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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2012 or fiscal plan year beginning <u>10/01/2012</u> and ending <u>09/30/2013</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                             |                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                     | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>SERVER TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN</u>                                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>10/01/1998</u></td> </tr> </table>                                            | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan<br><u>10/01/1998</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                           | <u>001</u>                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>10/01/1998</u>                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>SERVER TECHNOLOGY, INC.</u><br><br><u>1040 SANDHILL DRIVE</u><br><u>RENO, NV 89521</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>2b</b> Employer Identification Number (EIN)<br/><u>88-0456445</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>775-284-2000</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>335900</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>88-0456445</u> | <b>2c</b> Sponsor's telephone number<br><u>775-284-2000</u> | <b>2d</b> Business code (see instructions)<br><u>335900</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>88-0456445</u>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>775-284-2000</u>                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>335900</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.

|                                                                                                            |                                                                                         |                    |                                                                             |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br>Signature of plan administrator    | 06/24/2014<br>Date | KAY OBRIEN<br>Enter name of individual signing as plan administrator        |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br>Signature of employer/plan sponsor | 06/24/2014<br>Date | JOHN SURINA<br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           | 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)                                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address<br><br>SERVER TECHNOLOGY, INC.<br><br>1040 SANDHILL DRIVE<br>RENO, NV 89521                                                                                                                                                                                       |           | <b>3b</b> Administrator's EIN<br>88-0456445                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |           | <b>3c</b> Administrator's telephone number<br>775-284-2000                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name                                                                                                                                                                                                      |           | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |           | <b>5</b> 209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a</b> Active participants.....                                                                                                                                                                                                                                                                                                                                                                                          | <b>6a</b> | 140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         | <b>6b</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          | <b>6c</b> | 53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                   | <b>6d</b> | 193                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                                  | <b>6e</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    | <b>6f</b> | 193                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             | <b>6g</b> | 187                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                 | <b>6h</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |           | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2S 2T 3D                                                                                                                                                                                                                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |           | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2012</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2012 or fiscal plan year beginning **10/01/2012** and ending **09/30/2013**

|                                                                                                 |                                                                    |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>SERVER TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN</b>              | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SERVER TECHNOLOGY, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>88-0456445</b> |

**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  
**FIDELITY INVESTMENTS**

**04-2647786**

**(b)** Enter name and EIN or address of person who provided you disclosure 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

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

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**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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 37 65 60            | RECORDKEEPER                                                                                      | 1969                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

NATIONAL FINANCIAL SERVICES LLC

04-3523567

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 61                     | PAYING AGENT                                                                                      | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 3                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

NFP SECURITIES INC

1250 S CAPITAL OF TEXAS HWY STE  
600  
WEST LAKE HILLS, TX 78746

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 61 55                  | ADVISOR                                                                                           | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 12646                                                                                                                                                                           | Yes <input checked="" 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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                      | 0                                                                                                                                                                  |
| (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. |
| COL/ACORN INTL A - COLUMBIA MGT INV      P.O BOX 8081<br>BOSTON, MA 02266      | 0.25%                                   |                                                                                                                                                                    |
| <hr/>                                                                          |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                      | 0                                                                                                                                                                  |
| (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. |
| DREYFUS S&P 500 INDX - DREYFUS TRAN      200 PARK AVENUE<br>NEW YORK, NY 10166 | 0.15%                                   |                                                                                                                                                                    |
| <hr/>                                                                          |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                      | 0                                                                                                                                                                  |
| (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. |
| GS GROWTH OPPS A - GOLDMAN, SACHS &                                            | 0.25%                                   |                                                                                                                                                                    |
| 13-5108880                                                                     |                                         |                                                                                                                                                                    |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| HEARTLAND VAL PLS IV - ALPS FUND SE<br><br>20-3247785                          | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| JPM EQUITY INCOME A - BOSTON FINANC 330 W. 9TH STREET<br>KANSAS CITY, MO 66160 | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| NUVEEN LGCP GR OPP A - BOSTON FINAN P.O. BOX 8480<br>BOSTON, MA 02266          | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                     | 60                                                                                                                                                                 | 0                                         |
|                                                                                                                        |                                                                                                                                                                    |                                           |
| (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. |                                           |
| OPPHMR DEV MKTS A - OFI GLOBAL ASSE TWO WORLD FINANCIAL CENTER<br>225 LIBERTY STREET, 14TH FLOOR<br>NEW YORK, NY 10281 | 0.25%                                                                                                                                                              |                                           |
|                                                                                                                        |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                                                                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                     | 60                                                                                                                                                                 | 0                                         |
|                                                                                                                        |                                                                                                                                                                    |                                           |
| (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. |                                           |
| OPPHMR INTL GROWTH A - OFI GLOBAL A TWO WORLD FINANCIAL CENTER<br>225 LIBERTY STREET, 14TH FLOOR<br>NEW YORK, NY 10281 | 0.25%                                                                                                                                                              |                                           |
|                                                                                                                        |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                                                                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                     | 60                                                                                                                                                                 | 0                                         |
|                                                                                                                        |                                                                                                                                                                    |                                           |
| (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. |                                           |
| PIM REAL RETURN A - BOSTON FINANCIA P.O. BOX 8480<br>BOSTON, MA 02266                                                  | 0.25%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| PIONEER BOND A - PIONEER INVESTMENT                                                                        | 0.35%                                   |                                           |
| 04-2890696                                                                                                 |                                         |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| PRU GLOBAL RE A - PRUDENTIAL MUTUAL                                                                        | 0.25%                                   |                                           |
| 22-3703799                                                                                                 |                                         |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| PRU/J SMALL CO A - PRUDENTIAL MUTUA                                                                        | 0.25%                                   |                                           |
| 22-3703799                                                                                                 |                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                         | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| TEMPLETON FOREIGN A - FRANKLIN TEMP                                        | 0.25%                                   |                                           |
| 94-3167260                                                                 |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                         | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| TMPL GLOBAL BOND A - FRANKLIN TEMPL                                        | 0.25%                                   |                                           |
| 94-3167260                                                                 |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                         | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| TRP RETIRE INCOME R - T. ROWE PRICE                                        | 0.40%                                   |                                           |
| 52-2269240                                                                 |                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                                                                                            | 60                                      | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>TRP RETIRE 2005 R - T. ROWE PRICE S</p> <p>52-2269240</p>                                                |                                         |                                           |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p> |                                         |                                           |
| <p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>                                                                               |                                         |                                           |
| <p><b>(b)</b> Service Codes<br/>(see instructions)</p> <p>60</p>                                                                                                                              |                                         |                                           |
| <p><b>(c)</b> Enter amount of indirect compensation</p> <p>0</p>                                                                                                                              |                                         |                                           |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>TRP RETIRE 2010 R - T. ROWE PRICE S</p> <p>52-2269240</p>                                                |                                         |                                           |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p> |                                         |                                           |
| <p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>                                                                               |                                         |                                           |
| <p><b>(b)</b> Service Codes<br/>(see instructions)</p> <p>60</p>                                                                                                                              |                                         |                                           |
| <p><b>(c)</b> Enter amount of indirect compensation</p> <p>0</p>                                                                                                                              |                                         |                                           |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>TRP RETIRE 2015 R - T. ROWE PRICE S</p> <p>52-2269240</p>                                                |                                         |                                           |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p> |                                         |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| TRP RETIRE 2020 R - T. ROWE PRICE S<br><br>52-2269240               | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| TRP RETIRE 2025 R - T. ROWE PRICE S<br><br>52-2269240               | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| TRP RETIRE 2030 R - T. ROWE PRICE S<br><br>52-2269240               | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| TRP RETIRE 2035 R - T. ROWE PRICE S<br><br>52-2269240               | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| TRP RETIRE 2040 R - T. ROWE PRICE S<br><br>52-2269240               | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| TRP RETIRE 2045 R - T. ROWE PRICE S<br><br>52-2269240               | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| TRP RETIRE 2050 R - T. ROWE PRICE S<br><br>52-2269240               | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| TRP RETIRE 2055 R - T. ROWE PRICE S<br><br>52-2269240               | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| VICTORY ESTB VALUE A - CITI FUND SE<br><br>31-1249295               | 0.25%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                         | 61                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FA FREEDOM INC A - FIDELITY DISTRIB<br><br>04-2270522               | ---                                                                                                                                                                |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                         | 61                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FA FREEDOM 2005 A - FIDELITY DISTRI<br><br>04-2270522               | ---                                                                                                                                                                |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                         | 61                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FA FREEDOM 2010 A - FIDELITY DISTRI<br><br>04-2270522               | ---                                                                                                                                                                |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                         | 61                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FA FREEDOM 2015 A - FIDELITY DISTRI<br><br>04-2270522               | ---                                                                                                                                                                |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                         | 61                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FA FREEDOM 2020 A - FIDELITY DISTRI<br><br>04-2270522               | ---                                                                                                                                                                |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                         | 61                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FA FREEDOM 2025 A - FIDELITY DISTRI<br><br>04-2270522               | ---                                                                                                                                                                |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                         | 61                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FA FREEDOM 2030 A - FIDELITY DISTRI<br><br>04-2270522               | ---                                                                                                                                                                |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                         | 61                                      | 1                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FA FREEDOM 2035 A - FIDELITY DISTRI<br><br>04-2270522               | ---                                                                                                                                                                |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                         | 61                                      | 1                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FA FREEDOM 2045 A - FIDELITY DISTRI<br><br>04-2270522               | ---                                                                                                                                                                |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                                                                                                                                                      | 61                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>FA FREEDOM 2050 A - FIDELITY DISTRI<br><br>04-2270522                                              |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>--- |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                                                                                                       |                                         |                                           |
| NATIONAL FINANCIAL SERVICES LLC                                                                                                                                                      | 61                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>FA FREEDOM 2055 A - FIDELITY DISTRI<br><br>04-2270522                                              |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>--- |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                                                                                                       |                                         |                                           |
| NATIONAL FINANCIAL SERVICES LLC                                                                                                                                                      | 61                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>FA GLB COMDTY STK A - FIDELITY DIST<br><br>04-2270522                                              |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>--- |                                         |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                                     | 61                                                                                                                                                                 | 1                                         |
| (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. |                                           |
| FA GOV INCOME A - FIDELITY DISTRIBU<br><br>04-2270522               | ---                                                                                                                                                                |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NFP SECURITIES INC                                                  | 61                                                                                                                                                                 | 3                                         |
| (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. |                                           |
| NATIONAL FINANCIAL SERVICES LLC<br><br>04-3523567                   | ---                                                                                                                                                                |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NFP SECURITIES INC                                                  | 55                                                                                                                                                                 | 12643                                     |
| (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. |                                           |
| NATIONAL FINANCIAL SERVICES LLC<br><br>04-3523567                   | ---                                                                                                                                                                |                                           |

