Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PFS GROUP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

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

G & G ORGANIZATION, LTD. DBA PFS GROUP
PFS GROUP

2600 N. LOOP W, SUITE 150
HOUSTON, TX 77092

2b Employer Identification Number (EIN)
76-0779526

2c Sponsor's telephone number
713-784-4410

2d Business code (see instructions)
561440

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	SARAH HAMPSTEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	213
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	193
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	78
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	271
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	271
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	259
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	26
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2D 2E 2F 2J 2K 2H 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
PFS GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
G & G ORGANIZATION, LTD. DBA PFS GROUP

D Employer Identification Number (EIN)
76-0779526

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	877969	70	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
1247	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

GARBUTT IRA J
9 CHANDON
NEWPORT COAST, CA 92657

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
1247			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	65392
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	572541

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			**7b**	41473
c	Additions: (1) Contributions deposited during the year	**7c(1)**	25500		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	868		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	26368
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	67841
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	1715		
	(2) Administration charge made by carrier	**7e(2)**	112		
	(3) Transferred to separate account	**7e(3)**	522		
	(4) Other (specify below) ▶ VALUE ADJUSTMENT	**7e(4)**	99		
	(5) Total deductions			**7e(5)**	2448
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	65393

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
PFS GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
G & G ORGANIZATION, LTD. DBA PFS GROUP

D Employer Identification Number (EIN)
76-0779526

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).. . . . . [X] 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

ING LIFE INSURANCE AND ANNUITY CO

71-0294708

(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

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)

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71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27	SERVICE PROVIDER	2504	Yes [X] No [ ]	Yes [X] No [ ]	721	Yes [ ] No [X]

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

LINCOLN FINANCIAL

218 GLENSIDE AVE
WYNCOTE, PA 19095

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADV.	6754	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
PFS GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
G & G ORGANIZATION, LTD. DBA PFS GROUP

D Employer Identification Number (EIN)
76-0779526

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		221286
(2) Participant contributions	1b(2)	193	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	85609	174983
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	684248	789422
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	390985	637933
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1161035	1823624
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	13040	24137
k Total liabilities (add all amounts in lines 1g through1j)	1k	13040	24137
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1147995	1799487

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	338009	
(B) Participants	2a(1)(B)	182215	
(C) Others (including rollovers)	2a(1)(C)	649	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		520873
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	25278	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		25278
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		80708
c Other income	2c		90353
d Total income. Add all **income** amounts in column (b) and enter total	2d		717212
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32325	
(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)		32325
f Corrective distributions (see instructions)	2f		24137
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	2504	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	6754	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		9258
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		65720
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		651492
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: MILLER GROSSBARD ADVISORS, LLP (2) EIN: 46-2958029

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		5545
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
PFS GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
G & G ORGANIZATION, LTD. DBA PFS GROUP

D Employer Identification Number (EIN)
76-0779526

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**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 71-0294708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

PFS GROUP 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

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All other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are not applicable and have been omitted.

M I L L E R G R O S S B A R D A D V I S O R S

BUSINESS ADVISORS/CERTIFIED PUBLIC ACCOUNTANTS
CERTIFIED VALUATION ANALYSTS
A REGISTERED LIMITED LIABILITY PARTNERSHIP

Independent Auditors' Report

To the PFS Group 401(k) Plan and Participants
Houston, Texas

We were engaged to audit the financial statements of the PFS Group 401(k) Plan ("the Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 certified information summarized in Note 6, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained a certification from this entity as of December 31, 2013 and 2012 and for the year ended December 31, 2013, that the certified information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules identified in the accompanying table of contents are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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 schedules, other than that derived from the certified information described in Note 6, 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.

Miller Grossbard Advisors, LLP

Houston, Texas
October 13, 2014

Miller Grossbard Advisors, LLP
Certified Public Accountants

PFS GROUP 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2013 AND 2012

ASSETS	**2013**	**2012**
Plan investments at fair value:		
Money market	$ 174,983	$ 85,609
Pooled separate accounts	572,541	349,512
Guaranteed investment account	65,392	41,473
Mutual funds	432,937	453,998
Exchange-traded funds	356,485	230,250
Total investments	1,602,338	1,160,842
Receivables:		
Employer contributions	221,286	-
Participant contributions	-	193
Total receivables	221,286	193
Total assets	1,823,624	1,161,035
LIABILITIES		
Impermissible deferrals payable	-	3,989
Excess employee contribution	24,137	-
Excess employer contribution	-	9,051
Total liabilities	24,137	13,040
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 1,799,487	$ 1,147,995

See notes to financial statements.

