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).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HUKARI TECHNICAL SERVICES, INC. 401(K) P/S PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

HUKARI TECHNICAL SERVICES, INC.

4251 KIPLING STREET, SUITE 580
WHEAT RIDGE, CO 80033

2b Employer Identification Number (EIN)
84-1500382

2c Sponsor's telephone number
303-384-9079

2d Business code (see instructions)
541600

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.	10/12/2012	LEE CURRIER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	LEE CURRIER
	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")
HUKARI TECHNICAL SERVICES, INC.

4251 KIPLING STREET, SUITE 580
WHEAT RIDGE, CO 80033

3b Administrator's EIN
84-1500382

3c Administrator's telephone number
303-384-9079

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**	125
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**	106
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	34
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	140
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	140
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	137
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**	

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 2T 3D 3H

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **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
HUKARI TECHNICAL SERVICES, INC. 401(K) P/S PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HUKARI TECHNICAL SERVICES, INC.

D Employer Identification Number (EIN)
84-1500382

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 59 60 62 63 72	RECORDKEEPER	375	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

OMB No. 1210-0110

2011

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
HUKARI TECHNICAL SERVICES, INC. 401(K) P/S PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HUKARI TECHNICAL SERVICES, INC.

D Employer Identification Number (EIN)
84-1500382

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

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)
04-3159710-202	C	996384

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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
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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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2011

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
HUKARI TECHNICAL SERVICES, INC. 401(K) P/S PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HUKARI TECHNICAL SERVICES, INC.

D Employer Identification Number (EIN)
84-1500382

Part I Asset and Liability Statement

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) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		75
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)		996384
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	6402860	6145325
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	6402860	7141784
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6402860	7141784

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)	962097	
(B) Participants	2a(1)(B)	802970	
(C) Others (including rollovers)	2a(1)(C)	51637	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1816704
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	247001	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		247001
(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)		0

			(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)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		8705
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(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)		-668281
c	Other income	2c		19330
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1423459
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	684160	
	(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)		684160
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)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	375	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		375
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		684535
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		738924
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: ZARLENGO RAUB LLP **(2)** EIN: 20-2011735

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.)			
	4a		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.)			
	4b		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.)			
	4c		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.)			
	4d		X	
e	Was this plan covered by a fidelity bond?			
	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
	4f		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?			
	4g		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?			
	4h		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.)			
	4i	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.)			
	4j		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?			
	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?			
	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
	4m	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	X		

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.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
HUKARI TECHNICAL SERVICES, INC. 401(K) P/S PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HUKARI TECHNICAL SERVICES, INC.

D Employer Identification Number (EIN)
84-1500382

Part I Distributions

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** 0

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): 94-1687665

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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

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**

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.

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):

HUKARI TECHNICAL SERVICES, INC.

401(K) PROFIT SHARING PLAN

Audited Financial Statements

December 31, 2011

HUKARI TECHNICAL SERVICES, INC.
401(K) PROFIT SHARING PLAN
December 31, 2011

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Hukari Technical Services, 401(k) Profit Sharing Plan
Wheat Ridge, Colorado

We were engaged to audit the accompanying Statement of Net Assets Available for Benefits of Hukari Technical Services, Inc. 410(k) Profit Sharing Plan as of December 31, 2011, and the related Statement of Changes in Net Assets Available for Benefits and supplemental schedule H, line 4i-Schedule of Assets Held for Investment Purposes for the year ended December 31, 2011. These financial statements and schedules 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 Capital Bank & Trust(American Funds) and Merrill Lynch(Bank of America), the Custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that Merrill Lynch(Bank of America) held the Plan's investment assets and executed investment transactions from August 23, 2011 to December 31, 2011, and that Capital Bank & Trust(American Funds) held the Plan's investment assets and executed investment transactions for the period January 1, 2011 through August 22, 2011.. The Plan Administrator has obtained a certification from the Custodians as of and for the year ended December 31, 2011, that the information provided to the plan administrator by the Custodians is complete and accurate.

