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| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection |
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| Part I | Annual Report Identification Information |
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u> | |
| A This return/report is for: | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| B This return/report is: | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. | <input type="checkbox"/> |
| D Check box if filing under: | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description) |

| | | | | | |
|--|--|---|---|---|--|
| Part II | Basic Plan Information —enter all requested information | | | | |
| 1a Name of plan <u>NEXT IT CORPORATION 401(K) PROFIT SHARING PLAN</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2007</u></td> </tr> </table> | 1b Three-digit plan number (PN) ▶ | <u>001</u> | 1c Effective date of plan <u>01/01/2007</u> | |
| 1b Three-digit plan number (PN) ▶ | <u>001</u> | | | | |
| 1c Effective date of plan <u>01/01/2007</u> | | | | | |
| 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NEXT IT CORPORATION</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>421 W RIVERSIDE, SUITE 1150</u> <u>SPOKANE, WA 99201</u> </div> <div style="width: 45%;"> <u>421 W RIVERSIDE, SUITE 1150</u> <u>SPOKANE, WA 99201</u> </div> </div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-2178084</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>509-242-0767</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541511</u></td> </tr> </table> | 2b Employer Identification Number (EIN) <u>91-2178084</u> | 2c Sponsor's telephone number <u>509-242-0767</u> | 2d Business code (see instructions) <u>541511</u> | |
| 2b Employer Identification Number (EIN) <u>91-2178084</u> | | | | | |
| 2c Sponsor's telephone number <u>509-242-0767</u> | | | | | |
| 2d Business code (see instructions) <u>541511</u> | | | | | |

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

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

| | | | |
|---|--|---------------------------|---|
| SIGN HERE | Filed with authorized/valid electronic signature. Signature of plan administrator | <u>10/08/2013</u> Date | <u>PAULA KENNEY</u> Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. Signature of employer/plan sponsor | <u>10/08/2013</u> Date | <u>PAULA KENNEY</u> Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) <u>SKYLER BROWN</u> <u>PENSION CONSULTANTS NORTHWEST, INC.</u> <u>PO BOX 8176</u> <u>SPOKANE, WA 99203</u> | | | Preparer's telephone number (optional) <u>509-838-7791</u> |

| | | |
|---|-----------|---|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address | | 3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| 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 | | 5 142 |
| 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 | 125 |
| b Retired or separated participants receiving benefits..... | 6b | |
| c Other retired or separated participants entitled to future benefits..... | 6c | 16 |
| d Subtotal. Add lines 6a , 6b , and 6c | 6d | 141 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e | |
| f Total. Add lines 6d and 6e | 6f | 141 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g | 86 |
| 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 Characteristics Codes in the instructions: 2E 2F 2J 2R 3D | | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: | | |
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

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|---|--|--|
| SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Service Provider 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 |
| | | 2012 |
| | | This Form is Open to Public Inspection. |

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

| | |
|--|---|
| A Name of plan NEXT IT CORPORATION 401(K) PROFIT SHARING PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NEXT IT CORPORATION | D Employer Identification Number (EIN) 91-2178084 |

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)

CHARLIE KETURAKAT

421 W. RIVERSIDE AVE, STE 711
SPOKANE, WA 99201

57-1742012

| (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? |
|---------------------------|---|---|--|--|---|--|
| 26 28 | | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 49063 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 |
|---|--|---|
| CHARLIE KETURAKAT | 26 28 | 49063 |
| (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. | |
| AMERICAN FUNDS 95-6817943 | PO BOX 6040 INDIANAPOLIS, IN 46206 | PROVIDES INVESTMENT ADVICE, PLANNING, AND EDUCATION ON PLAN ASSET MANAGEMENT TO PARTICIPANTS AND PLAN SPONSOR. THE TOTAL ESTIMATED AMOUNT WAS PROVIDED. |
| (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 |
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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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500. | OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection |
| For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 | | |
| A Name of plan NEXT IT CORPORATION 401(K) PROFIT SHARING PLAN | | B Three-digit plan number (PN) ► 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NEXT IT CORPORATION | | D Employer Identification Number (EIN) 91-2178084 |

| Part I | Asset and Liability Statement | | (a) Beginning of Year | (b) End of Year |
|---|---|-----------------|-----------------------|-----------------|
| 1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. | | | | |
| | Assets | | | |
| a | Total noninterest-bearing cash | 1a | | |
| 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) | | |
| | (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) | 2044501 | 2606701 |
| | (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| | (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 2044501 | 2606701 |