PFS GROUP 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013

ADDITIONS TO NET ASSETS		
Investment income:		
Interest and dividends	$	25,278
Net appreciation in fair value of investments		169,800
Net investment income		195,078
Contributions:		
Employer contributions		338,009
Participant contributions		158,078
Rollover contributions		649
Total contributions		496,736
Other income:		
Other income		1,261
Total Additions to Net Assets		693,075
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants		32,325
Administrative fees		9,258
Total Deductions From Net Assets		41,583
INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS		651,492
NET BENEFITS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR		1,147,995
NET BENEFITS AVAILABLE FOR PLAN BENEFITS, END OF YEAR	$	1,799,487

See notes to financial statements.

NOTE 1 - PLAN DESCRIPTION

The following description of the PFS Group 401(k) Plan ("the Plan") provides only general information about the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General
The Plan was adopted effective January 1, 2010 to establish a savings and investment plan for the exclusive benefit of the employees of G&G Organization, Ltd. dba PFS Group (the "Employer', "Partnership" or "Plan Administrator"). The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participation
Employees who have completed one year of service are eligible to become a participant in the Plan.

Contributions
Effective July 1, 2010, participants may elect to have a portion of their annual compensation contributed to the Plan as a pre-tax or Roth elective deferral, as defined by the Plan. A participant's combined elective deferrals are limited by federal income tax laws to $17,500 ($23,000 for participants who have attained age 50 by the end of the calendar year) in 2013, subject to certain non-discrimination tests for excess deferral contributions. These limitations are adjusted periodically to reflect cost-of-living increases.

By resolution of the partners, the Partnership may make a basic matching contribution on behalf of each participant in an amount equal to a percentage of the participant deferrals. Additional profit sharing amounts may be contributed at the discretion of the partners.

For the year ended December 31, 2013, the Partnership elected to contribute 5% of compensation as defined by the Plan as a profit sharing contribution for all eligible participants totaling $338,009.

Forfeited Accounts
Amounts contributed by the Partnership which are forfeited by participants as a result of the participants' separation from service prior to becoming 100% vested may be used first to pay Plan expenses and then to reduce the Partnership's contribution. Forfeitures pending application as of December 31, 2013 totaled $39,302.

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

Vesting
Participants are immediately vested in their contributions plus earnings thereon. Vesting in the Partnership's contribution portion of their accounts is based on years of continuous service as follows:

Years of Vesting Service	Vesting Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Upon reaching the retirement age of 65, participants become fully vested in all contributions.

Participant Accounts
Each participant's 401(k) account is credited with the participant's contributions and allocations of (a) the employer's matching contribution, if any, and (b) earnings and losses of the participant's investment selections. Allocations are based on participant earnings or account balances, as defined. Each participant directs the investment of his or her account into any of the investment options designated by the plan administrator.

Each participant's profit sharing account is credited with an allocation of (a) the Partnership's profit sharing contribution and (b) profit sharing earnings. Allocations are based on participant compensation or account balances as defined.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payment of Benefits
Upon termination of service, distributions will be made to eligible participants from their vested interest in their account as soon as reasonably practicable following the date the participant's application for distribution is received by the administrator. Hardship distributions can also be made to qualified participants.

Administration
The Plan is administered by the Employer. As the plan administrator, the Employer pays all of the Plan's administrative expenses that were not covered by forfeitures.

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

Plan Termination
Although the Employer has not expressed any intent to do so, it may terminate the Plan at any time, subject to the terms of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

NOTE 2 - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation
The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America ("US GAAP"), which is acceptable under the Department of Labor Rules and Regulations.

Valuation of Investments
Investments are stated 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 8 for a discussion of fair value measurements. In accordance with the policy of stating investments at fair value, net unrealized appreciation or depreciation is included in the carrying value of related investments in the statement of net assets available for plan benefits and the changes in the net unrealized appreciation or depreciation are reflected in the statement of changes in net assets available for plan benefits.

As described in Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 946 and FASB ASC 962 *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans* (the FSP), 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.

Contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The guaranteed investment accounts included in the Plan's investment in the insurance contract meet the criteria of the FSP. The Plan has adopted the provisions of the FSP; however the difference between fair value and contract value is not significant and has not been recorded.

Payment of Benefits
Benefits are recorded when paid.

NOTE 2 - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimates
The preparation of financial statements in conformity with US GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Risks and Uncertainties
The Plan provides for several investment options which are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

Uncertain Tax Positions
The provisions of ASC Topic 740, *Income Taxes* ("ASC 740") require the use of a two-step approach for recognizing and measuring tax benefits taken or expected to be taken in a tax return and disclosures regarding uncertainties in income tax positions. Only tax positions that meet the more likely than not recognition threshold should be recognized.