**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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                       |  |                                                                                                                                                                                                                                   |  |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2012</div> <div>This Form is Open to Public Inspection.</div>     |  |
| For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                     |  |
| A Name of plan<br>SERVER TECHNOLOGY, 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<br>SERVER TECHNOLOGY, INC.                                                                                              |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>88-0456445                                                |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(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                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                     |  |
| b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                     |  |
| c EIN-PN 04-3159710-202                                                                                                                                                               |  | d Entity code C                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 408419 |  |
| 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)        |  |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule D (Form 5500) 2012 v. 120126

**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**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**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2012 or fiscal plan year beginning <b>10/01/2012</b> and ending <b>09/30/2013</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>SERVER TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN</b>                                                                                                                                                                                       | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SERVER TECHNOLOGY, INC.</b>                                                                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br><br><b>88-0456445</b>                                                                                                                                                                                                       |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    | 143215                | 113006          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 297023                | 408419          |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 6115073               | 7472617         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 6555311               | 7994042         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 6555311 | 7994042 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 459457     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 921972     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 258147     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1639576   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 5516       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 5516      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 183310     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 183310    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 4114      |
| (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) |            | 833698    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 2666214   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....     | 2e(1) | 1226672 |         |
| (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) |         | 1226672 |
| 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) | 1973    |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 1973    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 1228645 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 1437569 |
| l Transfers of assets:                                  |       |  |         |
| (1) To this plan.....                                   | 2l(1) |  | 1162    |
| (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: SHEA LABAGH DOBBERSTEIN

(2) EIN: 94-2290202

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 750000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |        |
| <b>n</b> 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

|                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                   |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2012</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| A Name of plan<br>SERVER TECHNOLOGY, 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<br>SERVER TECHNOLOGY, INC.                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>88-0456445                                            |     |
| 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):<br>EIN(s): 04-6568107                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 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 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)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Schedule R (Form 5500) 2012 v. 120126                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |

**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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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):

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE

Year Ended September 30, 2013

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

Year Ended September 30, 2013

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## SHEA LABAGH DOBBERSTEIN

*Certified Public Accountants, Inc.*

### **INDEPENDENT AUDITORS' REPORT**

#### **TO THE PLAN ADMINISTRATOR AND PARTICIPANTS** **OF SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN**

##### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended September 30, 2013, and the related notes to the financial statements.

##### **Management's Responsibility for the Financial Statements**

Plan 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 audit 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 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 certifications from the trustee as of September 30, 2013 and 2012, and for the year ended September 30, 2013, 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 – Supplemental Schedule**

The supplemental Schedule H – Line 4i: Schedule of Assets (Held at End of Year) as of September 30, 2013, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph we do not express an opinion on the supplemental schedule referred to above.

**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 supplemental schedule, 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 for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SHEA LABAGH DOBBERSTEIN  
Certified Public Accountants, Inc.



San Francisco, California  
June 17, 2014

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

|                                                                                                                                                                              | <u>September 30,</u> |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
|                                                                                                                                                                              | <u>2013</u>          | <u>2012</u>         |
| <u>ASSETS</u>                                                                                                                                                                |                      |                     |
| <u>INVESTMENTS, AT FAIR VALUE</u>                                                                                                                                            |                      |                     |
| Mutual Funds                                                                                                                                                                 | \$ 7,472,617         | \$ 6,115,072        |
| Collective Trust Fund                                                                                                                                                        | 413,774              | 306,202             |
| <u>    TOTAL INVESTMENTS</u>                                                                                                                                                 | <u>7,886,391</u>     | <u>6,421,274</u>    |
| <u>NOTES RECEIVABLE FROM PARTICIPANTS</u>                                                                                                                                    | <u>113,006</u>       | <u>143,215</u>      |
| <u>CONTRIBUTIONS RECEIVABLE</u>                                                                                                                                              |                      |                     |
| Participant Contributions                                                                                                                                                    | -                    | 62,000              |
| Employer Contributions                                                                                                                                                       | 435,535              | 459,457             |
| <u>    TOTAL CONTRIBUTIONS RECEIVABLE</u>                                                                                                                                    | <u>435,535</u>       | <u>521,457</u>      |
| <u>TOTAL ASSETS</u>                                                                                                                                                          | <u>8,434,932</u>     | <u>7,085,946</u>    |
| <u>ADJUSTMENT FROM FAIR VALUE TO CONTRACT</u><br><u>VALUE FOR INTEREST IN COLLECTIVE TRUST</u><br><u>RELATING TO FULLY BENEFIT-RESPONSIVE</u><br><u>INVESTMENT CONTRACTS</u> | <u>(5,355)</u>       | <u>(9,179)</u>      |
| <u>NET ASSETS AVAILABLE FOR BENEFITS</u>                                                                                                                                     | <u>\$ 8,429,577</u>  | <u>\$ 7,076,767</u> |