Because of the significance of the information in the Plan's 2011 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole as of or for the year ended December 31, 2011. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that derived from the information certified by the Custodian, have been audited by us in accordance with generally accepted auditing standards 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.

We have compiled the accompanying Statement of Net Assets Available for Benefits of the Plan as of December 31, 2010 in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying Statement of Net Assets Available for Benefits and, accordingly do not express an opinion or any form of assurance on it.

Zarlengo Raub LLP
Wheat Ridge, Colorado
October 12, 2012

JUDY A. MARTILLARO, CPA • W. JEFF MORAIN, CPA • TIMOTHY J. RAUB, CPA • ROBERT J. ZARLENGO, CPA/ABV, CVA, CExP
7100 WEST 44TH AVE · SUITE 101 · WHEAT RIDGE, COLORADO 80033 · TEL 303.421.4775 · FAX 303.420.3627 · WWW.ZARLENGORAUB.COM

HUKARI TECHNICAL SERVICES, INC.
401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and December 31, 2010

	12/31/2011	(unaudited) 12/31/2010
ASSETS		
Cash	$ 75	$ -
Common/Collective Trusts	996,384	-
Mutual Funds	6,145,325	6,402,860
Total investments	7,141,784	6,402,860
Employee contributions receivable	38,101	-
Employer contributions receivable	47,533	-
Total Receivables	85,634	-
TOTAL ASSETS	7,227,418	6,402,860
LIABILITIES & NET ASSETS		
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 7,227,418	$ 6,402,860

See accompanying notes and auditor's report

HUKARI TECHNICAL SERVICES, INC.
401(K) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011

		12/31/2011
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Participant contributions	$	841,072
Employer contributions		1,009,629
Rollover contributions		51,637
Total Contributions		1,902,338
Investment Income		
Interest and dividends		247,001
Total Investment Income		247,001
TOTAL ADDITIONS		2,149,339
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of investments		659,576
Administrative expenses		375
Benefits paid to participants		684,160
TOTAL DEDUCTIONS		1,344,111
OTHER ADDITIONS		
Unallocated contributions		75
Forfeitures		133
Fee refunds to participants (Note 6)		19,122
		19,330
NET INCREASE (DECREASE)		824,558
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR		6,402,860
END OF YEAR	$	7,227,418

See accompanying notes and auditor's report

HUKARI TECHINICAL SERVICES, INC.
401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Hukari Technical Services, Inc. ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was adopted effective January 1, 2007 and restated effective August 31, 2011. The Plan is a defined contribution plan covering all employees of the Company. The Plan was established under the provisions of Section 401(a) of the Internal Revenue Code ("IRC"), which includes a qualified deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees. It is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA). The Pension Benefit Guaranty Corporation does not guarantee benefits under the Plan.

Contributions

Eligible participants may contribute on a pre-tax basis up to 100% of their qualifying annual compensation as elected in their salary deferral agreements. Salary deferral agreements shall be made, terminated, or changed according to procedures and limitations set up by the Plan administrator and the Plan document.

Deferral contributions shall not exceed certain limits as set forth by the IRC. The limit is $16,500 for 2011. "Catch-up contributions" may be made by participants attaining the age of 50 before the end of the calendar year. The maximum "catch-up contribution" that can be made is $5,500 in 2011. The Internal Revenue Service adjusts these limitations each year for cost-of-living increases. Participants may change their contribution percentage throughout the year. A participant may cease making pretax contributions at any time.

The Company makes a safe harbor non-elective contribution to the Plan each year, which is equal to 3% of each participant's eligible compensation. The Company also may make a discretionary profit sharing contribution to the Plan each year equal to a certain percentage of each participant's eligible compensation. For the period ended December 31, 2011, the Company made a discretionary profit sharing contribution of 5% of eligible compensation. Employees do not have to make salary deferral contributions to be eligible for the Company contributions.