The plan administrator does not believe that the Plan has any material uncertain tax positions at December 31, 2013; however, the Plan's tax returns for the years ended December 31, 2012, 2011 and 2010 are still subject to examination by relevant taxing authorities.

Reclassification

Certain accounts in the 2012 financial statements have been reclassified for comparative purposes to conform to the presentation of the 2013 financial statements.

Date of Management's Reviews
The plan administrator has evaluated subsequent events through October 13, 2014, the date which the financial statements were available to be issued.

NOTE 3 – CONCENTRATIONS OF MARKET AND CREDIT RISK

The Plan maintains investments considered to be cash equivalents which are not federally insured. The Plan does not believe it is exposed to any significant credit risk on these cash equivalents and has not experienced any losses in such accounts.

NOTE 3 – CONCENTRATIONS OF MARKET AND CREDIT RISK (CONTINUED)

The financial instruments, which potentially subject the Plan to concentrations of market and credit risk, are principally investments. The Plan's participant directed investments consist of various pooled separate accounts. To reduce concentrations of credit risk, the Plan Administrator has made available various types of these accounts to the participants, and the participants themselves choose their own accounts based upon their appropriate risk level. As a consequence, the Plan Administrator believes that the Plan's credit risk exposure for participant directed investments is limited.

The Plan's non-participant directed investments consist of various mutual funds and exchanged-traded funds. To reduce concentrations of credit risk, the Plan Administrator has elected to invest in a diversified portfolio with moderate risk.

NOTE 4 – PARTY-IN-INTEREST

The Plan invests in various funds offered by ING Life Insurance and Annuity Company ("ING"). These investments are considered party-in-interest transactions because ING serves as record keeper and custodian of the Plan. The plan administrator has approved these investment options. Effective September 1, 2014, ING was renamed to Voya Retirement Insurance and Annuity Company ("Voya") as part of an operational rebranding process. All references to ING will eventually be changed to Voya.

NOTE 5 - TAX STATUS

The Plan obtained the latest determination letter for the prototype plan dated March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan's management identified certain operational failures with respect to the Plan for the year ended December 31, 2012. Certain plan participants made employee deferrals based on an incorrect definition of compensation, resulting in excess amounts deferred totaling $3,989 as of December 31, 2012. In the first quarter of 2013, the Plan's management has refunded the excess deferrals and is in the process of taking the proper corrective action to refund the earnings credited at a rate appropriate for the Plan. These impermissible deferrals are included under the caption "impermissible deferrals payable" as of December 31, 2012.

NOTE 6 – INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan's trustee, ING Life Insurance and Annuity Company has certified to the completeness and accuracy of the investments and the related investment income as reflected on the accompanying Statements of Net Assets Available for Plan Benefits as of December 31, 2013 and 2012, the Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2013, the accompanying notes to financial statements, and the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013, as applicable.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

The following table presents participant directed investments at fair value that represent 5% or more of the Plan's net assets as of December 31:

	2013	2012
Voya Index Solution 2045 Port Srv	$ 103,328	$ 98,199

Income as certified by ING Life Insurance and Annuity Company for the year ending December 31, 2013 is as follows:

Net appreciation in fair value of investments	$ 89,092

NOTE 7 – NON-PARTICIPANT DIRECTED INVESTMENTS

Net assets available for plan benefits at December 31 included the non-participant directed investments shown in the table below:

	2013	2012
Non-participant directed investments greater than 5% of net assets:		
IShares TR S&P 500 Growth Index Fd	$ 300,200	$ 230,249
First Eagle Overseas Fund	91,963	79,742
Harbor International Fund	101,533	82,942
Harbor High Yield Bond Fund Instl	*	61,388
PIMCO Total Return Fund Class D	92,837	76,236
Federated Capital Reserves	174,983	85,152
All others	202,889	154,148
Total	$ 964,405	$ 769,857

*Investment is below the 5% threshold at end of year

Activity for the year ended December 31, 2013 related to non-participant directed investments included in the statement of changes in net assets available for plan benefits is as follows:

Interest and dividends	$ 25,278
Net appreciation in fair value of investments	80,708

NOTE 8 - FAIR VALUE DISCLOSURES

ASC Topic 820-10, *Fair Value Measurements and Disclosures* ("ASC 820-10") 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 and liabilities and the lowest priority to unobservable inputs.