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended September 30, 2013

ADDITIONS

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

INVESTMENT INCOME

|                                               |                |
|-----------------------------------------------|----------------|
| Net Appreciation in Fair Value of Investments | \$ 833,699     |
| Interest and Dividend Income                  | <u>188,586</u> |

|                                |                  |
|--------------------------------|------------------|
| <u>TOTAL INVESTMENT INCOME</u> | <u>1,022,285</u> |
|--------------------------------|------------------|

INTEREST INCOME ON NOTES RECEIVABLE

|                          |              |
|--------------------------|--------------|
| <u>FROM PARTICIPANTS</u> | <u>5,516</u> |
|--------------------------|--------------|

CONTRIBUTIONS

|              |                |
|--------------|----------------|
| Participants | 859,972        |
| Employer     | 435,535        |
| Rollover     | <u>258,147</u> |

|                            |                  |
|----------------------------|------------------|
| <u>TOTAL CONTRIBUTIONS</u> | <u>1,553,654</u> |
|----------------------------|------------------|

|                        |                  |
|------------------------|------------------|
| <u>TOTAL ADDITIONS</u> | <u>2,581,455</u> |
|------------------------|------------------|

DEDUCTIONS

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

|                                      |           |
|--------------------------------------|-----------|
| <u>BENEFITS PAID TO PARTICIPANTS</u> | 1,226,672 |
|--------------------------------------|-----------|

|                            |              |
|----------------------------|--------------|
| <u>ADMINISTRATIVE FEES</u> | <u>1,973</u> |
|----------------------------|--------------|

|                         |                  |
|-------------------------|------------------|
| <u>TOTAL DEDUCTIONS</u> | <u>1,228,645</u> |
|-------------------------|------------------|

|                                   |           |
|-----------------------------------|-----------|
| <u>NET INCREASE IN NET ASSETS</u> | 1,352,810 |
|-----------------------------------|-----------|

NET ASSETS AVAILABLE FOR  
BENEFITS AT BEGINNING OF YEAR

|                  |
|------------------|
| <u>7,076,767</u> |
|------------------|

NET ASSETS AVAILABLE FOR  
BENEFITS AT END OF YEAR

|                     |
|---------------------|
| <u>\$ 8,429,577</u> |
|---------------------|

# SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

September 30, 2013

### NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Server Technology, Inc. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan was established on October 1, 1998, to provide retirement benefits for employees of Server Technology, Inc. (“STI”) and its wholly-owned subsidiary, PDUs Direct, LLC (“PDUs”), collectively referred to herein as the “Company”. Prior to PDUs becoming a wholly-owned subsidiary of STI on September 30, 2013, it was an affiliated company whose employees were eligible to participate in the Plan. The Plan is a defined contribution plan covering all eligible employees meeting certain eligibility criteria who have completed three months of service and who have attained twenty-one years of age. Employees are eligible to participate if they are not nonresident aliens or union employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and certain provisions of the Internal Revenue Code (“IRC”).

The Plan provides for a plan administrator who is responsible for keeping accurate and complete records with regard to the Plan’s operations, informing participants of changes or amendments to the Plan, ensuring that the Plan conforms to the law and to government regulations, and providing participants with any reports and documents required by law.

Participant Contributions – Participants may voluntarily contribute an amount up to 90% of pretax annual compensation as defined by the Plan agreement, up to a maximum permitted contribution in a calendar year. For the 2013 calendar year, the maximum permitted contribution was \$17,500. Participants may also make after-tax contributions subject to certain limitations. Participants 50 years of age or older may make an additional catch-up contribution up to \$5,500 annually. A participant may increase or decrease the amount of contributions at the beginning of each payroll period.

Effective July 1, 2013, the Plan was amended to provide an automatic enrollment feature. Participants subject to the automatic enrollment will have 5% of eligible compensation deducted on a pretax basis as a salary deferral contribution to the Plan. The deferral contribution rate will increase 1% per year until it reaches a maximum of 10% unless the participant elects otherwise. Participants may stop or change this automatic contribution at any time. If the participant has not selected an investment option, the default investment will be the T. Rowe Price Retirement Fund, appropriate for the age of the participant.

Employer Contributions – The Company matches participant contributions by contributing 100% of participant’s elective deferrals that do not exceed 3% of the participant’s compensation, plus 50% of the amount of the participant’s elective deferrals that exceed 3% of the participant’s compensation but do not exceed 5% of the participant’s compensation. The Company may, at its discretion, make a profit sharing contribution or an additional matching contribution.

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts – The Plan maintains an account for each participant which is credited with the participant's contributions and the Company's matching contributions, and allocations of (a) the Company's profit sharing contributions and (b) Plan investment earnings or losses, and is charged with an allocation of investment expenses. Allocations are based on participant earnings or account balances, as defined by the Plan agreement. The benefit to which a participant is entitled is the benefit that may be provided from the participant's vested account.

Vesting – Participants are immediately 100% vested in their voluntary contributions as well as 100% of basic matching "safe harbor" employer contributions, plus actual earnings thereon. Vesting in the Company's discretionary contributions, if any, and related earnings thereon is in accordance with the following schedule:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| 0 - 1 year              | 0%                       |
| 2 years                 | 20%                      |
| 3 years                 | 40%                      |
| 4 years                 | 60%                      |
| 5 years                 | 80%                      |
| 6 years                 | 100%                     |

Investment Options – Upon enrollment in the Plan, a participant may direct the investment of his or her account balance into the various investment funds offered under Fidelity Management Trust Company ("Fidelity"), the trustee of the Plan.

Notes Receivable from Participants – Participants may borrow from their vested account balances provided they meet the Plan's eligibility requirements. The minimum loan amount is \$500 and the maximum loan amount is the lesser of one-half of the participant's vested account balance or \$50,000. The duration of the loan is not to exceed five years, except for loans used to finance the purchase of a primary residence. The loans are secured by the balance in the participant's account and interest rates are based on the prevailing interest rates charged under similar circumstances, and remain fixed throughout the life of the loan. Principal and interest are paid ratably through payroll deductions and loans are due immediately upon termination of employment. As of September 30, 2013, the outstanding loans bear interest at the rate of 4.25% with maturity dates ranging from December 2013 to June 2018.

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits – Upon termination of service due to death, disability or retirement, a participant may receive a lump-sum distribution, a direct rollover distribution, or a combination of cash and direct rollover distribution equal to the value of the participant's vested interest in his or her account. 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 cash distribution. If a terminated participant's vested interest in his/her account is between \$1,000 and \$5,000 and no instructions have been received from such participant, the amount may be rolled over to an individual retirement account plan as designated by the plan administrator. A balance less than \$1,000 may be distributed directly to the participant as a lump-sum payment and a balance greater than \$5,000 may be left in the Plan.

Forfeited Accounts – The non-vested portion of a terminated participant's account balance is forfeited. Forfeited accounts are applied to reduce future employer contributions under the Plan. As of September 30, 2013 and 2012, there were no forfeited non-vested accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The Plan's financial statements are prepared using the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

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 amount of assets, liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results may differ from those estimates.

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. See Note 3 for further 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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Accounting for Fully Benefit-Responsive Investment Contracts – As described in the *Plan Accounting – Defined Contribution Pension Plans* topic of the Financial Accounting Standards Board Accounting Standards Codification (“FASB ASC”), 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 has invested in fully benefit-responsive investment contracts through a collective trust from time to time.

The Statements of Net Assets Available for Benefits present the fair value of the investment in the collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Notes Receivable from Participants – Notes receivable from participants represent loans to participants and are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based upon the terms of the plan document.

Payments of Benefits – Benefits are recorded when paid.

Administrative Expenses – Generally, administrative costs are paid by the Company. Administrative fees on participant loans and distributions are charged to the individual account of the participant requesting the transaction. Fees paid by the Plan for investment management services are netted against net appreciation in fair value of investments.

NOTE 3 – FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* topic of the FASB ASC defines fair value and establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The three levels of the fair value hierarchy under this guideline are described as follows:

Level 1: 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: 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: 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 are required to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the Plan's valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of September 30, 2013 and 2012.