Participant Accounts

Participant accounts are credited with (1) employee deferral contributions, (2) Company safe harbor and profit sharing contributions, (3) rollover contributions and (4) Plan earnings or losses. Earnings from investment funds are allocated according to the Plan document. The benefit to which participants are entitled is the vested portion of their account.

HUKARI TECHINICAL SERVICES, INC.
401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN (continued)

Vesting

Participants are 100% vested in their deferral contributions, rollover contributions, employer safe harbor and profit sharing contributions and the allocated earnings thereon immediately upon entering into the Plan.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions to a stable value fund and several mutual funds offered as investment options.

Administrative Expenses

The Plan pays all significant costs of maintaining the Plan.

Payment of Benefits

A participant's entire interest in the Plan is payable upon death, attainment of normal retirement age, becoming disabled (as defined) or termination of services, and the participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a period not exceeding the participant's assumed life expectancy. For termination of service, a participant may receive or rollover into a qualified plan, the value of the vested interest in his or her account as a lump-sum distribution, net of tax withholdings, if applicable. Participants with a vested balance of $1,000 may remain in the plan after their separation from service. Payment of benefits must commence no later than April 1 following the calendar year in which the participant obtains age 70 ½. Participants with a vested balance of less than $1,000 may have their balance distributed to them at the Company's discretion, without the participant's consent.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition

The Plan's investments in mutual funds are carried 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. (See Note 4)

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 date. Net appreciation includes the Plan's gains and losses on the investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Funding Policy

The Company deposits bi-weekly contributions based on voluntary withholdings from the paychecks of eligible participants and Company safe harbor and profit sharing contributions.

NOTE 3 - SIGNIFICANT INVESTMENTS

The following investments represent at least 5% or more of the net assets at December 31, 2011

Putnam Stable Value Fund	$996,384
Alliance Bernstein Small/Mid Value Class A	471,161
American Europacifc Growth R3	737,997
Ivy High Income Fund Class Y	570,107
Ivy Mid Cap Growth Fund Class Y	305,096
Nuveen Tradewinds Value Opportunity Fund A	359,348
Nuveen Tradewinds Global All Cap	795,624
Blackrock Capital Appreciation Class A	770,938
Oppenheimer Developing Markets Fund Class A	470,753
Loomis Sayles Investment Grade Bond A	495,003
Templeton Global Bond Fund Class A	617,910

HUKARI TECHINICAL SERVICES, INC.
401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS

FASB ASC 820-10 provides a framework for measuring fair value under GAAP. It defines fair value as the exchange price that would be received for an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. It requires valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. It also establishes a fair value hierarchy, which prioritizes the valuation inputs into three broad levels. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs where used only when Level 1 or Level 2 inputs were not available.

Level 1 – Unadjusted quoted prices in active markets for identical assets and liabilities.

Level 1 inputs for the Plan consist of the unadjusted fair values of mutual funds based on quoted market prices. Cash and receivables are also valued at level one as their carrying value approximates fair value.

Level 2 - Observable inputs other than quoted price for identical assets.

Level 2 inputs for the Plan consist of fair values of stable value funds, which are valued daily at the net asset value by Putnam Investments.

Level 3 - Unobservable inputs for the asset or liability, where at least one significant input is unobservable. The determination of fair value requires significant management judgment or estimation.

The Plan does not have any assets valued at level 3.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair values of the plan assets at December 31, 2011, by category are as follows:

HUKARI TECHINICAL SERVICES, INC.
401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS (continued)

