

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
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan <u>KEMTAH GROUP, INC 401(K) SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>	
	1c Effective date of plan <u>01/01/1991</u>	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE KEMTAH GROUP, INC</u> <u>7601 JEFFERSON ST. NE</u> <u>SUITE 120</u> <u>ALBUQUERQUE, NM 87107</u>	2b Employer Identification Number (EIN) <u>85-0356242</u>	
	2c Sponsor's telephone number <u>505-346-4913</u>	
	2d Business code (see instructions) <u>541513</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	DANIEL BROWN
	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 ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	382
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	272
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	114
d Subtotal. Add lines 6a , 6b , and 6c		6d	386
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	386
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	292
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	20
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: 2F 2G 2J 2K 2T 3D 2E 2S			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 KEMTAH GROUP, INC 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE KEMTAH GROUP, INC	D Employer Identification Number (EIN) 85-0356242	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

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

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

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

ASCENSUS

11-3665754

(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?
37 99 15 60 50	RECORD KEEPER	3625	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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 <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>KEMTAH GROUP, INC 401(K) SAVINGS PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE KEMTAH GROUP, INC</u>		D Employer Identification Number (EIN) <u>85-0356242</u>

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)	6488	10748
(2) Participant contributions.....	1b(2)	18289	28856
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	98758	288559
(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)	94170	116169
(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)	5569033	6514333
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5786738	6958665

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5786738	6958665
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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)	129443	
(B) Participants	2a(1)(B)	523704	
(C) Others (including rollovers)	2a(1)(C)	16391	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		669538
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7	
(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)	4203	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4210
(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)	127274	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		127274
(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)		1012615
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1813637

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	622041	
(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)		622041
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		18292
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	1377	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1377
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		641710

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1171927
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: ATKINSON & CO. CPA

(2) EIN: 85-0211867

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 <u>KEMTAH GROUP, INC 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE KEMTAH GROUP, INC</u>	D Employer Identification Number (EIN) <u>85-0356242</u>

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	<u>0</u>
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): <u>45-0404698</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ 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

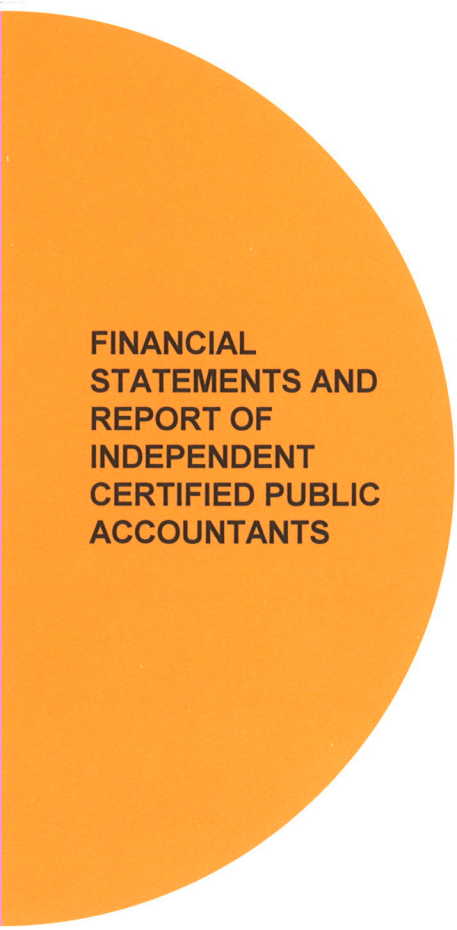
- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding 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): _____



**FINANCIAL
STATEMENTS AND
REPORT OF
INDEPENDENT
CERTIFIED PUBLIC
ACCOUNTANTS**

**THE KEMTAH GROUP, INC.
401(K) SAVINGS PLAN**

December 31, 2013 and 2012

atkinson

PRECISE. PERSONAL. PROACTIVE.

CONTENTS

	Page
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS.....	1-2
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS.....	3
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS.....	4
NOTES TO FINANCIAL STATEMENTS	5-12
SUPPLEMENTARY INFORMATION	
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – SCHEDULE 1.....	13



CERTIFIED PUBLIC ACCOUNTANTS | CONSULTANTS

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The Board of Directors
The Kemtah Group, Inc. 401(k) Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Kemtah Group, Inc. 401(k) Savings Plan (the Plan), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012, and the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our 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 information summarized in Note G, which was prepared and certified by Ascensus (an agent of Frontier Trust Company), the Trustee of the Plan, except for comparing such information to the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the agent of the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the agent of the Trustee as of December 31, 2013 and 2012 and for the year ended December 31, 2013, that the information provided to the Plan Administrator by the agent of the Trustee is complete and accurate.