Mutual Funds: Valued based on quoted market prices, which represent the net asset value ("NAV") of shares held by the Plan at year-end.

Collective Trust Fund: Valued at the NAV of shares of a bank collective trust held by the Plan at year-end. The NAV is based on the fair value of the underlying investments held by the fund. Participant transactions (issuances and redemptions) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The preceding methodologies 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.

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2013:

|                            | Level 1      | Level 2    | Level 3 | Total        |
|----------------------------|--------------|------------|---------|--------------|
| Mutual Funds:              |              |            |         |              |
| Blend                      | \$ 2,278,984 | \$ -       | \$ -    | \$ 2,278,984 |
| Bond                       | 1,852,229    | -          | -       | 1,852,229    |
| Emerging Markets           | 410,712      | -          | -       | 410,712      |
| Government                 | 234,230      | -          | -       | 234,230      |
| Growth                     | 1,037,291    | -          | -       | 1,037,291    |
| Income                     | 16,256       | -          | -       | 16,256       |
| Real Estate                | 193,087      | -          | -       | 193,087      |
| Target Date                | 818,629      | -          | -       | 818,629      |
| Value                      | 631,199      | -          | -       | 631,199      |
| Total Mutual Funds         | 7,472,617    | -          | -       | 7,472,617    |
| Collective Trust Fund:     |              |            |         |              |
| Putnam Stable Value Fund   | -            | 413,774    | -       | 413,774      |
| Total Assets at Fair Value | \$ 7,472,617 | \$ 413,774 | \$ -    | \$ 7,886,391 |

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2012:

|                            | Level 1      | Level 2    | Level 3 | Total        |
|----------------------------|--------------|------------|---------|--------------|
| Mutual Funds:              |              |            |         |              |
| Blend                      | \$ 1,673,336 | \$ -       | \$ -    | \$ 1,673,336 |
| Bond                       | 2,104,166    | -          | -       | 2,104,166    |
| Emerging Markets           | 344,579      | -          | -       | 344,579      |
| Government                 | 242,148      | -          | -       | 242,148      |
| Growth                     | 446,682      | -          | -       | 446,682      |
| Income                     | 16,260       | -          | -       | 16,260       |
| Real Estate                | 147,940      | -          | -       | 147,940      |
| Target Date                | 664,003      | -          | -       | 664,003      |
| Value                      | 475,958      | -          | -       | 475,958      |
| Total Mutual Funds         | 6,115,072    | -          | -       | 6,115,072    |
| Collective Trust Fund:     |              |            |         |              |
| Putnam Stable Value Fund   | -            | 306,202    | -       | 306,202      |
| Total Assets at Fair Value | \$ 6,115,072 | \$ 306,202 | \$ -    | \$ 6,421,274 |

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN

The investment information presented in these financial statements and accompanying notes as of September 30, 2013 and 2012, and for the year ended September 30, 2013, including investment assets, notes receivable from participants, investment income or loss, interest income on notes receivable from participants and the schedule of assets held at end of year included in the accompanying supplemental schedule, was obtained from data that has been certified by Fidelity, the trustee of the Plan, to be complete and accurate. The contributions are maintained in separate accounts, which are invested in various fund options as directed by each participant (see Note 1). The accounts are credited with actual earnings and unrealized appreciation or depreciation on the investments and charged for Plan withdrawals and miscellaneous expenses.

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN (Continued)

The following is a summary of Plan asset information certified by Fidelity at September 30, furnished to the plan administrator and included in the Plan's financial statements, notes, and supplemental schedule. Asset allocations representing greater than 5% of net assets are individually identified.

|                                            | <u>2013</u>         | <u>2012</u>         |
|--------------------------------------------|---------------------|---------------------|
| Mutual Funds, at Fair Value:               |                     |                     |
| Dreyfus S&P 500 Index Fund                 | \$ 455,653          | \$ -                |
| Goldman Sachs Growth Opportunities Fund    | 591,706             | 446,682             |
| JP Morgan Equity Income Fund               | 706,519             | 501,404             |
| Nuveen Large Cap Growth Opportunities Fund | 694,449             | 615,271             |
| Oppenheimer International Growth Fund      | 445,585             | 391,224             |
| Pioneer Bond Fund                          | 396,551 **          | 375,760             |
| Prudential Jennison Small Company Fund     | 564,432             | 442,015             |
| Other                                      | <u>3,617,722</u>    | <u>3,342,716</u>    |
| Mutual Funds at Fair Value                 | <u>\$ 7,472,617</u> | <u>\$ 6,115,072</u> |
| Collective Trust Fund                      |                     |                     |
| Putnam Stable Value Fund*                  | <u>\$ 413,774</u>   | <u>\$ 306,202</u>   |
| Notes Receivable from Participants         | <u>\$ 113,006</u>   | <u>\$ 143,215</u>   |

\* As of September 30, 2013 and 2012, contract value of \$408,419 and \$297,023 was certified by the trustee, respectively.

\*\* Asset is not greater than 5% of net assets but is included for comparative purposes.

The following is a summary of Plan investment income information certified by the trustee for the year ended September 30, 2013:

|                                               |                   |
|-----------------------------------------------|-------------------|
| Net Appreciation in Fair Value of Investments | <u>\$ 833,699</u> |
| Interest and Dividend Income from:            |                   |
| Mutual Funds                                  | \$ 184,472        |
| Collective Trust Fund                         | 4,114             |
| Notes Receivable from Participants            | <u>5,516</u>      |
|                                               | <u>\$ 194,102</u> |

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 5 – STABLE VALUE FUND

The Plan holds investments in a benefit-responsive investment contract, the Stable Value Fund. The investment in the Stable Value Fund at September 30, 2013 is presented in the Statement of Net Assets Available for Benefits at fair value with an adjustment to contract value. The benefit-responsive investment contract consists of underlying securities with wrap contracts under which a third party guarantees benefit-responsive withdrawals by plan participants at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Stable Value Fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Stable Value Fund issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula established by the issuer. The crediting rate can be adjusted periodically and is usually adjusted either monthly or quarterly, but in no event is the crediting rate less than zero.

Employer initiated events, if material, could limit the ability of the Plan to transact at contract value with the issuer. Such events include, but are not limited to, layoffs, plan termination, bankruptcy or reorganization, merger, early retirement incentive programs, tax disqualification of a trust or other events. The plan administrator believes the likelihood of any events occurring that would limit the Plan's ability to transact with participants at contract value is improbable.

The issuer may terminate the contract upon short notice upon the Plan's loss of its qualified status, material breaches of responsibilities that are not cured, or material and adverse changes to the provisions of the Plan. Upon termination by the issuer, a market value adjustment may apply.

The estimated average yields earned by the collective trust fund for the year ended September 30 are as follows:

|                                                 | <u>2013</u> | <u>2012</u> |
|-------------------------------------------------|-------------|-------------|
| Based on Actual Earnings                        | 1.94%       | 2.36%       |
| Based on Interest Rate Credited to Participants | 1.15%       | 2.25%       |

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 6 – TAX STATUS

The Company adopted a Prototype Plan which received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, stating that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan has not filed for a separate determination letter; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for federal or state income taxes is reflected in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate 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 federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that 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 the Plan is no longer subject to income tax examinations for years prior to 2010.

NOTE 7 – RELATED PARTY TRANSACTIONS

Certain Plan assets are held and managed by Fidelity, which also serves as the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are netted against net appreciation in the value of investments.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination from among the funds offered through the trustee. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 8 – RISKS AND UNCERTAINTIES (Continued)

The underlying securities of the Plan's investments could include securities with contractual cash flows, such as, but not limited to, asset backed securities, collateralized mortgage obligations, and commercial mortgage backed securities and real estate. The value, liquidity and related income of these securities may be particularly sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by real or perceived difficulties of the issuers, changes in interest rates and conditions in financial markets.