The three levels of the fair value hierarchy under ASC 820-10 are described below:

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 – Other significant observable inputs (including quoted prices in active markets for similar assets or liabilities), or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

NOTE 8 - FAIR VALUE DISCLOSURES (CONTINUED)

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

The fair values of investments are categorized as follows at December 31, 2013:

	Participant Directed	Non-participant Directed	Total
Pooled separate accounts:			
Balanced funds	$ 18,427	$ -	$ 18,427
Lifestyle index funds	177,502	-	177,502
International - equities	112,327	-	112,327
International – fixed income	8,772		8,772
Real Estate	8,625	-	8,625
Equities – large cap	128,444	-	128,444
Equities – mid cap	31,287	-	31,287
Equities – small cap	55,600	-	55,600
Fixed income	30,296	-	30,296
Money market fund	1,261	-	1,261
Guaranteed investment contract	65,392	-	65,392
Mutual funds:			
International – equities	-	193,496	193,496
International – fixed income	-	73,385	73,385
Fixed income	-	166,057	166,057
Money market fund		174,982	174,982
Exchange-traded funds:			
International – equities	-	56,285	56,285
Equities – large cap	-	300,200	300,200
	$ 637,933	$ 964,405	$ 1,602,338

NOTE 8 - FAIR VALUE DISCLOSURES (CONTINUED)

The fair values of investments are categorized as follows at December 31, 2012:

	Participant Directed	Non-participant Directed	Total
Pooled separate accounts:			
Balanced funds	$ 2,562	$ -	$ 2,562
Lifestyle index funds	136,376	-	136,376
International - equities	59,424	-	59,424
International – fixed income	5,235	-	5,235
Specialty	5,941	-	5,941
Equities – large cap	79,553	-	79,553
Equities – mid cap	11,066	-	11,066
Equities – small cap	19,361	-	19,361
Fixed income	29,994	-	29,994
Guaranteed investment contract	41,473	-	41,473
Mutual funds:			
International - equities	-	215,061	215,061
International – fixed income	-	50,731	50,731
Fixed income	-	137,624	137,624
Currency	-	50,583	50,583
Money market fund	-	85,609	85,609
Exchange-traded funds:			
Equities – large cap	-	230,249	230,249
	$ 390,985	$ 769,857	$ 1,160,842

All investments in mutual funds and exchange-traded funds held by the Plan are quoted in the active markets using Level 1 inputs. The fair value of pooled separate accounts are measured using the net assets value per unit based on the quoted market price of the respective fund's underlying investments. Investments are redeemable at net asset value per share and are classified within Level 2 of the fair value hierarchy. The guaranteed investment contract is measured at contract value and is classified as Level 3.

NOTE 8 - FAIR VALUE DISCLOSURES (CONTINUED)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2013:

Balance, beginning of year	$	41,473
Unrealized gains		868
Purchases		25,500
Sales		(1,927)
Transfers		(522)
Balance, end of year	$	65,392

The following tables set forth additional disclosures of the Plan's Level 2 investments whose fair value is estimated using NAV per share (or its equivalent) as of December 31, 2013 and 2012:

	Fair Value Estimated Using NAV Per Share		
	December 31, 2013		
Investment	Fair Value	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:			
American Funds EuroPacific R3 (a)	$ 11,456	Immediate	None
American Funds Fdmntl Inv R3 (b)	22,322	Immediate	None
American Funds Growth Fund (c)	37,898	Immediate	None
Franklin Sm Cap Val Sec Fd-2 (d)	41,511	Immediate	None
MFS Value Fund R2 (e)	61,433	Immediate	None
Oppenheimer Developing Mkts A (f)	24,417	Immediate	None
PIMCO Real Return (g)	3,280	Immediate	None
Templeton Global Bond Fund (h)	8,772	Immediate	None
Victory Established Value Fund (i)	15,692	Immediate	None
Voya Solution 2015 Port Srv (j)	19,738	Immediate	None
Voya Solution 2025 Port Srv (k)	16,217	Immediate	None
Voya Solution 2035 Port Srv (l)	35,703	Immediate	None
Voya Solution 2045 Port Srv (m)	103,328	Immediate	None
Voya Solution 2055 Port Srv (n)	2,516	Immediate	None
Voya MidCap Opportunities Port I (o)	12,364	Immediate	None
Voya Money Mkt Fnd A (p)	1,261	Immediate	None
Voya Russell Mid Cap Index Port S (q)	3,231	Immediate	None
Voya Russell Sm Cap Index Port S (r)	3,356	Immediate	None
Voya US Stock Index Portfolio Inst (s)	6,791	Immediate	None
VY Clarion Real Estate PrtSvc (t)	8,625	Immediate	None
VY Invesco Eqty and Inc Port Srv (u)	18,427	Immediate	None
VY Oppenheimer Global Port Srv (v)	76,454	Immediate	None
VY PIMCO Bond Port Srv (w)	27,016	Immediate	None
Wanger USA (y)	10,733	Immediate	None