	Level 1	Level 2	Level 3	Total
Cash	$ 75	$ -	$ -	$ 75
Receivables	85,634	-	-	85,634
COMMON/COLLECTIVE TRUSTS				
Putnam Stable Value Fund	-	996,384	-	996,384
MUTUAL FUNDS				
First Eagle Global Fund Class A	249,592	-	-	249,592
Allicance Bernstein Sml/Mid Value Class A	471,161	-	-	471,161
Neuberger Berman Mid Cap	52,602	-	-	52,602
American Europacific Growth Fund R3	737,997	-	-	737,997
Ivy Mid Cap Growth Fund Class Y	305,096	-	-	305,096
Ivy High Income Fund Class Y	570,107	-	-	570,107
Ivy Balanced Fund Class Y	75,467	-	-	75,467
Nuveen Tradewinds Value Opportunity Fund A	359,348	-	-	359,348
Nuveen Tradewinds Global All Cap Fund	795,624	-	-	795,624
Calamos Global Equity Fund	34,295	-	-	34,295
Blackrock Capital Appreciation Class A	770,938	-	-	770,938
Oppenheimer Developing Markets Fund Class A	470,753	-	-	470,753
Loomis Sayles Investment Grade Bond A	495,003	-	-	495,003
PIMCO Total Return Fund Class A	3,541	-	-	3,541
Templeton Global Bond Fund Class A	617,910	-	-	617,910
Franklin Custodian Funds, Inc. Growth Fund	135,891	-	-	135,891
Total assets at fair value	$ 6,231,034	$ 996,384	$ -	$ 7,227,418

HUKARI TECHINICAL SERVICES, INC.
401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 5 – CUSTODIAN CERTIFICATION

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Custodian.

	8/22/11
Capital Bank & Trust (American Funds)	$7,019,180

	12/31/11
Merrill Lynch (Bank of America):	$7,141,784

NOTE 6 - CHANGE OF FUND CUSTODIAN

Effective August 23, 2011 the Plan terminated its relationship with American Funds and transferred all Plan assets to Merrill Lynch. As part of this relationship termination the Plan received a refund of fees charged by investment funds and the custodian of $19,122, which was credited back to the individual participant accounts.

NOTE 7 - NET ASSETS ALLOCATED TO TERMINATED PARTICIPANTS

At December 31, 2011 net assets available for benefits included $518,591 which was allocated to the accounts of persons who, as of or prior to, that date had separated from employment with the Plan Sponsor.

NOTE 8 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 2008, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code.

The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan was believed to be qualified and the related trust was tax-exempt as of the financial statement date.

HUKARI TECHINICAL SERVICES, INC.
401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - PLAN RESTATEMENT

The Plan was restated effective August 31, 2011 when the Plan was transferred from American Funds to Merrill Lynch. The restatement did not affect any of the terms of the Plan, but was simply to bring the Plan under the approved prototype of Merrill Lynch. See Note 1.

NOTE 10 - PLAN TERMINATION

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, amounts credited to the individual participant accounts would become 100% vested.

NOTE 11 - RECONCILATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of employee, employer, and rollover contributions per financial statements to Form 5500 for the year ended December 31, 2011

Employee, employer, and rollover Contributions per financial statements	$1,902,338
Less: Change in Contributions receivable at December 31, 2011	(85,634)
Employee, employer, and rollover contributions per form 5500.	$1,816,704

Contributions are accrued in the preparation of financial statements, which are prepared on an accrual basis. Form 5500 is prepared on a modified-cash basis due to the accrual of the employer contributions but not of the employee contributions.

NOTE 12 – CASH AND UNALLOCATED CONTRIBUTIONS

Cash at December 31, 2011 consists of a small amount of contribution remittances which were pending settlement at that date. The Plan's stable value fund or mutual funds were later purchased with this cash subsequent to year-end.

HUKARI TECHINICAL SERVICES, INC.
401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 13 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level or risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

NOTE 14 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through the date of the audit report, the date the financial statements were available to be issued.

On January 1, 2012 the Company entered into a plan of merger agreement with Ascendent Engineering & Safety Solutions, LLC.

The Plan was merged with the Ascendent Engineering & Safety Solutions, LLC 401(k) Profit Sharing Plan February 1, 2012 and the Ascendent Engineering & Safety Solutions, LLC 401(k) Profit Sharing Plan was terminated on that date.