NOTE 9 – PLAN TERMINATION

The Company has established the Plan with the expressed intention and expectation that it will continue the Plan. However, if circumstances make it impossible or inadvisable to continue the Plan, the Company reserves the right to terminate it at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Benefits will be held in the trust fund which will remain in existence until the Company requests the discontinuance of the trust agreement.

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to Form 5500 as of September 30, 2013 and 2012:

|                                                                                                                    | <u>2013</u>         | <u>2012</u>         |
|--------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| Net Assets Available for Benefits Per the Financial Statements                                                     | \$ 8,429,577        | \$ 7,076,767        |
| Reconciling Items:                                                                                                 |                     |                     |
| Accrual of Participant Contributions Receivable at September 30, Recorded on Financial Statements not on Form 5500 | -                   | (62,000)            |
| Accrual of Employer Contributions Receivable at September 30, Recorded on Financial Statements not on Form 5500    | <u>(435,535)</u>    | <u>(459,457)</u>    |
| Net Assets Available for Benefits Per Form 5500                                                                    | <u>\$ 7,994,042</u> | <u>\$ 6,555,310</u> |

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the net increase in net assets per the accompanying financial statements to Form 5500 for the year ended September 30, 2013:

|                                                                                                            |                     |
|------------------------------------------------------------------------------------------------------------|---------------------|
| Net Increase in Net Assets Per the Financial Statements                                                    | \$ 1,352,810        |
| Reconciling Items:                                                                                         |                     |
| Net Participant and Employer Contributions Receivable<br>Recorded on Financial Statements not on Form 5500 | 85,922              |
| Net Assets transferred to Plan Recorded as Income from<br>Investments on Financial Statements              | <u>(1,162)</u>      |
| Net Increase in Net Assets Per Form 5500                                                                   | <u>\$ 1,437,570</u> |

NOTE 11 – SUBSEQUENT EVENTS

The plan administrator has evaluated subsequent events through June 17, 2014, the date the financial statements were available to be issued.

**SUPPLEMENTAL SCHEDULE**

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H - LINE 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FEIN: 88-0456445

Plan Number: 001

September 30, 2013

| (a) | (b) Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c) Description of Investment, Including<br>Maturity Date, Rate of Interest, Collateral,<br>Par, or Maturity Value | (d) Cost      | (e) Current<br>Value |
|-----|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------|----------------------|
|     |                                                                 | Mutual Funds:                                                                                                      |               |                      |
|     | Columbia Management Investment                                  | Columbia Acorn International Fund                                                                                  | 6,659 Shares  | \$ 309,096           |
|     | Dreyfus Corporation                                             | Dreyfus S&P 500 Index Fund                                                                                         | 9,938 Shares  | 455,653              |
| *   | Fidelity Management Trust Company                               | Fidelity Advisor Global Commodity Stock Fund                                                                       | 14,327 Shares | 196,991              |
| *   | Fidelity Management Trust Company                               | Fidelity Advisor Government Income Fund                                                                            | 22,763 Shares | 234,230              |
|     | Franklin Templeton Investments                                  | Templeton Foreign Fund                                                                                             | 43,553 Shares | 355,389              |
|     | Franklin Templeton Investments                                  | Templeton Global Bond Fund                                                                                         | 19,016 Shares | 246,447              |
|     | Goldman, Sachs & Company                                        | Goldman Sachs Growth Opportunities Fund                                                                            | 21,072 Shares | 591,706              |
|     | Heartland Funds                                                 | Heartland Value Plus Fund                                                                                          | 8,377 Shares  | 299,222              |
|     | J.P. Morgan Asset Management                                    | JP Morgan Equity Income Fund                                                                                       | 58,535 Shares | 706,519              |
|     | KeyCorp                                                         | Victory Established Value Fund                                                                                     | 9,898 Shares  | 331,977              |
|     | Nuveen Securities                                               | Nuveen Large Cap Growth Opportunities Fund                                                                         | 16,815 Shares | 694,449              |
|     | Oppenheimer Funds                                               | Oppenheimer Developing Markets Fund                                                                                | 11,130 Shares | 410,712              |
|     | Oppenheimer Funds                                               | Oppenheimer International Growth Fund                                                                              | 12,231 Shares | 445,585              |
|     | PIMCO Investments                                               | PIMCO Real Return Fund                                                                                             | 18,202 Shares | 205,686              |
|     | Pioneer Funds                                                   | Pioneer Bond Fund                                                                                                  | 41,093 Shares | 396,551              |
|     | Prudential Investment Management Services                       | Prudential Global Real Estate Fund                                                                                 | 8,717 Shares  | 193,087              |
|     | Prudential Investment Management Services                       | Prudential Jennison Small Company Fund                                                                             | 20,194 Shares | 564,432              |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2005 Fund                                                                                  | 303 Shares    | 3,879                |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2010 Fund                                                                                  | 897 Shares    | 15,639               |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2015 Fund                                                                                  | 286 Shares    | 3,981                |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2020 Fund                                                                                  | 15,953 Shares | 312,525              |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2025 Fund                                                                                  | 7,834 Shares  | 114,693              |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2030 Fund                                                                                  | 3,144 Shares  | 67,185               |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2035 Fund                                                                                  | 6,683 Shares  | 102,252              |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2040 Fund                                                                                  | 1,500 Shares  | 32,899               |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2045 Fund                                                                                  | 7,871 Shares  | 114,998              |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2050 Fund                                                                                  | 2,937 Shares  | 35,946               |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2055 Fund                                                                                  | 1,202 Shares  | 14,632               |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement Income Fund                                                                                | 1,116 Shares  | 16,256               |
|     |                                                                 |                                                                                                                    |               | <u>7,472,617</u>     |
|     |                                                                 | Collective Trust Fund:                                                                                             |               |                      |
|     | Putnam Fiduciary Trust Company                                  | Stable Value Fund                                                                                                  | 408,419 Units | 413,774              |
| *   | Notes Receivable from Participants                              | 23 loans bearing interest at the rate of 4.25% due<br>between December 2013 and June 2018                          |               | <u>113,006</u>       |
|     |                                                                 |                                                                                                                    |               | <u>\$ 7,999,397</u>  |

\* Denotes party-in-interest as defined by ERISA.

^ Column (d) Cost is omitted for participant directed investments.

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE

Year Ended September 30, 2013

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

Year Ended September 30, 2013

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## SHEA LABAGH DOBBERSTEIN

*Certified Public Accountants, Inc.*

### **INDEPENDENT AUDITORS' REPORT**

#### **TO THE PLAN ADMINISTRATOR AND PARTICIPANTS** **OF SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN**

#### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended September 30, 2013, and the related notes to the financial statements.

#### **Management's Responsibility for the Financial Statements**

Plan 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 audit 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 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 certifications from the trustee as of September 30, 2013 and 2012, and for the year ended September 30, 2013, 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 – Supplemental Schedule**

The supplemental Schedule H – Line 4i: Schedule of Assets (Held at End of Year) as of September 30, 2013, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph we do not express an opinion on the supplemental schedule referred to above.

**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 supplemental schedule, 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 for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SHEA LABAGH DOBBERSTEIN  
Certified Public Accountants, Inc.