Disclaimer of Opinion

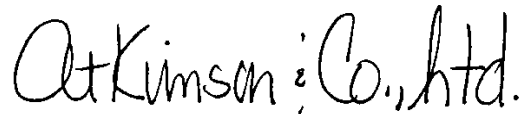
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2013, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the agent of the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Atkinson & Co., Ltd." in a cursive, slightly stylized font.

Atkinson & Co., Ltd.

Albuquerque, New Mexico
October 9, 2014

The Kentah Group, Inc.
401(k) Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

ASSETS

	<u>2013</u>	<u>2012</u>
Cash	\$ -	\$ 73,830
Investments, at fair value	<u>6,802,892</u>	<u>5,593,960</u>
Total investments	6,802,892	5,667,790
Receivables		
Notes from participants	116,169	94,170
Participant contributions	28,856	18,289
Employer contributions	<u>10,748</u>	<u>6,489</u>
Total receivables	<u>155,773</u>	<u>118,948</u>
Net assets available for benefits	<u>\$ 6,958,665</u>	<u>\$ 5,786,738</u>

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

The Kemtah Group, Inc.
401(k) Savings Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2013

	Participant- Directed Funds	Notes Receivable from Participants	Total
ADDITIONS			
Net realized and unrealized appreciation in fair value of investments	\$ 900,499	\$ -	\$ 900,499
Interest and dividend income	239,397	4,203	243,600
 Contributions			
Participants	493,007	-	493,007
Employer match	183,405	-	183,405
Participant Roth deferrals	30,697	-	30,697
Participant rollovers	16,202	-	16,202
Other	189	-	189
 Total contributions	<u>723,500</u>	<u>-</u>	<u>723,500</u>
 Total additions	1,863,396	4,203	1,867,599
 DEDUCTIONS			
Benefit payments	622,041	18,292	640,333
Forfeitures used to fund employer match	53,962	-	53,962
Transaction fees	1,377	-	1,377
 Total deductions	<u>677,380</u>	<u>18,292</u>	<u>695,672</u>
 Net increase before inter-fund transfers	1,186,016	(14,089)	1,171,927
 INTER-FUND TRANSFERS			
Principal note repayments	33,601	(33,601)	-
Note receivable interest payments received	3,743	(3,743)	-
New participant note receivables	(73,432)	73,432	-
	<u>(36,088)</u>	<u>36,088</u>	<u>-</u>
 NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	1,149,928	21,999	1,171,927
 Net assets available for benefits			
Beginning of year	<u>5,692,568</u>	<u>94,170</u>	<u>5,786,738</u>
 End of year	<u>\$ 6,842,496</u>	<u>\$ 116,169</u>	<u>\$ 6,958,665</u>

The accompanying notes are an integral part of this financial statement.

The Kentah Group, Inc.
401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2013 and 2012

NOTE A - SUMMARY OF SIGNIFICANT PLAN PROVISIONS

1. Description of Plan

The Kentah Group, Inc. (the Employer, Company, or Plan Administrator) 401(k) Savings Plan (the Plan) is a voluntary, defined contribution plan which was formalized and adopted January 1, 1991. The Plan was amended and restated effective December 1, 2011. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following description of the Plan is provided for general information purposes only. Participants should refer to the respective Plan documents for more complete information of the Plan's provisions.

2. Eligibility

The Plan covers all employees, except residents of Puerto Rico, and those employees covered by a collective bargaining agreement. Participants are eligible to participate in the Plan after completing 6 months of service. Plan enrollment dates are the first day of January, April, July, and October of each year.

3. Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Employer's discretionary and non-elective contribution and (b) Plan investment income and expenses. Allocations are based on participant account or compensation balances, as defined in the Plan document. The benefit to which a participant is entitled is equal to the vested portion of the balance of the participant's account.

