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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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
HUKARIASCENDENT, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

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

HUKARIASCENDENT, 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.	10/15/2013	JACK BRUCKNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name
HUKARI TECHNICAL SERVICES, INC

4b EIN
84-1500382

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	140
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**	140
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	105
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	245
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	245
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	235
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 2G 2J 2K 2T 3D 3H

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)	[ ]	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.**	**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 HUKARIASCENDENT, INC. 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 HUKARIASCENDENT, 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	2774	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

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(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: ZARLENGO RAUB, LLP

b EIN: 20-2011735

c Position: AUDITOR

d Address: 7100 WEST 44TH AVE
SUITE 101
WHEAT RIDGE, CO 80033

e Telephone: 303-421-4775

Explanation: BUSINESS DECISION

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

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
HUKARIASCENDENT, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HUKARIASCENDENT, 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	2319624

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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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

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
HUKARIASCENDENT, INC. 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
HUKARIASCENDENT, 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	50
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		48961
(2) Participant contributions	1b(2)		26152
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		80568
(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	2319624
(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)	6145325	11536713
(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	7141784	14012068
	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	7141784	14012068

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)	1448264	
	(B) Participants	2a(1)(B)	1219624	
	(C) Others (including rollovers)	2a(1)(C)	70330	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2738218
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)	381914	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		381914
	(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
	(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		107940
(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)		640746
c Other income	2c		2807
d Total income. Add all **income** amounts in column (b) and enter total	2d		3871625
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4925425	
(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)		4925425
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)	2774	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2774
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4928199
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1056574
l Transfers of assets:			
(1) To this plan	2l(1)		7926858
(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: BAUERLE AND COMPANY, P.C. **(2)** EIN: 84-0817888

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:

		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		5550
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	

			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.)	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			

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

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

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
HUKARIASCENDENT, INC. 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
HUKARIASCENDENT, 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

HUKARIASCENDENT, INC. 401(K)
PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

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Bauerle
AND COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
HukariAscendent, Inc. 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of HukariAscendent, Inc. 401(k) Profit Sharing Plan (formerly Hukari Technical Services, Inc. 401(k) Profit Sharing Plan), which comprise the statements of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended, 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.

Auditors' 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 matter 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 opinion.

Basis for Disclaimer of Opinion

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 C, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing such information with the related information included in the 2012 financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

7887 E. Belleview Ave., Ste. 700
Denver, CO 80111

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American Institute of Certified Public Accountants

Colorado Society of Certified Public Accountants

PKF North America, an association of legally independent firms

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 on the 2012 financial statements. Accordingly, we do not express an opinion on the 2012 financial statements.

Other Matter – Supplemental Schedules

The supplemental schedule, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2012 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2012, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

Other Matter – 2011 Financial Statements

The financial statements of the Plan as of December 31, 2011, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 12, 2012, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations 2012

The form and content of the information included in the 2012 financial statements and supplemental schedules, 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 Department of Labor's Rules and Regulations and Disclosure under the Employee Retirement Income Security Act of 1974.

Bauerle and Company, P.C.

Bauerle and Company, P.C.
FEIN# 84-0817888

October 14, 2013
Denver, Colorado

HUKARIASCENDENT, INC. 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS		
Investments (at Fair Value):		
Mutual Funds	$ 11,536,713	$ 6,145,325
Common Collective Trust	2,319,624	1,030,261
Money Market Fund	80,618	75
Total Investments (at Fair Value)	13,936,955	7,175,661
Receivables:		
Participants' Contributions	26,152	38,101
Employer's Contributions	48,961	47,533
Total Receivables	75,113	85,634
NET ASSETS REFLECTING INVESTMENTS (AT FAIR VALUE)	14,012,068	7,261,295
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract	(69,528)	(33,877)
NET ASSETS AVAILABLE FOR BENEFITS	$ 13,942,540	$ 7,227,418

The accompanying notes are an integral part of the financial statements.

HUKARIASCENDENT, INC. 401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2012

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net Appreciation in Fair Value of Investments		$ 679,158
Interest and Dividends		381,914
Other Income		2,807
Total Investment Income		1,063,879
Contributions:		
Participants'	$ 1,181,523	
Employer's	1,400,731	
Rollovers	70,330	
Total Contributions/Rollovers		2,652,584
Total Additions		3,716,463
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	4,925,425	
Administrative Expenses	2,774	
Total Deductions		4,928,199
NET (DECREASE)		(1,211,736)
TRANSFERS IN (NOTE A)		7,926,858
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year		7,227,418
End of Year		$ 13,942,540

The accompanying notes are an integral part of the financial statements.