Liabilities

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

Net Assets

| | | | |
|---|-----------|---------|---------|
| l Net assets (subtract line 1k from line 1f) | 1l | 2044501 | 2606701 |
|---|-----------|---------|---------|

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) | | |
| (B) Participants | 2a(1)(B) | 382506 | |
| (C) Others (including rollovers) | 2a(1)(C) | | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 382506 |
| 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) | | |
| (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) | 43800 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 43800 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | 302332 | |
| (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) | | 302332 |
| (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) | | |

| | | (a) Amount | (b) Total |
|--|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (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) | | |
| c Other income..... | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 728638 |

Expenses

| | | | |
|---|-------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 166438 | |
| (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) | | 166438 |
| 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) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4)..... | 2i(5) | | |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 166438 |

Net Income and Reconciliation

| | | | |
|---|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | | 562200 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MOSS ADAMS

(2) EIN: 91-0189318

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

| | Yes | No | Amount |
|----|-----|----|--------|
| 4a | | X | |
| 4b | | X | |

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

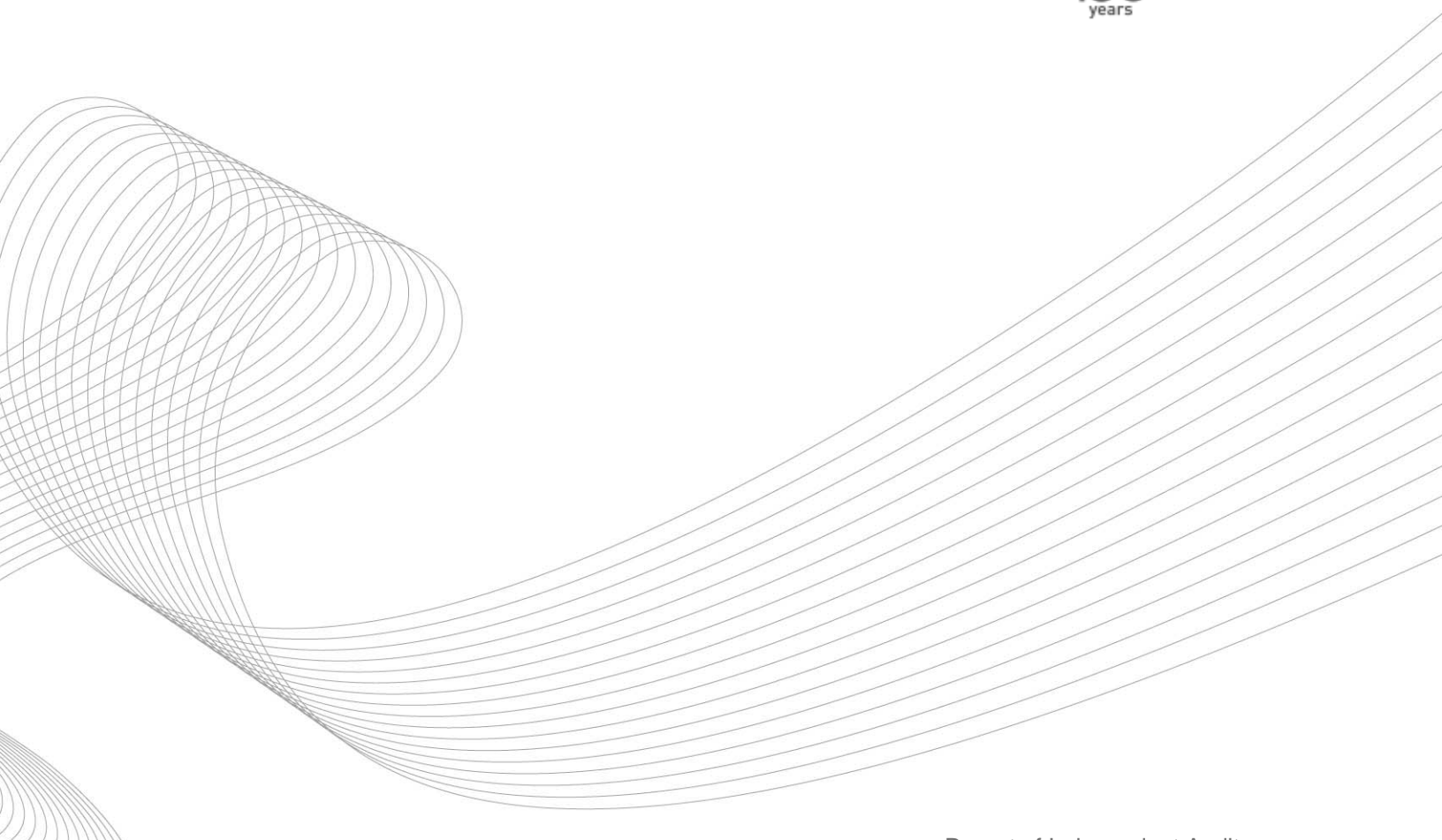
5b(1) Name of plan(s)