4. Contributions

Participants are not limited to a percentage of eligible compensation. However, participants are limited to the Internal Revenue Service limits for participant contributions to the Plan of \$17,500 for 2013. Participants who have attained age 50 by year-end, may also make an additional catch-up contribution of up to \$5,500 in 2013. Newly eligible employees are automatically enrolled in the Plan and have 2% of eligible compensation contributed into the Plan, unless they opt out in writing. Employer contributions currently match 50% of participant contributions. Matched compensation is limited to the first 6% of annual compensation deferred. In addition, the Employer, at its election, may make supplemental matching or profit sharing contributions to the Plan. The Employer did not make any supplemental contributions in 2013. Participants are eligible for Employer contributions on the same date they become eligible to participate in the Plan. A participant must be an employee of the Employer on the last day of the Plan year, except under certain defined situations, to be eligible for Employer contributions for the respective year.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2013 and 2012

NOTE A - SUMMARY OF SIGNIFICANT PLAN PROVISIONS - CONTINUED

5. Vesting

Participants are immediately vested in their voluntary contributions. Vesting in the Employer's matching and supplemental contributions accrues one-third after each year of service until participants are fully vested after three years. Upon termination of the Plan, death, disability, or the attainment of age 65, participants become fully vested.

Employees may direct their particular account balance, including the Employer contributions, into various investment options allowed under the Plan.

6. Payments of Benefits

Upon termination of service, participants may receive a lump sum payment, however, partial payments are permissible.

7. Forfeitures

Forfeitures of terminated employees' nonvested accounts are utilized initially to cover the Plan's administrative expenses with the balance used to offset the Employer's matching contributions. At December 31, 2013 and 2012, forfeited non-vested accounts totaled \$12,203 and \$37,493, respectively. In 2013, \$53,962 of forfeitures was used to offset Employer contributions. No forfeitures were used to offset Plan expenses in 2013. In 2012, no forfeitures were used to offset Employer contributions or pay Plan expenses.

8. Notes Receivable from Participants

Notes are made for amounts up to 50% of the respective participants' vested account balance. The loan may not exceed \$50,000 and may not be for an amount less than \$1,000. All loans bear interest at a rate established by the Employer (range from 4.25% to 5.25% at December 31, 2013) and are secured by the corresponding participants' accounts.

9. Plan Termination

Although there has been no expressed intent to do so, the Employer has the right under the Plan to terminate it at any time. In the event of Plan termination, participants will become 100% vested in their accounts. The account balances would be distributed to participants in single lump sum payments.

10. Reclassifications

Certain reclassifications have been made to the December 31, 2012 financial statement footnote presentation to correspond to the current year's format.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2013 and 2012

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis.

2. Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect the reported amounts and disclosures. Actual results could differ from those estimates.

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

3. Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value of investments is subject to ongoing fluctuation. The amount ultimately realized upon disposition will be different than the amounts reported in these financial statements. See Note F for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

4. Notes Receivable from Participants

Notes receivable are recorded at their unpaid principal balance plus any accrued interest and are considered to be fully collectible. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document. Plan participants are responsible for paying applicable note receivable fees. Fees are collected through direct reduction of the participant account balance prior to distribution of the note receivable. Interest collected on notes receivable is included with Plan interest and dividends.

5. Benefit Payments

Amounts distributed to participants are recorded when paid.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2013 and 2012

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

6. Administrative Expenses

Administrative expenses include investment manager fees, audit fees, and trustee/ recordkeeper fees. These fees are paid by the Plan through forfeitures or are paid by the Company on behalf of the Plan. Plan expenses paid by the Plan for the year ended December 31, 2013 were \$1,377, all of which were redemption fees paid by the respective participants.

7. Income Taxes

The Plan applies the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740, *Income Taxes*, in these accompanying financial statements. The Plan Administrator does not believe any uncertain tax positions exist. The Plan's policy is to classify income tax penalties and interest, when applicable, as miscellaneous expense (although such amounts would be paid by the Company). Under the statute of limitations, the Plan's tax returns are no longer subject to examination by tax authorities for years prior to 2010.

8. Subsequent Events

Subsequent events have been evaluated through October 9, 2014 (the date the financial statements were available to be issued) to determine whether such events should be recorded or disclosed in the financial statements for the years ending December 31, 2013 and 2012. Management believes that there have been no material subsequent events that have arisen that would require additional disclosure or accrual in the accompanying financial statements.

NOTE C - TAX STATUS AND PLAN AMENDMENTS

Effective December 1, 2011, the Plan document was restated as an Ascensus prototype non-standardized profit sharing plan. The Internal Revenue Service has opined and informed Ascensus by a letter dated March 31, 2008, that the Plan is qualified and the trust established under the Plan is tax-exempt, under the appropriate sections of the Internal Revenue Code. The Plan was amended in February 2012 for certain Plan provisions regarding vesting and eligibility. 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.