A Description of Plan.

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

1 **General.** The Plan is a defined contribution plan covering substantially all employees of HukariAscendent, Inc. ("Hukari") (formerly Hukari Technical Services, Inc.), who have completed one hour of service and met certain other eligibility requirements, as defined in the Plan. Effective October 1, 2012, the Plan was amended to additionally cover substantially all employees of HukariAscendent Services, LLC, a subsidiary of Hukari. HukariAscendent, Inc. and HukariAscendent Services, LLC are collectively referred to as "the Company". An employee must be employed by HukariAscendent, Inc. during the Plan year in order to be eligible to receive the Company's additional profit sharing contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Hukari is the plan administrator and is responsible for oversight of the Plan. Bank of America, N.A. serves as the trustee and Merrill Lynch, Pierce, Fenner & Smith Incorporated serves as recordkeeper. The plan administrator determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective December 31, 2011, the plan sponsor, Hukari Technical Services, Inc. entered into a plan of merger agreement with Ascendent Engineering & Safety Solutions, LLC. ("Ascendent"). In addition, on the effective date, Hukari Technical Services, Inc., the surviving company, changed its name to HukariAscendent, Inc.

Effective February 1, 2012, Ascendent terminated the Ascendent Engineering & Safety Solutions, LLC 401(k) Profit Sharing Plan (the "Ascendent Plan"). Upon termination of the Ascendent Plan, the trustee was directed to transfer the assets of the Ascendent Plan to the Hukari Plan. As a result, $7,926,858 of assets were transferred into the Plan on February 1, 2012. In addition, the Plan was amended to provide service credit for eligibility and vesting for individuals employed by Ascendent Engineering & Safety Solutions, LLC, as of the date of merger and who subsequently became employees of the Company. Further, on February 1, 2012, an amendment was approved to change the name of the Plan to the HukariAscendent, Inc. 401(k) Profit Sharing Plan.

2 **Contributions.** Each year, participants may contribute up to the amount allowed by law of annual compensation, as defined in the Plan, on a pretax basis. Deferral contributions shall not exceed certain limits set forth by the Internal Revenue Code ("IRC") ($17,000 in 2012). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions (up to $5,500 in 2012). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company is required to make Safe Harbor matching contributions equal to 3% of the employee's eligible compensation for the Plan year. HukariAscendent, Inc. may make additional profit sharing contributions for employees of HukariAscendent, Inc., equal to a percentage of each employee's eligible compensation for the Plan year. For the year ended December 31, 2012, HukariAscendent, Inc. made additional profit sharing contributions for employees of HukariAscendent, Inc., equal to 5% of employee's eligible compensation. Contributions are subject to certain limitations.

3 **Participant Accounts.** Each participant's account is credited with the participant's contribution, Company's contributions, and allocations of (a) Plan earnings and (b) charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4 **Vesting.** Participants are immediately vested in their contributions, plus actual earnings thereon, and the Company's Safe Harbor matching contributions and profit sharing contributions, plus actual earnings thereon.

5 **Investment Options.** Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a common collective trust as investment options for participants.

6 **Notes Receivable from Participants.** The Plan does not permit participant loans.

7 **Payment of Benefits.** Upon termination of service due to death, disability, or retirement, a 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 as required by minimum distribution rules. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

8 **Hardship Withdrawals.** Hardship withdrawals are available if the participant meets certain criteria.

9 **Forfeited Accounts.** At December 31, 2012 and 2011, the balance of the forfeited accounts totaled $137 and $135, respectively. Forfeitures are used first to pay administrative expenses. Any remaining forfeitures are used to reduce future employer contributions and any forfeitures that still remain, will be allocated to participants. During the year ended December 31, 2012, no forfeitures were used to reduce employer contributions.

B Summary of Accounting Policies.

1 **Basis of Accounting.** The financial statements of the Plan are prepared using the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a common collective trust. The Statements of Net Assets Available for Benefits presents the fair value of the investment contract as well as the adjustment of the investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared using the contract value basis for the investment contract.

2 **Use of Estimates.** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

3 **Investment Valuation and Income Recognition.** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisors and the trustee. See Note D for discussion of fair value measurements.

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 investments bought and sold, as well as held, during the year.

4 **Payment of Benefits.** Benefits are recorded when paid.