SUPPLEMENTARY INFORMATION

HUKARI TECHNICAL SERVICES, INC
401(K) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

SCHEDULE H - Line 4i
EIN: 84-1500382
PLAN NUMBER: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Shares	(d) Cost	(e) Current Value
*	Bank of America Merrill Lynch	Putnam Stable Value Fund	996,383.8756	$ 996,384	$ 996,384
*	Bank of America Merrill Lynch	First Eagle Global Fund A	5,531.7403	257,635	249,592
*	Bank of America Merrill Lynch	Alliance Bernstein Small-Mid Cap Value	30,936.3529	486,227	471,161
*	Bank of America Merrill Lynch	Neuberger Berman Mid Cap	3,129.2333	51,993	52,602
*	Bank of America Merrill Lynch	American Funds Europacific Growth R3	21,378.8139	799,519	737,997
*	Bank of America Merrill Lynch	Ivy Mid Cap Growth Fund Class Y	18,010.4116	305,455	305,096
*	Bank of America Merrill Lynch	Ivy High Income Fund Class Y	71,531.6142	573,746	570,107
*	Bank of America Merrill Lynch	Ivy Balanced Fund Class Y	4,108.1800	74,378	75,467
*	Bank of America Merrill Lynch	Nuveen Tradewinds Value Opportunity Fund A	11,840.1446	404,604	359,348
*	Bank of America Merrill Lynch	Nuveen Tradewinds Global All Cap Fund	32,527.5524	907,636	795,624
*	Bank of America Merrill Lynch	Calamos Global Equity	2,921.2253	35,575	34,295
*	Bank of America Merrill Lynch	Blackrock Capital Appreciation Class A	36,904.6272	782,913	770,938
*	Bank of America Merrill Lynch	Oppenheimer Developing Markets Fund Class A	16,055.6971	524,412	470,753
*	Bank of America Merrill Lynch	Loomis Sayles Investment Grade Bond A	41,457.5114	515,772	495,003
*	Bank of America Merrill Lynch	PIMCO Total Return Fund Class A	325.7288	3,533	3,541
*	Bank of America Merrill Lynch	Templeton Global Bond Fund Class A	49,791.3281	677,807	617,910
*	Bank of America Merrill Lynch	Franklin Custodian Funds, Inc. Growth Fund	3,044.1470	133,244	135,891
*	Bank of America Merrill Lynch	Pending Settlement Fund	75.0000	75	75
*	Bank of America Merrill Lynch	Contribution Receivable			85,634
	TOTAL INVESTMENTS				$ 7,227,418