NOTE D - INVESTMENTS

The following presents the fair value of individual investments at December 31, 2013 and 2012 that represent 5% or more of net assets available for benefits. Investments less than 5% of net assets available for benefits for the respective year are denoted with an *. All investments are participant-directed.

The Kemtah Group, Inc.
401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2013 and 2012

NOTE D - INVESTMENTS - CONTINUED

	2013	2012
GM Loomis Sayles Strategic Income Fund (NEFZX)	\$ 637,176	\$ 533,672
GM Ivy Asset Strategy Y	539,092	-
GM Columbia Small Cap Index Fund A	477,208	-
GM MFS Massachusetts Investors Gr Stk A	474,922	-
GM MFS Value A	473,087	-
GM BlackRock S&P 500 Stock Institutional	472,672	-
GM Wells Fargo Advantage Enterprise A	414,557	-
GM Columbia Mid Cap Index Fund A	412,879	-
GM Oakmark International Fund	404,898	-
GM TCW Total Return Bond Fund	228,233 *	420,968
GM JPMorgan Equity Income Fund	-	777,089
GM Delaware Select Growth Fund	-	613,830
GM Oakmark Select II	-	540,794
GM Loomis Sayles Investment Grade Bond Fund (LIGRX)	-	423,327
	<u>\$ 4,534,724</u>	<u>\$ 3,309,680</u>

For the year ended December 31, 2013, the net appreciation in fair value of investments of \$900,499 was all attributable to mutual funds.

NOTE E - RELATED-PARTY TRANSACTIONS

During 2013, audit fees paid by the Plan Administrator, on behalf of the Plan, totaled \$11,840. The Kemtah Group, Inc. provides certain accounting and administrative services to the Plan for which no fees are charged.

Cash held by the Plan is on deposit with Frontier Trust Company, the Trustee of the Plan. Therefore, this qualifies as a party-in-interest transaction.

NOTE F - FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value for assets and liabilities subject to a fair value measurement. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2013 and 2012

NOTE F - FAIR VALUE MEASUREMENTS - CONTINUED

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full-term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan at year-end.

Prime Money Fund: Valued at amortized cost which approximates fair value.

Cash: Valued at cost which approximates fair value.

The Kemtah Group, Inc.
401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2013 and 2012

NOTE F - FAIR VALUE MEASUREMENTS - CONTINUED

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

Assets at Fair Value as of December 31, 2013

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth funds	\$ 2,556,677	\$ -	\$ -	\$ 2,556,677
Growth and income funds	2,436,570	-	-	2,436,570
Income funds	956,700	-	-	956,700
Index funds	564,386	-	-	564,386
Prime money fund	-	288,559	-	288,559
	<u>-</u>	<u>288,559</u>	<u>-</u>	<u>288,559</u>
Total assets at fair value	<u>\$ 6,514,333</u>	<u>\$ 288,559</u>	<u>\$ -</u>	<u>\$ 6,802,892</u>

Assets at Fair Value as of December 31, 2012

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth and income funds	\$ 2,750,699	\$ -	\$ -	\$ 2,750,699
Asset allocation funds	2,004,254	-	-	2,004,254
Growth funds	537,495	-	-	537,495
Income funds	266,868	-	-	266,868
Balanced funds	9,717	-	-	9,717
Cash	73,830	-	-	73,830
Prime money fund	-	24,927	-	24,927
	<u>-</u>	<u>24,927</u>	<u>-</u>	<u>24,927</u>
Total assets at fair value	<u>\$ 5,642,863</u>	<u>\$ 24,927</u>	<u>\$ -</u>	<u>\$ 5,667,790</u>

The Kemtah Group, Inc.
401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2013 and 2012

NOTE G - INFORMATION CERTIFIED BY AN AGENT OF THE TRUSTEE

The Plan Administrator has elected the method of compliance 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 (ERISA). Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Ascensus, an agent of the Trustee of the Plan, as complete and accurate, except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedule:

- Investments, cash, and notes receivable from participants as shown in the Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012.
- Interest and dividend income and net appreciation in fair value of investments as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2013.
- Investment information included in Notes D and F and the supplemental schedule.