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

A large, abstract graphic composed of numerous thin, light gray lines. These lines are arranged in a series of overlapping, concentric, and slightly curved shapes that resemble a stylized, elongated 'N' or a series of flowing, interconnected loops. The lines are more densely packed on the left side and become more sparse as they extend towards the right, creating a sense of depth and movement.

Report of Independent Auditors
and Financial Statements
with Supplementary Schedule for

Next IT Corporation
401(k) Profit Sharing Plan

December 31, 2012 and 2011

MOSS ADAMS LLP

Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

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REPORT OF INDEPENDENT AUDITORS

To the Trustees
Next IT Corporation
401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Next IT Corporation 401(k) Profit Sharing Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the *Basis for Disclaimer of Opinion* paragraph; however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

REPORT OF INDEPENDENT AUDITORS (continued)

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Capital Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The Schedule H, Line 4i – Schedule of assets (held at end of year) as of December 31, 2012, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplementary information.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Moss Adams LLP

Spokane, Washington
September 5, 2013

NEXT IT CORPORATION 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, | |
|-----------------------------------|---------------------|---------------------|
| | 2012 | 2011 |
| ASSETS | | |
| Investments at fair value | | |
| Mutual funds | \$ 2,606,701 | \$ 2,044,501 |
| LIABILITIES | | |
| Excess contributions payable | - | 16,131 |
| Net assets available for benefits | <u>\$ 2,606,701</u> | <u>\$ 2,028,370</u> |

NEXT IT CORPORATION 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | Year Ended December 31, 2012 |
|---|------------------------------------|
| | <hr/> |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO | |
| Investment income | |
| Dividends | \$ 43,800 |
| Net appreciation in fair value of investments | <hr/> 302,332 |
| | 346,132 |
| Contributions | |
| Participant | <hr/> 382,506 |
| | 728,638 |
| Total additions | <hr/> |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO | |
| Benefits paid to participants | <hr/> 150,307 |
| | 578,331 |
| Net increase | |
| NET ASSETS AVAILABLE FOR BENEFITS | |
| Beginning of year | <hr/> 2,028,370 |
| End of year | <hr/> \$ 2,606,701 <hr/> |

NEXT IT CORPORATION 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Plan Description

The following description of the Next IT Corporation 401(k) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement, as amended, for a more complete description of Plan provisions.

General – The Plan is a 401(k) salary deferral and profit sharing plan covering all employees of Next IT Corporation (Company) who have completed three months of service and are 21 years of age or older, except those covered by a collective bargaining agreement and nonresident aliens. The Plan allows for quarterly enrollment dates. Participants must complete 1,000 hours of service during the Plan year and be employed as of the last day of the Plan year to be eligible to receive any qualified nonelective contributions. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Company is the Plan's sponsor and serves as Plan administrator.