5 **Operating Expenses.** Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain investment related expenses are included in net appreciation of fair value of investments.

6 **Reclassifications.** Certain reclassifications have been made to the 2011 financial statement to conform to the 2012 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

7 **Subsequent Events.** The Plan has evaluated subsequent events through October 14, 2013, the date the financial statements were available to be issued. Plan management has not identified any material subsequent events that require reporting or disclosure.

C Investments and Information Prepared and Certified by Trustee (Unaudited).

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520-103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee of the Plan has certified that the following unaudited data included in the accompanying financial statements and supplemental schedules are complete and accurate:

- Investments (other than the fair value of the common collective trust and related adjustment from fair value to contract value for fully benefit-responsive investment contract), as shown in the Statements of Net Assets Available for Benefits as of December 31, 2012 and 2011, and investment information included in the notes to the financial statements.
- Interest and dividends, other income, and net appreciation in fair value of investments as shown in the Statement of Changes in Net Assets Available for Benefits.
- The schedule of assets held at end of year included as supplemental information.

This information has not been audited by the Plan's independent auditors.

The following is a detail of the investments at December 31, 2012 and 2011:

	2012		2011	
Mutual Funds:				
Loomis Sayles Investment Grade Bond Fund - A	$ 1,394,944	*	$ 495,003	*
American Funds EuroPacific Growth Fund - R3	1,370,992	*	737,997	*
Ivy High Income Fund - Y	1,369,335	*	570,107	*
Nuveen Tradewinds Global All Cap Fund - A	1,281,379	*	795,624	*
BlackRock Capital Appreciation Fund Investor - A	1,063,451	*	770,938	*
AllianceBernstein Discovery Value Fund - A	810,911	*	471,161	*
Oppenheimer Developing Markets Fund - A	776,141	*	470,753	*
Templeton Global Bond Fund - A	709,030	*	617,910	*
Franklin Growth Fund - A	654,639		135,891	
Ivy Mid Cap Growth Fund - Y	649,712		305,096	
Nuveen Tradewinds Value Opportunities Fund - A	551,908		359,348	
First Eagle Global Fund - A	373,924		249,592	
PIMCO Total Return Fund - A	118,106		3,541	
Delaware Limited-Term Diversified Income Fund - A	110,888		-	
Neuberger Berman Mid Cap Growth Fund	98,176		52,602	
Ivy Balanced Fund - Y	63,814		75,467	
Calamos Global Equity Fund - A	62,393		34,295	
ClearBridge Appreciation Fund - A	33,568		-	
Columbia Acorn Fund - A	25,171		-	
Invesco European Small Company Fund - A	14,528		-	
Prudential Jennison 20/20 Focus Fund - A	3,703		-	
Total Mutual Funds	11,536,713		6,145,325	
Common Collective Trusts:				
Putnam Stable Value Fund	2,319,624	*	1,030,261	*
Money Market Fund	80,618		75	
Total Investments	**$ 13,936,955**		**$ 7,175,661**	

*Amount represents 5% or more of Net Assets Available for Benefits for the respective years ended December 31.

During the year ended December 31, 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held, during the year) appreciated in value as follows:

Net Appreciation in Fair Value of Investments:	
Mutual Funds	$ 640,746
Common Collective Trust	38,412
Net Appreciation in Fair Value of Investments	$ 679,158

D 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) and the lowest priority to unobservable inputs (Level 3). The levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Fair Value Measurements.

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

Level 2 Fair Value Measurements.

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;
- 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 Fair Value Measurements.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The 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: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Collective Trusts: Fair values of the trusts are the net asset values of the underlying investments, and contract value is principal plus accrued interest. Investments in common collective trusts that invest in guaranteed investment contracts ("GICs") are stated at fair value and then adjusted to contract value.

Stable Value Fund: The stable value fund is a common collective trust for which the fair value of the participation units is based upon the net asset values as reported in the audited financial statements of the fund. The net unit values of the fund are determined as of the close of each business day.

Money Market Fund: Fair value is based on quoted market prices in an active market.