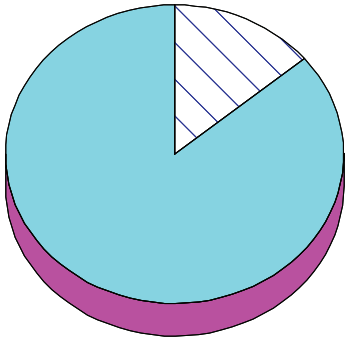
* Party in-interest to the Plan

STATEMENT OF ASSETS

FOR THE PERIOD 08/01/2011 - 12/31/2011

HUKARI TECHNICAL SERVICES, INC
401(K) PROFIT SHARING PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



13.95% COMMON / COLLECTIVE TRUSTS
86.05% MUTUAL FUNDS
0.00% PENDING SETTLEMENT FUNDS

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
COMMON / COLLECTIVE TRUSTS					
PUTNAM STABLE VALUE FUND	956,791.9900	1.000	956,791.99	956,791.99	13.40%
PUTNAM STABLE VALUE FUND GM	39,591.8856	1.000	39,591.89	39,591.89	0.55%
TOTAL COMMON / COLLECTIVE TRUSTS			996,383.88	996,383.88	13.95%
MUTUAL FUNDS					
FIRST EAGLE GLOBAL FD CL A	5,531.7403	45.120	257,634.52	249,592.12	3.49%
ALLIANCEBERN SML/MID VAL CL A	21,264.4465	15.230	334,265.09	323,857.52	4.53%
ALLIANCEBERN SML/MID VAL A GM	9,671.9064	15.230	151,822.03	147,303.13	2.06%
NEUBERGER BERMAN MID CAP	3,129.2333	16.810	51,992.65	52,602.41	0.74%
AMERICAN EUROPACIFIC GR FD R3	12,465.3277	34.520	468,199.93	430,303.11	6.03%
AMERICAN EUROPACIF GR FD R3 GM	8,913.4862	34.520	331,153.62	307,693.54	4.31%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 08/01/2011 - 12/31/2011

HUKARI TECHNICAL SERVICES, INC
401(K) PROFIT SHARING PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
IVY MID CAP GROWTH FUND CL Y	13,079.3658	16.940	222,159.02	221,564.46	3.10%
IVY MID CAP GROWTH FD CL Y GM	4,931.0458	16.940	83,344.37	83,531.92	1.17%
IVY HIGH INCOME FD CL Y	23,635.8723	7.970	188,683.00	188,377.90	2.64%
IVY GM HIGH INCOME FD CL Y	47,895.7419	7.970	385,010.12	381,729.06	5.35%
IVY BALANCED FUND CL Y	4,108.1800	18.370	74,378.08	75,467.27	1.06%
NUVEEN TRADEWINDS VAL OPP FD A	8,472.1428	30.350	289,696.20	257,129.53	3.60%
NUVEEN TRADEWINDS VAL OPP GM	3,368.0018	30.350	114,874.83	102,218.85	1.43%
NUVEEN TRDWDS GLOBAL ALL	20,955.5527	24.460	585,822.40	512,572.82	7.18%
NUVEEN TRDWDS GLOBAL ALL GM	11,571.9997	24.460	321,281.72	283,051.11	3.96%
CALAMOS GLOBAL EQUITY	2,921.2253	11.740	35,575.41	34,295.19	0.48%
BLACKROCK CAPITAL APPRC CL A	30,980.9341	20.890	657,497.25	647,191.71	9.06%
BLACKROCK CAPITAL APP GM CL A	5,923.6931	20.890	125,404.94	123,745.95	1.73%
OPPENHEIMER DEV MKTS FD CL A	13,883.1804	29.320	453,254.12	407,054.85	5.70%
OPPENHEIMER DEV MKTS CL A-GM	2,172.5167	29.320	70,331.11	63,698.19	0.89%
LOOMIS SAYLES INVT GRADE A	9,700.1767	11.940	120,787.96	115,820.11	1.62%
LOOMIS SAYLES INVT GRADE A GM	31,757.3347	11.940	394,985.49	379,182.58	5.31%
PIMCO TOTAL RETURN FUND CL A	325.7288	10.870	3,533.24	3,540.67	0.05%
TEMPLETON GLOBAL BOND FD CL A	49,791.3281	12.410	677,795.12	617,910.38	8.65%
FRANKLIN CUST FD INC GROWTH	276.3331	44.640	12,030.63	12,335.51	0.17%
FRANKLIN CUST FD INC GROWTH GM	2,767.8139	44.640	121,079.32	123,555.21	1.73%
TOTAL MUTUAL FUNDS			6,532,592.17	6,145,325.10	86.05%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 08/01/2011 - 12/31/2011

HUKARI TECHNICAL SERVICES, INC
401(K) PROFIT SHARING PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	75.0000	1.000	75.00	75.00	0.00%
INVESTMENT TOTAL			7,529,051.05	7,141,783.98	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			0.00	0.00	0.00%
CASH			0.00	0.00	0.00%
TOTAL ASSETS			7,529,051.05	7,141,783.98	100.00%

The balance in the cash fund may be temporarily invested in the BIF Money Fund. Additional amounts not reported as cash may also be invested in the BIF Money Fund pending settlement of trades.

Balances include the effect of pending trades