | |
| Check box if | filing under: | X Form 5558 | ш | | | |
| | | special extension (enter de | escription) | | | T |
| | | formation—enter all requested | i Information | | 1b Three-digit | |
| art II Ba | asic Plan In | Tormation che sa | - | | plan number | 001 |
| Name of pl | lan | - 1-tions 401(k) Pla | n | | (PN) Þ | |
| nett Cor | mmercial | Solutions 401(k) Pla | | | 1c Effective date | OI high |
| | | | | | 12/01/20 | UJ Number |
| | | | | | 2b Employer Idea | ntification Number |
| | | Assert if for a single-employer pl | an) | | (EIN) 56-4 | 1389347 |
| a Plan spon | isor's name (en | nployer, if for a single-employer pla room, apt., suite no. and street, of vince, country, and ZIP or foreign | P.O. Box) | ctions) | 2c Sponsor's tel | lephone number |
| Mailing ad | un state of Dro | room, apt., suite no. and street, or vince, country, and ZIP or foreign | postal code (a loroigin - | | (866) 61 | 1-3282 |
| anett, I | Inc | | | | 2d Business coo | de (see Instructions) |
| anett, 1 | LIIC. | | | | 541519 | |
| | | | | | | |
| | 57th Str | eet, 4th Floor | | 10022 | | |
| 35 East | استان لنيازن | | | | | |
| | | | , NY | 10022 | 3b Administrato | or's EIN |
| | | ne and address XSame as Plan | | 10022 | | or's EIN |
| lew York 3a Plan adm | ninistrator's nar | ne and address XSame as Plan | Sponsor. | | 3c Administrato | |
| lew York 3a Plan adm | ninistrator's nar | ne and address XSame as Plan | Sponsor. | | 3c Administrato | |
| dew York 3a Plan adm | ninistrator's nar | ne and address XSame as Plan | Sponsor. since the last return/report filed f | | 3c Administrato | |
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| 3a Plan adm 4 If the na name, I | ninistrator's nar ame and/or EIN EIN, and the pla r's name | of the plan sponsor has changed an number from the last return/rep | Sponsor. since the last return/report filed foort. | or this plan, enter the | 3c Administrato e 4b EIN 4c PN 5a | or's telephone number |
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