## 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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to **Public Inspection** 

<u> </u>	art I	Annual Report	i Identification Information							
For	calend	ar plan year 2015 or fi	iscal plan year beginning 01/01/2	2015 and ending 12	2/31/201	15				
A	This ret	x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan								
В	This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 mg	onths)					
С	Check I	box if filing under:	X Form 5558 special extension (enter description)	automatic extension ription)		DFVC progr	ram			
P	art II	Basic Plan Info	ormation—enter all requested in	formation						
1a	Name	of plan	PROFIT SHARING PLAN		p (1	Three-digit blan number PN)	001			
					1c E	Effective date of	•			
2a	Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		2b Employer Identification Number (EIN) 13-3639788					
NETS		WORK COMPANY	ce, country, and ZIP or loreign post	al code (if foreign, see instructions)	2c Sponsor's telephone number 212-888-7311					
322 E NEW	EIGHTH YORK,	AVENUE, SUITE 70° NY 10001	1		<b>2d</b> B	Business code (	see instructions)			
3a	Plan a	dministrator's name a	nd address XSame as Plan Spons	sor.		Administrator's E	EIN elephone number			
4			e plan sponsor has changed since imber from the last return/report.	the last return/report filed for this plan, enter the	4b ∈	EIN				
а	Spons	or's name			4c F	PN				
5a	Totalı	number of participants	s at the beginning of the plan year		5a		3			
b	Total ı	number of participants	s at the end of the plan year		5b		3			
С				the plan year (defined benefit plans do not	5с		3			
d				an year	5d(1	1)	3			
				ar	5d(2		3			
e	Numb	per of participants that	t terminated employment during the	e plan year with accrued benefits that were less	5e		0			
Ca				n/report will be assessed unless reasonable cau	ıse is e	stablished.				
Un SB	der pena or Sche	alties of perjury and of	ther penalties set forth in the instructed and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/repass well as the electronic version of this return/report	ort, inc	luding, if applic				

SIGN Filed with authorized/valid electronic signature. 10/12/2016 **DANIEL KENNELLY HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

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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 indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA)  <b>Form</b>	5500.			X Ye	
C	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		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		918	3288					980	0699
	Total plan liabilities	. 7b		0.4.0							
	Net plan assets (subtract line 7b from line 7a)	. 7c		918288			980699				
	ncome, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amou	unt				(k	) Tot	tal	
	1) Employers	. 8a(1)			0						
(	2) Participants	. 8a(2)		72	2000						
(	3) Others (including rollovers)	. 8a(3)			0						
	Other income (loss)	. 8b		-7	'319						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								64	1681
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d			0						
	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
	Administrative service providers (salaries, fees, commissions)	. 8f		2	2270						
g	Other expenses	. 8g			0						
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								2	2270
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						62411			
j	Transfers to (from) the plan (see instructions)	· 8j									
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	the ins	truction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uctio	ns:	
					20101101						
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A			Amoun	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest										
	reported on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X						100000
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 person ne or all of	s by an insurance the benefits under			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					
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 the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?	_ <del>_</del> _		10j							
Part	VI Pension Funding Compliance			•		•					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s No
11a	Enter the unpaid minimum required contribution for all years from						11a				<u></u>
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										

	F	orm 5500-SF 2015 Page <b>3</b> - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	granting the waiver								
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					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
	140 Name of trustee of custodian				telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
15c	for the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?				s	No			
16a	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):						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	17b Date the last plan amendment/restatement for the required tax law changes was adopted//. Enter the applicable code (See instructions for tax law changes and codes).								
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		

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** Part I 12/31/2015 01/01/2015 and ending For calendar plan year 2015 or fiscal plan year beginning a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan list of participating employer information in accordance with the form instructions) A This return/report is for: a one-participant plan a foreign plan the first return/report the final return/report B This return/report is an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number 001 NETS THAT WORK CO. 401(K) PROFIT SHARING PLAN (PN) • 1c Effective date of plan 01/01/2008 2b Employer Identification Number 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 13-3639788 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Nets That Work Company 212-888-7311 2d Business code (see instructions) 322 Eighth Avenue, Suite 701 532400 New York 10001 3b Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year..... 5b 3 Total number of participants at the end of the plan year ..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... 5d(1) 3 d(1) Total number of active participants at the beginning of the plan year ..... 5d(2) 3 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 than 100% vested. 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, orrect/ and complete. 10/12/2016 DANIEL KENNELLY SIGN HERE Signature of plan administrator Enter name of individual signing as plan administrator Date SIGN **HERE** Enter name of individual signing as employer or plan sponsor Date Signature of employer/plan sponsor Preparer's telephone number Preparer's name (including firm name, if applicable) and address (include room or suite number )

