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), 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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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
GATEWAY PRINTING & OFFICE SUPPLY 401(K) P/S PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
GATEWAY PRINTING & OFFICE SUPPLY. INC.

315 S. CLOSNER
EDINBURG, TX 78539

2b Employer Identification Number (EIN)
74-1502629

2c Sponsor's telephone number
956-383-3861

2d Business code (see instructions)
541990

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.	08/31/2011	LIN MILLER
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
GATEWAY PRINTING & OFFICE SUPPLY. INC.

315 S. CLOSNER
EDINBURG, TX 78539

3b Administrator's EIN
74-1502629

3c Administrator's telephone number
956-383-3861

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**	208
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**	171
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	18
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	189
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	189
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	161
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GATEWAY PRINTING & OFFICE SUPPLY 401(K) P/S PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GATEWAY PRINTING & OFFICE SUPPLY. INC.

D Employer Identification Number (EIN)
74-1502629

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		52
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	224047	320321
(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)	402300	442252
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	626347	762625
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	626347	762625

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	96661	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		96661
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	213	
(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)		213
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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

			(a) Amount	(b) Total
2b	**(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
	(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)		53067
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		149941
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13663	
	(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)		13663
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: **(1)** Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13663
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		136278
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) [X] 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 [X] No

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

(1) Name: COLLIER, JOHNSON & WOODS, P.C. **(2)** EIN: 74-2520265

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 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	
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	
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		70000
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)

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GATEWAY PRINTING & OFFICE SUPPLY 401(K) P/S PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GATEWAY PRINTING & OFFICE SUPPLY. INC.

D Employer Identification Number (EIN)
74-1502629

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 39-2014682 74-6036465

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 **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 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(es). 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 items 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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

GATEWAY PRINTING & OFFICE SUPPLY
401(k) P/S PLAN

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2010

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Schedule 4 - Schedule of Reportable Transaction
at December 31, 2009....13

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INDEPENDENT AUDITOR'S REPORT

August 17, 2011

Gateway Printing & Office Supply 401(k) P/S Plan
Edinburg, Texas

We have audited the accompanying statements of net assets available for benefits of Gateway Printing & Office Supply 401(k) P/S Plan as of December 31, 2010 and 2009 and the related statements of changes in net assets available for benefits for the years ended December 31, 2010 and 2009 and the supplemental schedules as of and for the years ended December 31, 2010 and 2009 as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's Management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Gateway Printing & Office Supply 401(k) P/S Plan as of December 31, 2010 and 2009 and the changes in net assets available for benefits for the years ended December 31, 2010 and 2009 in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules listed in the accompanying index are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Collier, Johnson & Woods

GATEWAY PRINTING & OFFICE SUPPLY
401(k) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2010	**2009**
Assets:		
Investments, at Fair Value (Note 4 and 5):		
Money Market Funds	320,321	224,047
Mutual Funds	442,252	402,300
Total Investments	762,573	626,347
Accrued Interest Receivable	52	--
Total Assets	762,625	626,347
Liabilities	--	--
NET ASSETS AVAILABLE FOR BENEFITS	762,625	626,347

See Accountants' Report and Notes to Financial Statements.

GATEWAY PRINTING & OFFICE SUPPLY
401(k) P/S PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	YEAR ENDED DECEMBER 31,	
	2010	**2009**
Additions to Net Assets Attributed to:		
Investment Income:		
Realized and Unrealized Appreciation on Investments (Note 5)	42,062	62,800
Interest	213	30
Dividends	11,005	3,020
Total Investment Income	53,280	65,850
Contributions:		
Participants	96,661	53,456
Transfer of Plan Assets due to Merger (Note 9)	--	267,867
Total Contributions	96,661	321,323
Total Additions	149,941	387,173
Deductions to Net Assets Attributed to -		
Benefits Paid to Participants	13,663	52,079
Net Increase in Net Assets Available for Benefits	136,278	335,094
Net Assets Available for Benefits, Beginning of Year	626,347	291,253
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	762,625	626,347

See Accountants' Report and Notes to Financial Statements.

GATEWAY PRINTING & OFFICE SUPPLY
401(k) P/S PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010

Note 1 - SIGNIFICANT ACCOUNTING POLICIES

The financial statements of Gateway Printing & Office Supply, Inc. (Company) Profit- Sharing Plan (the "Plan") have been prepared in conformity with accounting principles generally accepted in the United States of America as applied to employee retirement Plans and in accordance with the terms of the trust agreement. The Plan is designed to hold and invest Plan assets for retirement benefits of the Plan Participants.

Date of Management's Review

Subsequent events were evaluated through August 17, 2011, which is the date the financial statements were available to be issued.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 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.

Gains and losses on the sale of investments in registered investment company funds are computed using the weighted average cost method.