The preceding methods 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

Assets at Fair Value as of December 31, 2012

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds:				
Fixed Income	$ 3,702,303	$ 3,702,303	$ -	$ -
International	3,655,124	3,655,124	-	-
Large Growth	1,721,793	1,721,793	-	-
Mid-Cap Value	810,911	810,911	-	-
Emerging Markets	776,141	776,141	-	-
Mid-Cap Growth	773,059	773,059	-	-
Asset Allocation	63,814	63,814	-	-
Large Blend	33,568	33,568	-	-
Total Mutual Funds	11,536,713	11,536,713	-	-
Common Collective Trust	2,319,624	-	2,319,624	-
Money Market Fund	80,618	80,618	-	-
	$ 13,936,955	$ 11,617,331	$ 2,319,624	$ -

Assets at Fair Value as of December 31, 2011

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds:				
International	$ 2,176,856	$ 2,176,856	$ -	$ -
Fixed Income	1,686,561	1,686,561	-	-
Large Growth	906,829	906,829	-	-
Mid-Cap Value	471,161	471,161	-	-
Emerging Markets	470,753	470,753	-	-
Mid-Cap Growth	357,698	357,698	-	-
Asset Allocation	75,467	75,467	-	-
Total Mutual Funds	6,145,325	6,145,325	-	-
Common Collective Trust	1,030,261	-	1,030,261	-
Money Market Fund	75	75	-	-
	$ 7,175,661	$ 6,145,400	$ 1,030,261	$ -

E Stable Value Fund.

The Putnam Stable Value Fund ("Fund") is a common collective trust fund that invests primarily in high-quality GICs and similar contracts issued by insurance companies, banks, and other financial institutions to provide capital preservation and current income when consistent with capital preservation.

Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals and administrative expenses.

There are no reserves against the contract value for credit risk of the contact issuer or otherwise. The fair value of the investment contract at December 31, 2012 and 2011, was $2,319,624 and $1,030,261, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such rates are reviewed on a quarterly basis for resetting.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Company or other Company events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that the occurrence of any such event is probably.

The average yields for the fund are as follows:

	2012	2011
Average Yields:		
Based on Actual Earnings	2.36%	3.11%
Based on Intrerest Rate Credited to Participants	2.02%	3.23%

F Related Party Transactions and Party-In-Interest Transactions.

Bank of America, N.A., the trustee as defined by the Plan, manages the assets of the Plan and, therefore, investments in registered investment companies and other investments managed by Merrill Lynch qualify as party-in-interest transactions. Fees of $2,774, were paid to Merrill Lynch for recordkeeping services during the year ended December 31, 2012. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

BlackRock, Inc. is considered a party-in-interest as a result of its relationship with Merrill Lynch. At December 31, 2012 and 2011, the Plan held an investment in a BlackRock mutual fund. BlackRock Capital Appreciation Fund Investor held 44,777 and 36,905 shares, respectively, with a fair value of approximately $1,063,451 and $782,902, respectively.

G Plan Termination.

Although it has not expressed any intent to do so, 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. In the event of Plan termination, participants will become 100 percent vested in their accounts.

H Tax Status.

The Plan utilizes a prototype plan, which obtained a favorable determination letter from the Internal Revenue Service ("IRS") dated March 31, 2008, stating that the prototype plan is qualified under the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate the tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to 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.

I 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 of 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 Statements of Net Assets Available for Benefits.

J Prohibited Transactions.

During the year ended December 31, 2012, the Company erroneously failed to remit to the Plan certain participant contributions totaling $5,550, within the period prescribed by the Department of Labor (DOL) regulations. The Company has calculated lost earnings of $264 for the 2012 delinquent contributions and will remit the principal and lost earnings as soon as administratively possible.

K Reconciliation of Financial Statements to Form 5500.

The following is a reconciliation of Net Assets Available for Benefits, per the financial statements as of December 31, 2012 and 2011, to Form 5500:

	2012	2011
Net Assets Available for Benefits per the Financial Statements	$ 13,942,540	$ 7,227,418
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract	69,528	-
Less:		
Participants' Contribution Receivable	-	(38,101)
Employer's Contribution Receivable	-	(47,533)
Net Assets Available for Benefits per Form 5500 (Unaudited)	$ 14,012,068	$ 7,141,784

The following is a reconciliation of Changes in Net Assets Available for Benefits per the financial statements as of December 31, 2012, to Form 5500:

	2012
Total Additions per the Financial Statements	$ 3,716,463
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract	69,528
Change In:	
Participants' Contribution Receivable	38,101
Employer's Contribution Receivable	47,533
Total Additions per Form 5500 (Unaudited)	$ 3,871,625

SUPPLEMENTARY SCHEDULES

HUKARIASCENDENT, INC. 401(K) PROFIT SHARING PLAN
EIN: 84-1500382
PLAN NUMBER 001
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2012