NOTE 8 - FAIR VALUE DISCLOSURES (CONTINUED)

	Fair Value Estimated Using NAV Per Share		
	December 31, 2012		
Investment	Fair Value	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:			
American Funds EuroPacific R3 (a)	$ 27,628	Immediate	None
American Funds Fdmntl Inv R3 (b)	7,484	Immediate	None
American Funds Growth Fund (c)	4,974	Immediate	None
Franklin Sm Cap Val Sec Fd-2 (d)	1,595	Immediate	None
MFS Value Fund R2 (e)	25,462	Immediate	None
Oppenheimer Developing Mkts A (f)	12,397	Immediate	None
Templeton Global Bond Fund (h)	5,234	Immediate	None
Victory Established Value Fund (i)	8,614	Immediate	None
Voya Solution 2015 Port Srv (j)	6,549	Immediate	None
Voya Solution 2025 Port Srv (k)	9,602	Immediate	None
Voya Solution 2035 Port Srv (l)	20,052	Immediate	None
Voya Solution 2045 Port Srv (m)	98,199	Immediate	None
Voya Solution 2055 Port Srv (n)	1,974	Immediate	None
Voya Russell Mid Cap Index Port S (q)	395	Immediate	None
Voya Russell Sm Cap Index Port S (r)	688	Immediate	None
Voya US Stock Index Portfolio Inst (s)	41,633	Immediate	None
VY Invesco Eqty and Inc Port Srv (u)	2,562	Immediate	None
VY Oppenheimer Global Port Srv (v)	19,399	Immediate	None
VY PIMCO Bond Port Srv (w)	29,995	Immediate	None
Wanger USA (y)	17,077	Immediate	None
ING BlkRck Sci & Tech Oppt Prt I (y)	5,941	Immediate	None
Wanger Select (z)	2,057	Immediate	None

There were no unfunded commitments at December 31, 2013 and December 31, 2012.

(a) The fund invests primarily in common stocks of issuers in Europe and the Pacific Basin that are believed to have the potential for growth.

(b) The fund invests primarily in common stocks of companies that appear to offer superior opportunities for capital growth and most of which have a history of paying dividends.

(c) The fund invests primarily in common stocks and seeks to invest in companies that appear to offer superior opportunities for growth of capital.

(d) The fund invests at least 80% of its net assets in investments of small-capitalization companies.

(e) The fund normally invests its assets in equity securities. It focuses on the stocks of companies it believes are undervalued compared to their perceived worth.

(f) The fund mainly invests in common stocks of issuers in developing and emerging markets throughout the world and at times it may invest up to 100% of its total assets in foreign securities.

NOTE 8 - FAIR VALUE DISCLOSURES (CONTINUED)

(g) The fund normally invests at least 80% of its net assets in inflation-indexed bonds. It invests primarily in investment-grade securities, but may invest up to 10% of total assets in high-yield securities.

(h) The fund seeks current income, with capital appreciation and growth of income, by investing at least 80% of its net assets in bonds of governments and government agencies located anywhere in the world.

(i) The investment seeks long-term capital growth by investing primarily in common stocks.

(j) The portfolio invests in a combination of underlying funds, which are actively managed funds or passively managed funds that invest in U.S. stocks, international stocks, U.S. bonds, and other debt instruments and it uses an asset allocation strategy designed for investors expecting to retire around the year 2015.

(k) Under normal market conditions, the portfolio invests at least 80% of its net assets in a combination of underlying funds which are passively managed index funds. The fund seeks to provide total return consistent with an asset allocation of equity and debt securities targeted at retirement in approximately 2025.

(l) Under normal market conditions, the portfolio invests at least 80% of its net assets in a combination of underlying funds which are passively managed index funds. The fund seeks to provide total return consistent with an asset allocation of equity and debt securities targeted at retirement in approximately 2035.

(m) Under normal market conditions, the portfolio invests at least 80% of its net assets in a combination of underlying funds which are passively managed index funds. The fund seeks to provide total return consistent with an asset allocation of equity and debt securities targeted at retirement in approximately 2045.

(n) Under normal market conditions, the portfolio invests at least 80% of its net assets in a combination of underlying funds which are passively managed index funds. The fund seeks to provide total return consistent with an asset allocation of equity and debt securities targeted at retirement in approximately 2055.

(o) The fund normally invests at least 80% of its net assets in common stock of mid-sized U.S. companies.

(p) The fund invests in high-quality, U.S. dollar-denominated short-term duration debt securities.

(q) The fund normally invests at least 80% of its net assets in equity securities of companies, convertible securities, other derivatives and exchange-traded funds. The fund seeks investment results that correspond to the total return of the Russell Midcap Growth Index.