San Francisco, California  
June 17, 2014

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

|                                                                                                                                                                              | <u>September 30,</u> |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
|                                                                                                                                                                              | <u>2013</u>          | <u>2012</u>         |
| <u>ASSETS</u>                                                                                                                                                                |                      |                     |
| <u>INVESTMENTS, AT FAIR VALUE</u>                                                                                                                                            |                      |                     |
| Mutual Funds                                                                                                                                                                 | \$ 7,472,617         | \$ 6,115,072        |
| Collective Trust Fund                                                                                                                                                        | 413,774              | 306,202             |
| <u>    TOTAL INVESTMENTS</u>                                                                                                                                                 | <u>7,886,391</u>     | <u>6,421,274</u>    |
| <u>NOTES RECEIVABLE FROM PARTICIPANTS</u>                                                                                                                                    | <u>113,006</u>       | <u>143,215</u>      |
| <u>CONTRIBUTIONS RECEIVABLE</u>                                                                                                                                              |                      |                     |
| Participant Contributions                                                                                                                                                    | -                    | 62,000              |
| Employer Contributions                                                                                                                                                       | 435,535              | 459,457             |
| <u>    TOTAL CONTRIBUTIONS RECEIVABLE</u>                                                                                                                                    | <u>435,535</u>       | <u>521,457</u>      |
| <u>TOTAL ASSETS</u>                                                                                                                                                          | <u>8,434,932</u>     | <u>7,085,946</u>    |
| <u>ADJUSTMENT FROM FAIR VALUE TO CONTRACT</u><br><u>VALUE FOR INTEREST IN COLLECTIVE TRUST</u><br><u>RELATING TO FULLY BENEFIT-RESPONSIVE</u><br><u>INVESTMENT CONTRACTS</u> | <u>(5,355)</u>       | <u>(9,179)</u>      |
| <u>NET ASSETS AVAILABLE FOR BENEFITS</u>                                                                                                                                     | <u>\$ 8,429,577</u>  | <u>\$ 7,076,767</u> |

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended September 30, 2013

ADDITIONS

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

INVESTMENT INCOME

|                                               |                |
|-----------------------------------------------|----------------|
| Net Appreciation in Fair Value of Investments | \$ 833,699     |
| Interest and Dividend Income                  | <u>188,586</u> |

|                                |                  |
|--------------------------------|------------------|
| <u>TOTAL INVESTMENT INCOME</u> | <u>1,022,285</u> |
|--------------------------------|------------------|

INTEREST INCOME ON NOTES RECEIVABLE

|                          |              |
|--------------------------|--------------|
| <u>FROM PARTICIPANTS</u> | <u>5,516</u> |
|--------------------------|--------------|

CONTRIBUTIONS

|              |                |
|--------------|----------------|
| Participants | 859,972        |
| Employer     | 435,535        |
| Rollover     | <u>258,147</u> |

|                            |                  |
|----------------------------|------------------|
| <u>TOTAL CONTRIBUTIONS</u> | <u>1,553,654</u> |
|----------------------------|------------------|

|                        |                  |
|------------------------|------------------|
| <u>TOTAL ADDITIONS</u> | <u>2,581,455</u> |
|------------------------|------------------|

DEDUCTIONS

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

|                                      |           |
|--------------------------------------|-----------|
| <u>BENEFITS PAID TO PARTICIPANTS</u> | 1,226,672 |
|--------------------------------------|-----------|

|                            |              |
|----------------------------|--------------|
| <u>ADMINISTRATIVE FEES</u> | <u>1,973</u> |
|----------------------------|--------------|

|                         |                  |
|-------------------------|------------------|
| <u>TOTAL DEDUCTIONS</u> | <u>1,228,645</u> |
|-------------------------|------------------|

|                                   |           |
|-----------------------------------|-----------|
| <u>NET INCREASE IN NET ASSETS</u> | 1,352,810 |
|-----------------------------------|-----------|

NET ASSETS AVAILABLE FOR

|                                      |                  |
|--------------------------------------|------------------|
| <u>BENEFITS AT BEGINNING OF YEAR</u> | <u>7,076,767</u> |
|--------------------------------------|------------------|

NET ASSETS AVAILABLE FOR

|                                |                     |
|--------------------------------|---------------------|
| <u>BENEFITS AT END OF YEAR</u> | <u>\$ 8,429,577</u> |
|--------------------------------|---------------------|

# SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

September 30, 2013

### NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Server Technology, Inc. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan was established on October 1, 1998, to provide retirement benefits for employees of Server Technology, Inc. (“STI”) and its wholly-owned subsidiary, PDUs Direct, LLC (“PDUs”), collectively referred to herein as the “Company”. Prior to PDUs becoming a wholly-owned subsidiary of STI on September 30, 2013, it was an affiliated company whose employees were eligible to participate in the Plan. The Plan is a defined contribution plan covering all eligible employees meeting certain eligibility criteria who have completed three months of service and who have attained twenty-one years of age. Employees are eligible to participate if they are not nonresident aliens or union employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and certain provisions of the Internal Revenue Code (“IRC”).

The Plan provides for a plan administrator who is responsible for keeping accurate and complete records with regard to the Plan’s operations, informing participants of changes or amendments to the Plan, ensuring that the Plan conforms to the law and to government regulations, and providing participants with any reports and documents required by law.

Participant Contributions – Participants may voluntarily contribute an amount up to 90% of pretax annual compensation as defined by the Plan agreement, up to a maximum permitted contribution in a calendar year. For the 2013 calendar year, the maximum permitted contribution was \$17,500. Participants may also make after-tax contributions subject to certain limitations. Participants 50 years of age or older may make an additional catch-up contribution up to \$5,500 annually. A participant may increase or decrease the amount of contributions at the beginning of each payroll period.

Effective July 1, 2013, the Plan was amended to provide an automatic enrollment feature. Participants subject to the automatic enrollment will have 5% of eligible compensation deducted on a pretax basis as a salary deferral contribution to the Plan. The deferral contribution rate will increase 1% per year until it reaches a maximum of 10% unless the participant elects otherwise. Participants may stop or change this automatic contribution at any time. If the participant has not selected an investment option, the default investment will be the T. Rowe Price Retirement Fund, appropriate for the age of the participant.

Employer Contributions – The Company matches participant contributions by contributing 100% of participant’s elective deferrals that do not exceed 3% of the participant’s compensation, plus 50% of the amount of the participant’s elective deferrals that exceed 3% of the participant’s compensation but do not exceed 5% of the participant’s compensation. The Company may, at its discretion, make a profit sharing contribution or an additional matching contribution.

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts – The Plan maintains an account for each participant which is credited with the participant's contributions and the Company's matching contributions, and allocations of (a) the Company's profit sharing contributions and (b) Plan investment earnings or losses, and is charged with an allocation of investment expenses. Allocations are based on participant earnings or account balances, as defined by the Plan agreement. The benefit to which a participant is entitled is the benefit that may be provided from the participant's vested account.

Vesting – Participants are immediately 100% vested in their voluntary contributions as well as 100% of basic matching "safe harbor" employer contributions, plus actual earnings thereon. Vesting in the Company's discretionary contributions, if any, and related earnings thereon is in accordance with the following schedule:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| 0 - 1 year              | 0%                       |
| 2 years                 | 20%                      |
| 3 years                 | 40%                      |
| 4 years                 | 60%                      |
| 5 years                 | 80%                      |
| 6 years                 | 100%                     |

Investment Options – Upon enrollment in the Plan, a participant may direct the investment of his or her account balance into the various investment funds offered under Fidelity Management Trust Company ("Fidelity"), the trustee of the Plan.

Notes Receivable from Participants – Participants may borrow from their vested account balances provided they meet the Plan's eligibility requirements. The minimum loan amount is \$500 and the maximum loan amount is the lesser of one-half of the participant's vested account balance or \$50,000. The duration of the loan is not to exceed five years, except for loans used to finance the purchase of a primary residence. The loans are secured by the balance in the participant's account and interest rates are based on the prevailing interest rates charged under similar circumstances, and remain fixed throughout the life of the loan. Principal and interest are paid ratably through payroll deductions and loans are due immediately upon termination of employment. As of September 30, 2013, the outstanding loans bear interest at the rate of 4.25% with maturity dates ranging from December 2013 to June 2018.

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits – Upon termination of service due to death, disability or retirement, a participant may receive a lump-sum distribution, a direct rollover distribution, or a combination of cash and direct rollover distribution equal to the value of the participant's vested interest in his or her account. 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 cash distribution. If a terminated participant's vested interest in his/her account is between \$1,000 and \$5,000 and no instructions have been received from such participant, the amount may be rolled over to an individual retirement account plan as designated by the plan administrator. A balance less than \$1,000 may be distributed directly to the participant as a lump-sum payment and a balance greater than \$5,000 may be left in the Plan.