Participant Contributions Late to Plan		Total that Constitute Nonexempt Prohibited Transactions			
Amount Withheld	Check Here If Late Participant Repayments Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction In Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program And PTE 2002-51
$ 5,550		$ 5,814	$ -	$ -	$ -

HUKARIASCENDENT, INC. 401(K) PROFIT SHARING PLAN
EIN: 84-1500382
PLAN NUMBER 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2012

(a)	Identity of issue, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)	Cost (d)	Current Value (e)
	Loomis Sayles Investment Grade Bond Fund - A	Mutual Fund	**	$ 1,394,944
	American Funds EuroPacific Growth Fund - R3	Mutual Fund	**	1,370,992
	Ivy High Income Fund - Y	Mutual Fund	**	1,369,335
	Nuveen Tradewinds Global All Cap Fund - A	Mutual Fund	**	1,281,379
*	BlackRock Capital Appreciation Fund Investor - A	Mutual Fund	**	1,063,451
	AllianceBernstein Discovery Value Fund - A	Mutual Fund	**	810,911
	Oppenheimer Developing Markets Fund - A	Mutual Fund	**	776,141
	Templeton Global Bond Fund - A	Mutual Fund	**	709,030
	Franklin Growth Fund - A	Mutual Fund	**	654,639
	Ivy Mid Cap Growth Fund - Y	Mutual Fund	**	649,712
	Nuveen Tradewinds Value Opportunities Fund - A	Mutual Fund	**	551,908
	First Eagle Global Fund - A	Mutual Fund	**	373,924
	PIMCO Total Return Fund - A	Mutual Fund	**	118,106
	Delaware Limited-Term Diversified Income Fund - A	Mutual Fund	**	110,888
	Neuberger Berman Mid Cap Growth Fund	Mutual Fund	**	98,176
	Ivy Balanced Fund - Y	Mutual Fund	**	63,814
	Calamos Global Equity Fund - A	Mutual Fund	**	62,393
	ClearBridge Appreciation Fund - A	Mutual Fund	**	33,568
	Columbia Acorn Fund - A	Mutual Fund	**	25,171
	Invesco European Small Company Fund - A	Mutual Fund	**	14,528
	Prudential Jennison 20/20 Focus Fund - A	Mutual Fund	**	3,703
	Putnam Stable Value Fund	Common Collective Trust	**	2,319,624
*	Merrill Lynch Cash and Settlement Accounts	Money Market Fund	**	80,618
				$ 13,936,955

* Party-in-interest

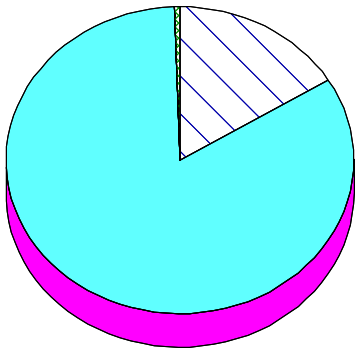
** Cost information is not required for participant directed investments and therefore, is not included.

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2012 - 12/31/2012

HUKARIASCENDENT, INC. 401(K)
PROFIT SHARING PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 16.23% COMMON / COLLECTIVE TRUSTS
- 0.00% PENDING SETTLEMENT FUNDS
- 0.58% CASH
- 83.19% MUTUAL FUNDS
- 0.00% ACCRUED INCOME

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
COMMON / COLLECTIVE TRUSTS					
PUTNAM STABLE VALUE FUND	2,132,905.0600	1.000	2,132,905.06	2,132,905.06	15.38%
PUTNAM STABLE VALUE FUND GM	117,191.3068	1.000	117,191.31	117,191.31	0.85%
TOTAL COMMON / COLLECTIVE TRUSTS			2,250,096.37	2,250,096.37	16.23%
MUTUAL FUNDS					
PRUDENTIAL JENNISON 20/20 FOCU	231.9994	15.960	3,697.09	3,702.71	0.03%
INVESCO EURO SMALL COM FD CL A	1,256.7434	11.560	13,149.26	14,527.95	0.10%
COLUMBIA ACORN FUND-A	857.3192	29.360	25,401.81	25,170.89	0.18%
FIRST EAGLE GLOBAL FD CL A	7,695.5009	48.590	361,720.95	373,924.39	2.70%
ALLNCBRNSTN DISCOVERY VAL CL A	22,530.3738	17.100	360,567.70	385,269.39	2.78%
ALLNCBRNSTN DISCOVERY VAL A GM	24,891.3234	17.100	409,226.24	425,641.63	3.07%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2012 - 12/31/2012