NOTE H - RECONCILIATION TO FORM 5500

The following is a reconciliation of contributions comparing accrual basis financial statements to Form 5500:

Contributions per financial statements	\$ 723,500
Forfeitures used to fund employer match	<u>(53,962)</u>
Contributions per Form 5500	<u>\$ 669,538</u>

The following is a reconciliation of benefit payments comparing accrual basis financial statements to Form 5500:

Benefit payments per financial statements	\$ 640,333
Deemed distributions	<u>(18,292)</u>
Benefit payments per Form 5500	<u>\$ 622,041</u>

SUPPLEMENTARY INFORMATION

The Kemtah Group, Inc.
 401(k) Savings Plan

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

December 31, 2013

(a)	(b) Identity of issue, borrower, lessor lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Blackrock	Prime Money Fund	N/A	\$ 288,559
	Mutual funds:			
	GM Loomis Sayles	Strategic Income Fund (NEFZX)	N/A	637,176
	GM Ivy	Asset Strategy Y	N/A	539,092
	GM Columbia	Small Cap Index Fund A	N/A	477,208
	GM MFS	Massachusetts Investors Gr Stk A	N/A	474,922
	GM MFS	Value A	N/A	473,087
	GM BlackRock	S&P 500 Stock Institutional	N/A	472,672
	GM Wells Fargo	Advantage Enterprise A	N/A	414,557
	GM Columbia	Mid Cap Index Fund A	N/A	412,879
	GM Oakmark	International Fund	N/A	404,898
	GM Templeton	World A	N/A	293,146
	GM Ivy	High Income Y	N/A	290,456
	GM Templeton	Global Bond A	N/A	289,990
	GM JP Morgan	Strategic Income Opp A	N/A	286,011
	GM TCW	Total Return Bond Fund	N/A	228,233
	GM Delaware	Healthcare Fund A	N/A	177,079
	Ridgeworth Seix	Floating RT High Inc A	N/A	92,319
	MFS	Massachusetts Investors Gr Stk A	N/A	72,525
	Goldman Sachs	Small Cap Value	N/A	58,244
	Ivy	High Income	N/A	42,100
	Wells Fargo	Advantage Enterprise A	N/A	40,379
	Oppenheimer	Developing Markets Fund	N/A	36,931
	Goldman Sachs	Mid Cap Value A	N/A	33,051
	Columbia	Small Cap Index Fund A	N/A	31,836
	Prudential	Global Real Estate	N/A	31,612
	Delaware	Healthcare Fund	N/A	31,078
	Blackrock	S&P 500 Stock Institutional	N/A	30,568
	MFS	Value A	N/A	29,877
	Ivy	Asset Strategy Y	N/A	28,401
	Blackrock	International Index A	N/A	27,365
	Loomis Sayles	Strategic Income Fund	N/A	16,520
	Templeton	World A	N/A	14,804
	JP Morgan	Strategic Income Opp A	N/A	10,322
	Templeton	Global Bond A	N/A	9,843
	Columbia	Mid Cap Index Fund A	N/A	1,945
	Oakmark	International Fund	N/A	1,328
	GM RidgeWorth Seix	Floating RT High Inc A	N/A	540
	GM Goldman Sachs	Small Cap Value (GSSMX)	N/A	318
	GM BlackRock	International Index A	N/A	297
	GM Prudential	Global Real Estate Fund (PURAX)	N/A	256
	GM Goldman Sachs	Mid Cap Value A	N/A	229
	GM Oppenheimer	Developing Markets Fund (ODMAX)	N/A	140
	TCW	Total Return Bond Fund N	N/A	84
	Virtus	Multi Sector Short Term Bond A	N/A	15
	Participant notes receivable	Principal payable biweekly, due from 2014 to 2018 with interest rates from 4.25% to 5.25%	-0-	116,169
				<u>\$ 6,919,061</u>

Note: All investments are participant-directed.

N/A - Not required for participant-directed transactions under an individual account plan.