(r) The fund normally invests at least 80% of its net assets in equity securities of companies, convertible securities, other derivatives and exchange-traded funds. The fund seeks investment results that correspond to the total return of the Russell 2000 Index.

(s) The fund invests at least 80% of its net assets in equity securities of companies included in the S&P 500 Index or equity securities of companies that are representative of the index.

NOTE 8 - FAIR VALUE DISCLOSURES (CONTINUED)

(t) Under normal market conditions, the portfolio invests at least 80% of its assets in common and preferred stocks of U.S. real estate investment trusts and real estate companies.

(u) The fund normally invests at least 80% of its net assets in equity and income securities at the time of investment.

(v) Under normal market conditions, the portfolio invests mainly in common stocks of companies in the United States and foreign countries.

(w) Normally, the portfolio invests at least 80% of its net assets in a diversified portfolio of fixed-income instruments of varying maturities which may be represented by forwards or derivatives such as options, futures contracts, or swap agreements.

(x) Under normal circumstances, the fund invests at least 80% of its net assets in the common stock of small and mid-sized companies with market capitalizations under $5 billion at the time of initial investment.

(y) The fund normally invests at least 80% of assets in equity securities issued by science and technology companies in all market capitalization ranges.

(z) Under normal circumstances, the fund invests a majority of its net assets in the common stock of companies with market capitalizations under $20 billion at the time of initial investment.

NOTE 9 – FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACT WITH INSURANCE COMPANY

As described in Note 2, the Plan's investment contract with ING is fully benefit-responsive. ING maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by ING, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct withdrawal or transfer of all or a portion of their investment at contract value.

NOTE 9 – FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

The following table summarizes the ratings for ING as of the noted dates:

	A.M. Best Company	Standard & Poor's Ratings Services
Date	July 3, 2014	December 8, 2011
Current outlook	Stable	Positive
Rating	A	A-

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield for the investment contracts based on actual earnings was 1.55% and 1.91% in 2013 and 2012, respectively. This average yield represents the annualized earnings of all investments in the fund during the year divided by the average fair value of all investments in the fund. The crediting interest rate was 1.62% and 2.11% in 2013 and 2012, respectively. The crediting interest rate represents the annualized earnings credited to participants in the fund during each year divided by the average fair value of all investments in the fund. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1.30%. Such interest rates are reviewed on a periodic basis for resetting.

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

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

NOTE 10 – EXCESS CONTRIBUTIONS

Contributions received from participants for 2013 are net of $24,137 of excess contributions required to be returned to certain participants to satisfy the relevant nondiscrimination provisions for the Plan for 2013.

This amount is included in the Plan's statement of net assets available for plan benefits under the caption "excess employee contribution" at December 31, 2013.

NOTE 11 – NON-EXEMPT PARTY-IN-INTEREST TRANSACTIONS

For the 2013 plan year, there were unintentional delays by the Partnership in submitting employee contributions totaling $5,545 to the asset custodian. The Partnership has deposited the employee contributions and is currently in the process of determining the amount of lost earnings and excise taxes related to the untimely remittances.

For the 2011 plan year, there were unintentional delays by the Partnership in submitting employee contributions totaling $8,722 to the asset custodian. The Partnership has deposited the employee contributions and lost earnings and paid the excise taxes related to the untimely remittances in the fourth quarter of 2013.

NOTE 12 – SUBSEQUENT EVENTS

Effective July 1, 2014, the Plan was restated and the assets of the Plan were transferred to a new custodian. The restated Plan allows participants to borrow from their individual account.

SUPPLEMENTAL INFORMATION

PFS GROUP 401(k) PLAN
SPONSOR'S EIN: 76-0779526
PLAN NUMBER: 001
SCHEDULE H, LINE 4A-SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2013

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Are late participant loan repayments included? N	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 14,267	$ 5,545	$ 8,722	$ -	$ -

PFS GROUP 401(k) PLAN
SPONSOR'S EIN: 76-0779526
PLAN NUMBER: 001
SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2013