Forfeited Accounts – The non-vested portion of a terminated participant's account balance is forfeited. Forfeited accounts are applied to reduce future employer contributions under the Plan. As of September 30, 2013 and 2012, there were no forfeited non-vested accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The Plan's financial statements are prepared using the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

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 amount of assets, liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results may differ from those estimates.

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. See Note 3 for further 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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Accounting for Fully Benefit-Responsive Investment Contracts – As described in the *Plan Accounting – Defined Contribution Pension Plans* topic of the Financial Accounting Standards Board Accounting Standards Codification (“FASB ASC”), 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 has invested in fully benefit-responsive investment contracts through a collective trust from time to time.

The Statements of Net Assets Available for Benefits present the fair value of the investment in the collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Notes Receivable from Participants – Notes receivable from participants represent loans to participants and are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based upon the terms of the plan document.

Payments of Benefits – Benefits are recorded when paid.

Administrative Expenses – Generally, administrative costs are paid by the Company. Administrative fees on participant loans and distributions are charged to the individual account of the participant requesting the transaction. Fees paid by the Plan for investment management services are netted against net appreciation in fair value of investments.

NOTE 3 – FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* topic of the FASB ASC defines fair value and establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The three levels of the fair value hierarchy under this guideline are described as follows:

Level 1: 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: 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: 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 are required to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the Plan's valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of September 30, 2013 and 2012.

Mutual Funds: Valued based on quoted market prices, which represent the net asset value ("NAV") of shares held by the Plan at year-end.

Collective Trust Fund: Valued at the NAV of shares of a bank collective trust held by the Plan at year-end. The NAV is based on the fair value of the underlying investments held by the fund. Participant transactions (issuances and redemptions) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The preceding methodologies 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.

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2013:

|                            | Level 1      | Level 2    | Level 3 | Total        |
|----------------------------|--------------|------------|---------|--------------|
| Mutual Funds:              |              |            |         |              |
| Blend                      | \$ 2,278,984 | \$ -       | \$ -    | \$ 2,278,984 |
| Bond                       | 1,852,229    | -          | -       | 1,852,229    |
| Emerging Markets           | 410,712      | -          | -       | 410,712      |
| Government                 | 234,230      | -          | -       | 234,230      |
| Growth                     | 1,037,291    | -          | -       | 1,037,291    |
| Income                     | 16,256       | -          | -       | 16,256       |
| Real Estate                | 193,087      | -          | -       | 193,087      |
| Target Date                | 818,629      | -          | -       | 818,629      |
| Value                      | 631,199      | -          | -       | 631,199      |
| Total Mutual Funds         | 7,472,617    | -          | -       | 7,472,617    |
| Collective Trust Fund:     |              |            |         |              |
| Putnam Stable Value Fund   | -            | 413,774    | -       | 413,774      |
| Total Assets at Fair Value | \$ 7,472,617 | \$ 413,774 | \$ -    | \$ 7,886,391 |

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2012:

|                            | Level 1      | Level 2    | Level 3 | Total        |
|----------------------------|--------------|------------|---------|--------------|
| Mutual Funds:              |              |            |         |              |
| Blend                      | \$ 1,673,336 | \$ -       | \$ -    | \$ 1,673,336 |
| Bond                       | 2,104,166    | -          | -       | 2,104,166    |
| Emerging Markets           | 344,579      | -          | -       | 344,579      |
| Government                 | 242,148      | -          | -       | 242,148      |
| Growth                     | 446,682      | -          | -       | 446,682      |
| Income                     | 16,260       | -          | -       | 16,260       |
| Real Estate                | 147,940      | -          | -       | 147,940      |
| Target Date                | 664,003      | -          | -       | 664,003      |
| Value                      | 475,958      | -          | -       | 475,958      |
| Total Mutual Funds         | 6,115,072    | -          | -       | 6,115,072    |
| Collective Trust Fund:     |              |            |         |              |
| Putnam Stable Value Fund   | -            | 306,202    | -       | 306,202      |
| Total Assets at Fair Value | \$ 6,115,072 | \$ 306,202 | \$ -    | \$ 6,421,274 |

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN

The investment information presented in these financial statements and accompanying notes as of September 30, 2013 and 2012, and for the year ended September 30, 2013, including investment assets, notes receivable from participants, investment income or loss, interest income on notes receivable from participants and the schedule of assets held at end of year included in the accompanying supplemental schedule, was obtained from data that has been certified by Fidelity, the trustee of the Plan, to be complete and accurate. The contributions are maintained in separate accounts, which are invested in various fund options as directed by each participant (see Note 1). The accounts are credited with actual earnings and unrealized appreciation or depreciation on the investments and charged for Plan withdrawals and miscellaneous expenses.

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN (Continued)

The following is a summary of Plan asset information certified by Fidelity at September 30, furnished to the plan administrator and included in the Plan's financial statements, notes, and supplemental schedule. Asset allocations representing greater than 5% of net assets are individually identified.

|                                            | <u>2013</u>         | <u>2012</u>         |
|--------------------------------------------|---------------------|---------------------|
| Mutual Funds, at Fair Value:               |                     |                     |
| Dreyfus S&P 500 Index Fund                 | \$ 455,653          | \$ -                |
| Goldman Sachs Growth Opportunities Fund    | 591,706             | 446,682             |
| JP Morgan Equity Income Fund               | 706,519             | 501,404             |
| Nuveen Large Cap Growth Opportunities Fund | 694,449             | 615,271             |
| Oppenheimer International Growth Fund      | 445,585             | 391,224             |
| Pioneer Bond Fund                          | 396,551 **          | 375,760             |
| Prudential Jennison Small Company Fund     | 564,432             | 442,015             |
| Other                                      | <u>3,617,722</u>    | <u>3,342,716</u>    |
| Mutual Funds at Fair Value                 | <u>\$ 7,472,617</u> | <u>\$ 6,115,072</u> |
| Collective Trust Fund                      |                     |                     |
| Putnam Stable Value Fund*                  | <u>\$ 413,774</u>   | <u>\$ 306,202</u>   |
| Notes Receivable from Participants         | <u>\$ 113,006</u>   | <u>\$ 143,215</u>   |

\* As of September 30, 2013 and 2012, contract value of \$408,419 and \$297,023 was certified by the trustee, respectively.

\*\* Asset is not greater than 5% of net assets but is included for comparative purposes.

The following is a summary of Plan investment income information certified by the trustee for the year ended September 30, 2013:

|                                               |                   |
|-----------------------------------------------|-------------------|
| Net Appreciation in Fair Value of Investments | <u>\$ 833,699</u> |
| Interest and Dividend Income from:            |                   |
| Mutual Funds                                  | \$ 184,472        |
| Collective Trust Fund                         | 4,114             |
| Notes Receivable from Participants            | <u>5,516</u>      |
|                                               | <u>\$ 194,102</u> |

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 5 – STABLE VALUE FUND

The Plan holds investments in a benefit-responsive investment contract, the Stable Value Fund. The investment in the Stable Value Fund at September 30, 2013 is presented in the Statement of Net Assets Available for Benefits at fair value with an adjustment to contract value. The benefit-responsive investment contract consists of underlying securities with wrap contracts under which a third party guarantees benefit-responsive withdrawals by plan participants at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Stable Value Fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Stable Value Fund issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula established by the issuer. The crediting rate can be adjusted periodically and is usually adjusted either monthly or quarterly, but in no event is the crediting rate less than zero.

Employer initiated events, if material, could limit the ability of the Plan to transact at contract value with the issuer. Such events include, but are not limited to, layoffs, plan termination, bankruptcy or reorganization, merger, early retirement incentive programs, tax disqualification of a trust or other events. The plan administrator believes the likelihood of any events occurring that would limit the Plan's ability to transact with participants at contract value is improbable.