Contributions – Participation in the Plan is voluntary. Participants may elect to contribute up to the maximum amount allowable under current Internal Revenue Service limits to the Plan each year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds for participants. The Company may elect to make a discretionary qualified nonelective contribution. For the Plan year ended December 31, 2012, no discretionary qualified nonelective contributions were made to the Plan.

Contributions are subject to regulatory limitations.

Participant accounts – Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are fully vested in their salary deferrals plus actual earnings thereon. Discretionary qualified nonelective contributions plus actual earnings vest as follows:

| Years of Service | Vested Percentage |
|------------------|-------------------|
| Year 1 | 50% |
| Year 2 | 75% |
| Year 3 | 100% |

NEXT IT CORPORATION 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Plan Description (continued)

Payment of benefits – On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's account balance.

Upon termination of services for other reasons, participants with a vested benefit of less than \$5,000 but greater than \$1,000 may elect to have such distributions paid directly to an eligible retirement plan specified by the participant, or to receive the benefit directly. If no such election is made, the Company shall pay the distribution in a direct rollover to an individual retirement plan designated by the Company. Participants with a vested benefit of less than \$1,000 will receive a lump-sum amount equal to the vested value of his or her account.

Forfeitures – Forfeitures are the nonvested portion of a participant's account that are lost upon termination of employment. Forfeitures are used to supplement any employer discretionary qualified nonelective contributions. As of December 31, 2012 and 2011, forfeited nonvested accounts had a zero balance. For the year ended December 31, 2012, no forfeitures were used to supplement discretionary contributions.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The financial statements of the Plan are prepared under the accrual method of accounting.

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Recent accounting pronouncements – In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-04, *Fair Value Measurement (Topic 820) - Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU No. 2011-04 requires disclosure of valuation techniques for Level 2 and Level 3 measurements and for Level 3 measurements requires disclosure of valuation processes used by the reporting entity and quantitative information about significant unobservable inputs. ASU No. 2011-04 removes the requirement for nonpublic companies to disclose information about transfers between Level 1 and Level 2 of the fair value hierarchy.

NEXT IT CORPORATION 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2 – Summary of Significant Accounting Policies (continued)

Investment valuation and income recognition – Investments are stated at fair value as certified by the Plan's trustee, Capital Bank and Trust Company. If available, quoted market prices are used to value investments.

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 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Payment of benefits – Benefits are recorded when paid.

Expenses – Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Excess contributions payable – Excess contributions payable represent amounts refunded to participants after year end to comply with regulatory contribution limitations.

Subsequent events – Subsequent events are events or transactions that occur after the statements of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statements of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statements of net assets available for benefits but arose after the statements of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through September 5, 2013, which is the date the financial statements were available to be issued.

NEXT IT CORPORATION 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 3 – Investments

Investments representing 5% or more of net assets available for benefits consist of the following as of December 31:

| | <u>2012</u> | <u>2011</u> |
|--|-------------|-------------|
| Mutual Funds | | |
| Capital World Growth & Income Fund - R3 | \$ 280,913 | \$ 260,400 |
| Europacific Growth Fund - R3 | 337,687 | 247,232 |
| Fundamental Investors - R3 | 244,406 | 184,440 |
| Small Cap World Fund - R3 | 192,362 | 140,849 |
| Growth Fund of America - R3 | 198,135 | 145,960 |
| American Funds 2025 Target Date Retirement Fund - R3 | 180,556 | 129,255 |
| American Balanced Fund-R3 | * | 102,971 |
| American Funds 2035 Target Date Retirement Fund - R3 | * | 102,673 |
| New Perspective Fund | 157,457 | * |

* Did not exceed 5% of net assets.

During 2012, the Plan's investments (including investments purchased, sold, as well as held during the year) appreciated in fair value as determined by quoted market prices as follows:

| | |
|--------------|-------------------|
| Mutual funds | <u>\$ 302,332</u> |
|--------------|-------------------|

Note 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Basis of Fair Value Measurement

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets the Plan has the ability to access.