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Participant Directed Pooled Separate Accounts:			
*	ING Life Insurance and Annuity Company	American Funds EuroPacific R3 (633 shares)	**	$ 11,456
*	ING Life Insurance and Annuity Company	VY Oppenhmr Global Port Srv (4,963 shares)	**	76,454
*	ING Life Insurance and Annuity Company	Oppenheimer Developing Markets (661 shares)	**	24,417
*	ING Life Insurance and Annuity Company	Franklin Sm Cap Val Sec Fd-2 (2,066 shares)	**	41,511
*	ING Life Insurance and Annuity Company	ING MidCap Opportunities Port I (501 shares)	**	12,364
*	ING Life Insurance and Annuity Company	VY Clarion Real Est PrtSvc (596 shares)	**	8,625
*	ING Life Insurance and Annuity Company	Wanger USA (542 shares)	**	10,733
*	ING Life Insurance and Annuity Company	Victory Established Value Fund (962 shares)	**	15,692
*	ING Life Insurance and Annuity Company	Voya Russell Mid Cap Index Port S (902 shares)	**	3,231
*	ING Life Insurance and Annuity Company	Voya Russell Sm Cap Index Port S (196 shares)	**	3,356
*	ING Life Insurance and Annuity Company	American Funds Growth Fnd R3 (1,507 shares)	**	37,898
*	ING Life Insurance and Annuity Company	Voya U.S. Stock Index Portfolio Inst (423 shares)	**	6,791
*	ING Life Insurance and Annuity Company	MFS Value Fund R2 (3,066 shares)	**	61,433
*	ING Life Insurance and Annuity Company	American Funds Fdmntl Inv R3 (1,507 shares)	**	22,322
*	ING Life Insurance and Annuity Company	VY Invesco Eqty and Inc Port Srv (1,238 shares)	**	18,427
*	ING Life Insurance and Annuity Company	Voya Index Solution 2015 Port Srv (1,688 shares)	**	19,738
*	ING Life Insurance and Annuity Company	Voya Index Solution 2025 Port Srv (1,320 shares)	**	16,217
*	ING Life Insurance and Annuity Company	Voya Index Solution 2035 Port Srv (2,822 shares)	**	35,703
*	ING Life Insurance and Annuity Company	Voya Index Solution 2045 Port Srv (8,170 shares)	**	103,328
*	ING Life Insurance and Annuity Company	Voya Index Solution 2055 Port Srv (177 shares)	**	2,516
*	ING Life Insurance and Annuity Company	Templeton Global Bond Fund (790 shares)	**	8,772
*	ING Life Insurance and Annuity Company	VY PIMCO Bond Port Srv (2,037 shares)	**	27,016
*	ING Life Insurance and Annuity Company	PIMCO Real Return (288 shares)	**	3,280
*	ING Life Insurance and Annuity Company	Voya Money Mkt Fnd A (108 shares)	**	1,261
				572,541
	Participant Directed Guaranteed Investment Account:			
*	ING Life Insurance and Annuity Company	ING Fixed Account	**	65,392
	Non-participant Directed:			
	Federated Capital Reserves	Mutual Fund (174,982 shares)	$ 174,983	174,983
	First Eagle Overseas Fund	Mutual Fund (3,979 shares)	86,690	91.963
	Harbor International Fund	Mutual Fund (1,429 shares)	81,227	101,533
	Harbor High Yield Bond Fund Instl	Mutual Fund (6,773 shares)	74,766	73,219
	PIMCO Total Return Fund Class D	Mutual Fund (8,684 shares)	96,608	92,837
	Templeton Global Bond Fund Class A	Mutual Fund (5,584 shares)	74,582	73,385
	iShares TR S&P 500 Growth Index Fd	Mutual Fund (3,040 shares)	213,977	300,200
	iShares INC Core Msci Emerging Mkts	Mutual Fund (1,130 shares)	55,212	56,285
				964,405
				$ 1,602,338

* Party-in-interest as defined under the Employee Retirement Income Security Act of 1974.

** Not applicable as permitted by the Department of Labor for participant-directed individual accounts.

See independent auditors' report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ___

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan PFS Group 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

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

G&G Organization, LTD.
dba PFS Group
PFS Group

2600 N. Loop W, Suite 150

Houston TX 77092

2b Employer Identification Number (EIN) 76-0779526

2c Sponsor's telephone number (713) 784-4410

2d Business code (see instructions) 561440

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

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

SIGN HERE	Signature of plan administrator	Date 10/14/14	Enter name of individual signing as plan administrator Sarah Hampsten
SIGN HERE	Signature of employer/plan sponsor	Date 10/14/14	Enter name of individual signing as employer or plan sponsor Jeff Gorski
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

RETIREMENT HORIZONS INCORPORATED

Authorization To File The Plan's Form 5500 Electronically

PFS Group 401(k) Plan

Upon receipt of the signed Form 5500 and this signed authorization, permission is granted to Retirement Horizons Inc. (RHI) to electronically file the annual Form 5500 on behalf of the plan named above.

The Plan Administrator authorizes RHI to utilize its PIN to file the 5500 along with any applicable schedules for the Plan.

The Plan Administrator may revoke or change this authorization at any time via written notification to RHI.