HUKARIASCENDENT, INC. 401(K)
PROFIT SHARING PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
NEUBERGER BERMAN MID CAP	5,391.3068	18.210	93,699.78	98,175.70	0.71%
AMERICAN EUROPACIFIC GR FD R3	11,653.1779	40.450	438,812.84	471,371.05	3.40%
AMERICAN EUROPACIF GR FD R3 GM	22,240.3150	40.450	830,224.36	899,620.74	6.49%
IVY MID CAP GROWTH FUND CL Y	20,943.2422	19.070	370,197.45	399,387.63	2.88%
IVY MID CAP GROWTH FD CL Y GM	13,126.6004	19.070	234,351.05	250,324.27	1.81%
IVY HIGH INCOME FD CL Y	29,153.1601	8.540	237,115.51	248,967.99	1.80%
IVY GM HIGH INCOME FD CL Y	131,190.5462	8.540	1,073,003.08	1,120,367.26	8.08%
IVY BALANCED FUND CL Y	3,168.5116	20.140	58,623.42	63,813.82	0.46%
NUVEEN TRADEWINDS VAL OPP FD A	8,290.9020	29.820	272,347.18	247,234.70	1.78%
NUVEEN TRADEWINDS VAL OPP GM	10,217.0943	29.820	330,730.95	304,673.75	2.20%
NUVEEN TRDWDS GLOBAL ALL	18,085.4978	23.860	491,512.75	431,519.98	3.11%
NUVEEN TRDWDS GLOBAL ALL GM	35,618.5811	23.860	927,417.58	849,859.35	6.13%
CALAMOS GLOBAL EQUITY	4,748.3314	13.140	58,820.48	62,393.07	0.45%
BLACKROCK CAPITAL APPRC CL A	29,582.2002	23.750	644,790.42	702,577.25	5.07%
BLACKROCK CAPITAL APP GM CL A	15,194.6824	23.750	335,617.08	360,873.71	2.60%
OPPENHEIMER DEV MKTS FD CL A	16,170.0074	35.290	527,407.31	570,639.56	4.11%
OPPENHEIMER DEV MKTS CL A-GM	5,823.2356	35.290	189,556.37	205,501.98	1.48%
LOOMIS SAYLES INVT GRADE A	22,531.5919	12.620	279,810.12	284,348.69	2.05%
LOOMIS SAYLES INVT GRADE A GM	88,002.7925	12.620	1,091,233.07	1,110,595.24	8.01%
PIMCO TOTAL RETURN FUND CL A	10,507.6179	11.240	119,170.16	118,105.63	0.85%
CLEARBRIDGE APPRECIATION FD A	2,138.0931	15.700	33,663.88	33,568.06	0.24%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2012 - 12/31/2012

HUKARIASCENDENT, INC. 401(K)
PROFIT SHARING PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
TEMPLETON GLOBAL BOND FD CL A	52,991.8093	13.380	713,737.99	709,030.41	5.11%
DELAWARE LMTD TRM DIVERSIFIED	12,529.6903	8.850	112,252.55	110,887.76	0.80%
FRANKLIN CUST FD INC GROWTH	5,784.9032	50.610	278,140.76	292,773.95	2.11%
FRANKLIN CUST FD INC GROWTH GM	7,150.0609	50.610	334,440.75	361,864.58	2.61%
TOTAL MUTUAL FUNDS			11,250,439.94	11,536,713.09	83.19%
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	50.0000	1.000	50.00	50.00	0.00%
INVESTMENT TOTAL			13,500,586.31	13,786,859.46	99.42%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			0.01	0.01	0.00%
CASH			80,568.38	80,568.38	0.58%
TOTAL ASSETS			13,581,154.70	13,867,427.85	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

[Notice to Terminated Accountant or Enrolled Actuary]

To: ZARLENGO RAUB, LLP

I, as plan administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination as reported on the Schedule C (Form 5500) attached to the 2012 Annual Return/Report Form 5500 for the the HukariAscendent, Inc. 401(k) Profit Sharing Plan.
This Form 5500 is identified in line 2b by the nine-digit EIN 84-1500382 and in line 1b by the three-digit PN 001.

Explanation:

BUSINESS DECISION

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to:

Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

_____ _____

Signature of Plan Administrator Date