NEXT IT CORPORATION 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4 – Fair Value Measurements (continued)

Level 2 Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Mutual funds – Shares of mutual funds are valued at the net asset value (NAV) of shares held by the Plan and are valued at the closing price reported on the active market on which the individual securities are traded.

The following table discloses by level the fair value hierarchy discussed in Note 2:

| | Investment Assets at Fair Value as of December 31, 2012 | | | |
|-------------------------|---|-------------|-------------|---------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | | | | |
| Growth funds | \$ 1,006,373 | \$ - | \$ - | \$ 1,006,373 |
| Growth and income funds | 525,319 | - | - | 525,319 |
| Equity income funds | 158,994 | - | - | 158,994 |
| Balanced funds | 117,406 | - | - | 117,406 |
| Bond funds | 117,202 | - | - | 117,202 |
| Money market funds | 85,259 | - | - | 85,259 |
| Target date funds | 596,148 | - | - | 596,148 |
| Total mutual funds | <u>\$ 2,606,701</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 2,606,701</u> |

NEXT IT CORPORATION 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4 – Fair Value Measurements (continued)

| | Investment Assets at Fair Value as of December 31, 2011 | | | |
|-------------------------|---|-------------|-------------|---------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | | | | |
| Growth funds | \$ 712,381 | \$ - | \$ - | \$ 712,381 |
| Growth and income funds | 444,840 | - | - | 444,840 |
| Equity income funds | 88,724 | - | - | 88,724 |
| Balanced funds | 102,971 | - | - | 102,971 |
| Bond funds | 98,764 | - | - | 98,764 |
| Money market funds | 73,866 | - | - | 73,866 |
| Target date funds | 522,955 | - | - | 522,955 |
| | | | | |
| Total mutual funds | <u>\$ 2,044,501</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 2,044,501</u> |

Note 5 – Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, management has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

Note 6 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

NEXT IT CORPORATION 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 7 – Information Certified by the Trustee

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Capital Bank and Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of:

- Investments included on the accompanying statements of net assets available for benefits as of December 31, 2012 and 2011.
- Net appreciation in fair value of investments and dividends reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2012.
- Investments reflected on the supplementary schedule of assets (held at end of year).

Note 8 – Party in Interest Transactions

Certain Plan investments are mutual funds managed by American Funds. Capital Bank and Trust Company is the trustee as defined by the Plan and an affiliate of American Funds; therefore, these transactions qualify as party in interest transactions.

Note 9 – Plan Termination

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan and discontinue its contributions at any time. If the Plan is terminated, amounts allocated to a participant's account become fully vested.

Note 10 – Reconciliation to Form 5500

The following is a reconciliation of the net assets available for benefits between the financial statements and Form 5500 as of December 31, 2011:

| | |
|---|----------------------------|
| Net assets available for benefits, per the financial statements | \$ 2,028,370 |
| Add excess contributions payable | <u>16,131</u> |
| Net assets available for benefits, per Form 5500 | <u><u>\$ 2,044,501</u></u> |

NEXT IT CORPORATION 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

Note 10 – Reconciliation to Form 5500 (continued)

There were no reconciling items between the net assets available for benefits on the financial statements and Form 5500 as of December 31, 2012.

The following is a reconciliation of the change in net assets available for benefits between the financial statements and the Form 5500 for the year ended December 31, 2012:

| | |
|--|--------------------------|
| Net increase in net assets available for benefits, per the financial statements | \$ 578,331 |
| Less prior year excess contributions payable | <u>(16,131)</u> |
| Net income, per Form 5500 | <u><u>\$ 562,200</u></u> |