The issuer may terminate the contract upon short notice upon the Plan's loss of its qualified status, material breaches of responsibilities that are not cured, or material and adverse changes to the provisions of the Plan. Upon termination by the issuer, a market value adjustment may apply.

The estimated average yields earned by the collective trust fund for the year ended September 30 are as follows:

|                                                 | <u>2013</u> | <u>2012</u> |
|-------------------------------------------------|-------------|-------------|
| Based on Actual Earnings                        | 1.94%       | 2.36%       |
| Based on Interest Rate Credited to Participants | 1.15%       | 2.25%       |

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 6 – TAX STATUS

The Company adopted a Prototype Plan which received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, stating that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan has not filed for a separate determination letter; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for federal or state income taxes is reflected in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate 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 federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that 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 the Plan is no longer subject to income tax examinations for years prior to 2010.

NOTE 7 – RELATED PARTY TRANSACTIONS

Certain Plan assets are held and managed by Fidelity, which also serves as the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are netted against net appreciation in the value of investments.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination from among the funds offered through the trustee. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 8 – RISKS AND UNCERTAINTIES (Continued)

The underlying securities of the Plan's investments could include securities with contractual cash flows, such as, but not limited to, asset backed securities, collateralized mortgage obligations, and commercial mortgage backed securities and real estate. The value, liquidity and related income of these securities may be particularly sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by real or perceived difficulties of the issuers, changes in interest rates and conditions in financial markets.

NOTE 9 – PLAN TERMINATION

The Company has established the Plan with the expressed intention and expectation that it will continue the Plan. However, if circumstances make it impossible or inadvisable to continue the Plan, the Company reserves the right to terminate it at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Benefits will be held in the trust fund which will remain in existence until the Company requests the discontinuance of the trust agreement.

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to Form 5500 as of September 30, 2013 and 2012:

|                                                                                                                    | <u>2013</u>         | <u>2012</u>         |
|--------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| Net Assets Available for Benefits Per the Financial Statements                                                     | \$ 8,429,577        | \$ 7,076,767        |
| Reconciling Items:                                                                                                 |                     |                     |
| Accrual of Participant Contributions Receivable at September 30, Recorded on Financial Statements not on Form 5500 | -                   | (62,000)            |
| Accrual of Employer Contributions Receivable at September 30, Recorded on Financial Statements not on Form 5500    | <u>(435,535)</u>    | <u>(459,457)</u>    |
| Net Assets Available for Benefits Per Form 5500                                                                    | <u>\$ 7,994,042</u> | <u>\$ 6,555,310</u> |

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the net increase in net assets per the accompanying financial statements to Form 5500 for the year ended September 30, 2013:

|                                                                                                            |                     |
|------------------------------------------------------------------------------------------------------------|---------------------|
| Net Increase in Net Assets Per the Financial Statements                                                    | \$ 1,352,810        |
| Reconciling Items:                                                                                         |                     |
| Net Participant and Employer Contributions Receivable<br>Recorded on Financial Statements not on Form 5500 | 85,922              |
| Net Assets transferred to Plan Recorded as Income from<br>Investments on Financial Statements              | <u>(1,162)</u>      |
| Net Increase in Net Assets Per Form 5500                                                                   | <u>\$ 1,437,570</u> |

NOTE 11 – SUBSEQUENT EVENTS

The plan administrator has evaluated subsequent events through June 17, 2014, the date the financial statements were available to be issued.

**SUPPLEMENTAL SCHEDULE**

SERVER TECHNOLOGY, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H – LINE 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FEIN: 88-0456445

Plan Number: 001

September 30, 2013

| (a) | (b) Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c) Description of Investment, Including<br>Maturity Date, Rate of Interest, Collateral,<br>Par, or Maturity Value | (d) Cost      | (e) Current<br>Value |
|-----|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------|----------------------|
|     |                                                                 | Mutual Funds:                                                                                                      |               |                      |
|     | Columbia Management Investment                                  | Columbia Acorn International Fund                                                                                  | 6,659 Shares  | \$ 309,096           |
|     | Dreyfus Corporation                                             | Dreyfus S&P 500 Index Fund                                                                                         | 9,938 Shares  | 455,653              |
| *   | Fidelity Management Trust Company                               | Fidelity Advisor Global Commodity Stock Fund                                                                       | 14,327 Shares | 196,991              |
| *   | Fidelity Management Trust Company                               | Fidelity Advisor Government Income Fund                                                                            | 22,763 Shares | 234,230              |
|     | Franklin Templeton Investments                                  | Templeton Foreign Fund                                                                                             | 43,553 Shares | 355,389              |
|     | Franklin Templeton Investments                                  | Templeton Global Bond Fund                                                                                         | 19,016 Shares | 246,447              |
|     | Goldman, Sachs & Company                                        | Goldman Sachs Growth Opportunities Fund                                                                            | 21,072 Shares | 591,706              |
|     | Heartland Funds                                                 | Heartland Value Plus Fund                                                                                          | 8,377 Shares  | 299,222              |
|     | J.P. Morgan Asset Management                                    | JP Morgan Equity Income Fund                                                                                       | 58,535 Shares | 706,519              |
|     | KeyCorp                                                         | Victory Established Value Fund                                                                                     | 9,898 Shares  | 331,977              |
|     | Nuveen Securities                                               | Nuveen Large Cap Growth Opportunities Fund                                                                         | 16,815 Shares | 694,449              |
|     | Oppenheimer Funds                                               | Oppenheimer Developing Markets Fund                                                                                | 11,130 Shares | 410,712              |
|     | Oppenheimer Funds                                               | Oppenheimer International Growth Fund                                                                              | 12,231 Shares | 445,585              |
|     | PIMCO Investments                                               | PIMCO Real Return Fund                                                                                             | 18,202 Shares | 205,686              |
|     | Pioneer Funds                                                   | Pioneer Bond Fund                                                                                                  | 41,093 Shares | 396,551              |
|     | Prudential Investment Management Services                       | Prudential Global Real Estate Fund                                                                                 | 8,717 Shares  | 193,087              |
|     | Prudential Investment Management Services                       | Prudential Jennison Small Company Fund                                                                             | 20,194 Shares | 564,432              |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2005 Fund                                                                                  | 303 Shares    | 3,879                |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2010 Fund                                                                                  | 897 Shares    | 15,639               |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2015 Fund                                                                                  | 286 Shares    | 3,981                |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2020 Fund                                                                                  | 15,953 Shares | 312,525              |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2025 Fund                                                                                  | 7,834 Shares  | 114,693              |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2030 Fund                                                                                  | 3,144 Shares  | 67,185               |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2035 Fund                                                                                  | 6,683 Shares  | 102,252              |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2040 Fund                                                                                  | 1,500 Shares  | 32,899               |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2045 Fund                                                                                  | 7,871 Shares  | 114,998              |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2050 Fund                                                                                  | 2,937 Shares  | 35,946               |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement 2055 Fund                                                                                  | 1,202 Shares  | 14,632               |
|     | T Rowe Price Associates                                         | T Rowe Price Retirement Income Fund                                                                                | 1,116 Shares  | 16,256               |
|     |                                                                 |                                                                                                                    |               | <u>7,472,617</u>     |
|     |                                                                 | Collective Trust Fund:                                                                                             |               |                      |
|     | Putnam Fiduciary Trust Company                                  | Stable Value Fund                                                                                                  | 408,419 Units | 413,774              |
| *   | Notes Receivable from Participants                              | 23 loans bearing interest at the rate of 4.25% due<br>between December 2013 and June 2018                          |               | <u>113,006</u>       |
|     |                                                                 |                                                                                                                    |               | <u>\$ 7,999,397</u>  |

\* Denotes party-in-interest as defined by ERISA.

^ Column (d) Cost is omitted for participant directed investments.