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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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and conditi ot use For	ident qualified public a ons.)rm 5500-SF and must	ccount	ant (IQ ad use	PA) Form	5500.	X Yes No
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
a	Total plan assets	7a	· , J		8,28	8		980,699
	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		91	8,28	8		980,699
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total
а	Contributions received or receivable from:	9-(4)				0		, , , , , , , , , , , , , , , , , , ,
	(1) Employers	8a(1)		7	2,00	_		
	(2) Participants	8a(2)		/	Z,00	0		
	(3) Others (including rollovers)	8a(3)			7 <b>,</b> 31	0		
	Other income (loss)	8b			/ <b>,</b> 31	9		CA 601
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						64,681
	to provide benefits)	8d				0		
е	Certain deemed and/or corrective distributions (see instructions)	8e				0		
f	Administrative service providers (salaries, fees, commissions)	8f			2 <b>,</b> 27	0		
g	Other expenses	8g				0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2 <b>,</b> 270
i	Net income (loss) (subtract line 8h from line 8c)	8i						62 <b>,</b> 411
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
B Part	ZE ZF ZG ZJ ZK  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instructions:
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons	s by an insurance the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the 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)							
11a	Enter the unpaid minimum required contribution for all years from						11a	
12	Is this a defined contribution plan subject to the minimum funding						302 of E	ERISA? Yes X No

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	(If "Yes," co	mplete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		of the minimum funding standard for a prior year is being amortized in this plan year, see ins waiver		enter the Day_	e date of	the letter ru Year	ling			
If	you comple	ed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line $^{\prime}$	13.							
b	Enter the mi	12b								
С	Enter the am	ount contributed by the employer to the plan for this plan year		12c						
d	Subtract the negative an	eft of a	12d							
e	Will the min	mum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	VII Plan	Terminations and Transfers of Assets								
13a	Has a resolu	tion to terminate the plan been adopted in any plan year?			Yes X No					
	If "Yes," ent	er the amount of any plan assets that reverted to the employer this year		13a						
b		plan assets distributed to participants or beneficiaries, transferred to another plan, or broug		ontrol	[	Yes X	No			
С	-	s plan year, any assets or liabilities were transferred from this plan to another plan(s), identif s or liabilities were transferred. (See instructions.)	y the plan(s) to	)						
1	I <b>3c(1)</b> Name	of plan(s):	13c(2)	EIN(s)		13c(3) F	<b>13c(3)</b> PN(s)			
Part	VIII Tru	st Information								
14a Name of trust						14b Trust's EIN				
140	Name of tru	stee or custodian		14d Trustee's or custodian's telephone number						
Par	t IX RS	Compliance Questions								
15a	Is the plan a	401(k) plan?		Ye		No	No			
<b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					esign- ased safe arbor ethod		ADP/ACP test			
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?				Ye		No				
		ox to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio percentage test		e Average benefit test				
16b	Does the plate this plan with	n satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by cominany other plans under the permissive aggregation rules?	bining	Ye	S	No				
17a	Has the plar	been timely amended for all required tax law changes?		. Yes No			□ N/A			
17b		t plan amendment/restatement for the required tax law changes was adopted hanges and codes).	Enter the	applicat	ole code	(See i	nstructions			
	advisory lett	onsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla er, enter the date of that favorable letter and the letter's serial n	umber				or			
17d	If the plan is determination	an individually-designed plan and received a favorable determination letter from the IRS, ern letter	nter the date of	the plar	n's last fa	avorable				
18	Is the Plan r	naintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) rican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	3	No				
19	Were in-serv	rice distributions made during the plan year?		Yes No						
		er amount		19						
20	Were require	and minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of where $\frac{1}{2}$ (regardless) of where $\frac{1}{2}$ (regardless) of where $\frac{1}{2}$ (regardless) of where $\frac{1}{2}$	nether or not	Ye	s	No	N/A			