SUPPLEMENTARY SCHDULE REQUIRED BY THE DEPARTMENT OF LABOR

NEXT IT CORPORATION 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Sponsor's EIN: 91-2178084
Plan Number: 001

| | | | December 31, 2012 | |
|-----|--|--|-------------------|-------------------------|
| | | (c) Description, Including Maturity Date, Rate of Interest, Value, Number of Shares | (d) Cost | (e) Current Value |
| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | | | |
| | Mutual Funds | | | |
| * | AMCAP Fund - R3 | Registered Investment Company | ** | \$ 120,732 |
| * | Growth Fund of America - R3 | Registered Investment Company | ** | 198,135 |
| * | Income Fund of America - R3 | Registered Investment Company | ** | 108,362 |
| * | New Perspective Fund - R3 | Registered Investment Company | ** | 157,457 |
| * | The Bond Fund of America - R3 | Registered Investment Company | ** | 84,648 |
| * | Fundamental Investors - R3 | Registered Investment Company | ** | 244,406 |
| * | American Balanced Fund - R3 | Registered Investment Company | ** | 117,406 |
| * | Capital Income Builder Fund - R3 | Registered Investment Company | ** | 50,632 |
| * | Europacific Growth Fund - R3 | Registered Investment Company | ** | 337,687 |
| * | Capital World Bond Fund | Registered Investment Company | ** | 22,022 |
| * | Capital World Growth & Income Fund - R3 | Registered Investment Company | ** | 280,913 |
| * | Small Cap World Fund - R3 | Registered Investment Company | ** | 192,362 |
| * | Short-Term Bond Fund of America - R3 | Registered Investment Company | ** | 10,532 |
| * | American Funds Money Market Fund - R3 | Registered Investment Company | ** | 85,259 |
| * | American Funds 2015 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 81,176 |
| * | American Funds 2020 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 59,255 |
| * | American Funds 2025 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 180,566 |
| * | American Funds 2030 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 204 |
| * | American Funds 2035 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 63,956 |
| * | American Funds 2040 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 86,298 |
| * | American Funds 2045 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 53,716 |
| * | American Funds 2050 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 67,884 |
| * | American Funds 2055 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 3,093 |
| | | | | <u>\$ 2,606,701</u> |

* Party in interest transaction as defined by ERISA.

** Information is not required as investments are participant directed.

NEXT IT CORPORATION 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Sponsor's EIN: 91-2178084
Plan Number: 001

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description, Including Maturity Date, Rate of Interest, Value, Number of Shares | December 31, 2012 | |
|-----|--|--|-------------------|-------------------------|
| | | | (d) Cost | (e) Current Value |
| | Mutual Funds | | | |
| * | AMCAP Fund - R3 | Registered Investment Company | ** | \$ 120,732 |
| * | Growth Fund of America - R3 | Registered Investment Company | ** | 198,135 |
| * | Income Fund of America - R3 | Registered Investment Company | ** | 108,362 |
| * | New Perspective Fund - R3 | Registered Investment Company | ** | 157,457 |
| * | The Bond Fund of America - R3 | Registered Investment Company | ** | 84,648 |
| * | Fundamental Investors - R3 | Registered Investment Company | ** | 244,406 |
| * | American Balanced Fund - R3 | Registered Investment Company | ** | 117,406 |
| * | Capital Income Builder Fund - R3 | Registered Investment Company | ** | 50,632 |
| * | Europacific Growth Fund - R3 | Registered Investment Company | ** | 337,687 |
| * | Capital World Bond Fund | Registered Investment Company | ** | 22,022 |
| * | Capital World Growth & Income Fund - R3 | Registered Investment Company | ** | 280,913 |
| * | Small Cap World Fund - R3 | Registered Investment Company | ** | 192,362 |
| * | Short-Term Bond Fund of America - R3 | Registered Investment Company | ** | 10,532 |
| * | American Funds Money Market Fund - R3 | Registered Investment Company | ** | 85,259 |
| * | American Funds 2015 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 81,176 |
| * | American Funds 2020 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 59,255 |
| * | American Funds 2025 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 180,566 |
| * | American Funds 2030 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 204 |
| * | American Funds 2035 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 63,956 |
| * | American Funds 2040 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 86,298 |
| * | American Funds 2045 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 53,716 |
| * | American Funds 2050 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 67,884 |
| * | American Funds 2055 Target Date Retirement Fund - R3 | Registered Investment Company | ** | 3,093 |
| | | | | <u>\$ 2,606,701</u> |

* Party in interest transaction as defined by ERISA.

** Information is not required as investments are participant directed.