Print Name: Jerry Gorski

Signature: _____

Date: 12/17/14

2201 Timberloch Place, Suite 150 • The Woodlands, Texas 77380 • 281-296-1100 • Fax 281-296-1118

PFS GROUP 401(k) PLAN
SPONSOR'S EIN: 76-0779526
PLAN NUMBER: 001
SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2013

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Participant Directed Pooled Separate Accounts:			
*	ING Life Insurance and Annuity Company	American Funds EuroPacific R3 (633 shares)	**	$ 11,456
*	ING Life Insurance and Annuity Company	VY Oppenhmr Global Port Srv (4,963 shares)	**	76,454
*	ING Life Insurance and Annuity Company	Oppenheimer Developing Markets (661 shares)	**	24,417
*	ING Life Insurance and Annuity Company	Franklin Sm Cap Val Sec Fd-2 (2,066 shares)	**	41,511
*	ING Life Insurance and Annuity Company	ING MidCap Opportunities Port I (501 shares)	**	12,364
*	ING Life Insurance and Annuity Company	VY Clarion Real Est PrtSvc (596 shares)	**	8,625
*	ING Life Insurance and Annuity Company	Wanger USA (542 shares)	**	10,733
*	ING Life Insurance and Annuity Company	Victory Established Value Fund (962 shares)	**	15,692
*	ING Life Insurance and Annuity Company	Voya Russell Mid Cap Index Port S (902 shares)	**	3,231
*	ING Life Insurance and Annuity Company	Voya Russell Sm Cap Index Port S (196 shares)	**	3,356
*	ING Life Insurance and Annuity Company	American Funds Growth Fnd R3 (1,507 shares)	**	37,898
*	ING Life Insurance and Annuity Company	Voya U.S. Stock Index Portfolio Inst (423 shares)	**	6,791
*	ING Life Insurance and Annuity Company	MFS Value Fund R2 (3,066 shares)	**	61,433
*	ING Life Insurance and Annuity Company	American Funds Fdmntl Inv R3 (1,507 shares)	**	22,322
*	ING Life Insurance and Annuity Company	VY Invesco Eqty and Inc Port Srv (1,238 shares)	**	18,427
*	ING Life Insurance and Annuity Company	Voya Index Solution 2015 Port Srv (1,688 shares)	**	19,738
*	ING Life Insurance and Annuity Company	Voya Index Solution 2025 Port Srv (1,320 shares)	**	16,217
*	ING Life Insurance and Annuity Company	Voya Index Solution 2035 Port Srv (2,822 shares)	**	35,703
*	ING Life Insurance and Annuity Company	Voya Index Solution 2045 Port Srv (8,170 shares)	**	103,328
*	ING Life Insurance and Annuity Company	Voya Index Solution 2055 Port Srv (177 shares)	**	2,516
*	ING Life Insurance and Annuity Company	Templeton Global Bond Fund (790 shares)	**	8,772
*	ING Life Insurance and Annuity Company	VY PIMCO Bond Port Srv (2,037 shares)	**	27,016
*	ING Life Insurance and Annuity Company	PIMCO Real Return (288 shares)	**	3,280
*	ING Life Insurance and Annuity Company	Voya Money Mkt Fnd A (108 shares)	**	1,261
				572,541
	Participant Directed Guaranteed Investment Account:			
*	ING Life Insurance and Annuity Company	ING Fixed Account	**	65,392
	Non-participant Directed:			
	Federated Capital Reserves	Mutual Fund (174,982 shares)	$ 174,983	174,983
	First Eagle Overseas Fund	Mutual Fund (3,979 shares)	86,690	91.963
	Harbor International Fund	Mutual Fund (1,429 shares)	81,227	101,533
	Harbor High Yield Bond Fund Instl	Mutual Fund (6,773 shares)	74,766	73,219
	PIMCO Total Return Fund Class D	Mutual Fund (8,684 shares)	96,608	92,837
	Templeton Global Bond Fund Class A	Mutual Fund (5,584 shares)	74,582	73,385
	iShares TR S&P 500 Growth Index Fd	Mutual Fund (3,040 shares)	213,977	300,200
	iShares INC Core Msci Emerging Mkts	Mutual Fund (1,130 shares)	55,212	56,285
				964,405
				$ 1,602,338

* Party-in-interest as defined under the Employee Retirement Income Security Act of 1974.

** Not applicable as permitted by the Department of Labor for participant-directed individual accounts.

See independent auditors' report.

PFS GROUP 401(k) PLAN
SPONSOR'S EIN: 76-0779526
PLAN NUMBER: 001
SCHEDULE H, LINE 4A-SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2013

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Are late participant loan repayments included? N	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 14,267	$ 5,545	$ 8,722	$ -	$ -