ATKINSON & CO. LTD.
CERTIFIED PUBLIC ACCOUNTANTS CONSULTANTS

ALBUQUERQUE, NM
T 505 843 6492
F 505 843 6817

ATKINSONCPA.COM

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KEMTAH GROUP, INC 401(K) SAVINGS PLAN

EIN: 85-0356242

Plan Sponsor's Name THE KEMTAH GROUP, INC

PN: 001

(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
	Oppenheimer	Oppenheimer Developing Markets Fund A	0	36,931
	Goldman Sachs	Goldman Sachs Small Cap Value A	0	58,244
	Prudential	Prudential Global Real Estate A	0	31,612
	Loomis Sayles	Loomis Sayles Strategic Income Fund A	0	16,520
	Delaware	Delaware Healthcare Fund A	0	31,078
	Merrill Lynch	Ready Assets	0	288,559
	Goldman Sachs	GM Goldman Sachs Small Cap Value A	0	318

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KEMTAH GROUP, INC 401(K) SAVINGS PLAN

EIN: 85-0356242

Plan Sponsor's Name THE KEMTAH GROUP, INC

PN: 001

(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
	Oppenheimer	GM Oppenheimer Developing Markets Fund A	0	140
	Loomis Sayles	GM Loomis Sayles Strategic Income Fund A	0	637,176
	Prudential	GM Prudential Global Real Estate A	0	256
	Ivy	Ivy High Income Y	0	42,100
	Ivy	GM Ivy High Income Y	0	290,456
	TCW	TCW Total Return Bond Fund N	0	84
	TCW	GM TCW Total Return Bond Fund N	0	228,233

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KEMTAH GROUP, INC 401(K) SAVINGS PLAN

EIN: 85-0356242

Plan Sponsor's Name THE KEMTAH GROUP, INC

PN: 001

(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
	Virtus	Virtus Multi Sector Short Term Bond A	0	15
	Franklin	Templeton Global Bond A	0	9,843
	Ridgeworth	Ridgeworth Seix Floating RT High Inc A	0	92,320
	Ivy	Ivy Asset Strategy Y	0	28,401
	Franklin	GM Templeton Global Bond A	0	289,990
	Ridgeworth	GM Ridgeworth Seix Floatng RT High Inc A	0	540
	MFS	MFS Value A	0	29,877

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KEMTAH GROUP, INC 401(K) SAVINGS PLAN

EIN: 85-0356242

Plan Sponsor's Name THE KEMTAH GROUP, INC

PN: 001

(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
	MFS	GM MFS Value A	0	473,087
	MFS	MFS Massachusetts Investors Gr Stk A	0	72,525
	MFS	GM MFS Massachusetts Investors Gr Stk A	0	474,922
	BlackRock	BlackRock S&P 500 Stock Institutional	0	30,568
	BlackRock	GM BlackRock S&P 500 Stock Institutional	0	472,672
	Wells Fargo	Wells Fargo Advantage Enterprise A	0	40,379
	Wells Fargo	GM Wells Fargo Advantage Enterprise A	0	414,557

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KEMTAH GROUP, INC 401(K) SAVINGS PLAN

EIN: 85-0356242

Plan Sponsor's Name THE KEMTAH GROUP, INC

PN: 001

(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
	Columbia	Columbia Mid Cap Index Fund A	0	1,945
	Columbia	GM Columbia Mid Cap Index Fund A	0	412,879
	Columbia	Columbia Small Cap Index Fund A	0	31,836
	Columbia	GM Columbia Small Cap Index Fund A	0	477,208
	Goldman Sachs	Goldman Sachs Mid Cap Value A	0	33,051
	Goldman Sachs	GM Goldman Sachs Mid Cap Value A	0	229
	BlackRock	BlackRock Intl Index A	0	27,365

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KEMTAH GROUP, INC 401(K) SAVINGS PLAN

EIN: 85-0356242

Plan Sponsor's Name THE KEMTAH GROUP, INC

PN: 001

(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
	BlackRock	GM BlackRock Intl Index A	0	297
	Franklin	Templeton World A	0	14,804
	Franklin	GM Templeton World A	0	293,146
	JPMorgan	JPMorgan Strategic Income Opp A	0	10,322
	JPMorgan	GM JPMorgan Strategic Income Opp A	0	286,011
	The Oakmark	Oakmark International Fund	0	1,328
	The Oakmark	GM Oakmark International Fund	0	404,898

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KEMTAH GROUP, INC 401(K) SAVINGS PLAN

EIN: 85-0356242

Plan Sponsor's Name THE KEMTAH GROUP, INC

PN: 001

(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
	Delaware	GM Delaware Healthcare Fund A	0	177,079
	Ivy	GM Ivy Asset Strategy Y	0	539,093
	Participants Loan Account	Various Rates and Maturities	0	116,169