Administrative Expenses

All expenses of maintaining the Plan are paid by the Plan unless paid by the Company.

Payment of Benefits

Benefits are recorded when paid.

Note 2 - DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution covering all employees of the Company and its affiliates who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan provides for discretionary matching and profit sharing contributions. During the years ended December 31, 2010 and 2009 the employer did not make a contribution.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of: (a) the Company's contribution and (b) plan earnings, and charged with an allocation of plan losses and administrative expenses. Allocations are based on participant earnings 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.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after three years of credited service.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts

Forfeitures are applied to offset administrative expenses of the Plan. If forfeitures exceed these expenses, they are applied to reduce the employer's discretionary matching contribution to the Plan.

Note 3 - INVESTMENT PROGRAMS

All investments of the Plan are participant-directed. The Plan currently sponsors three investment options for participants. Participants are allowed to change their investment election quarterly.

Note 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows: 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 1 inputs include quoted prices for similar assets or liabilities in active markets; and quoted prices for identical or similar assets or liabilities in inactive markets. Level 2 inputs to the valuation methodology are other than quoted prices that are observable for the asset or liability. Level 2 inputs are inputs 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 inputs that are unobservable and significant to the fair value measurement.

The Plan's investments at December 31, 2010 and 2009 are reported at fair value in the accompanying statement of net assets available for benefits.

		FAIR VALUE MEASUREMENTS USING: QUOTED PRICES IN ACTIVE MARKET FOR IDENTICAL ASSETS (LEVEL 1)
	FAIR VALUE	
DECEMBER 31, 2010		
Money Market Funds	320,321	320,321
Mutual Funds	442,252	442,252
TOTAL	762,573	762,573
DECEMBER 31, 2009		
Money Market Funds	224,047	224,047
Mutual Funds	402,300	402,300
TOTAL	626,347	626,347

Note 4 - FAIR VALUE MEASUREMENTS - (Continuation)

Valuation Methodology

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at the end of the year. The fair value of the money market fund is based on a dollar for dollar value of the cash reserves in the account; the money market fund seeks to preserve the value on a $1 of investment at $1 per share. There have been no changes in the methodologies used at December 31, 2010 and 2009.

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.

Note 5 - INVESTMENTS

The following table presents fair value of investments measured on a recurring basis at December 31, 2010 and 2009. Investments that represent 5% or more of the Plan's net assets are separately identified:

	2010	2009
Mutual Funds:		
Eaton Vance Div Bldr A	--	30,142
Eaton Vance Global Grth A	--	45,126
Eaton Vance Spec Eqty A	--	43,991
Eaton Vance Tax-Managed Gr A	--	72,069
Eaton Vance Worldwide Health Sciences A	--	168,741
Frost Core Growth Equity Fund A	69,984	--
Frost Dividend Value Equity Fund A	48,982	--
Frost Low Duration Bond Fund A	34,300	--
Frost Small Cap Equity Fund A	39,285	--
Frost Total Return Bond Fund A	125,623	--
Other Mutual Funds	124,078	42,231
Total Mutual Funds	442,252	402,300
Money Market Funds:		
Eaton Vance Cash Management A	--	224,047
Invesco STIC Prime Institutional	320,321	--
TOTAL	762,573	626,347

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $42,062 and $62,800 during 2010 and 2009, respectively.

Note 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination participants will become 100 percent vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

Note 7 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter, dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Company's evaluation was performed for the tax periods ended December 31, 2007 through December 31, 2010, the tax years which principally remain subject to examination by major tax jurisdictions as of December 31, 2010.

Note 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 9 – MERGER

In November, 2008, Gateway Printing & Office Supply, Inc. acquired Jones & Cook Stationers, Inc. (Jones & Cook). Jones & Cook had a 401(k) profit sharing plan that was merged into this Plan on January 1, 2009. The Assets merged into the Plan increased the 2009 net assets available for benefits by $267,867.

Note 10 – CHANGE OF PLAN TRUSTEE

In August, 2010, The Plan changed its Plan Trustee from Plan Administrators, Inc. to Frost National Bank.

SUPPLEMENTARY SCHEDULES

SCHEDULE 1

GATEWAY PRINTING & OFFICE SUPPLY
401(k) P/S PLAN

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

DECEMBER 31, 2010

EIN 74-1502629, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST	(e) CURRENT VALUE
	Money Market Funds:			
	Invesco Short Term Investment Company Prime Institutional	Money Market Fund	320,321	320,321
	Mutual Funds:			
	Cohen & Steers Institutional Realty Fund	Mutual Fund (366.478 Shares)	12,140	13,922
*	Frost Core Growth Equity Fund	Mutual Fund (7214.832 Shares)	56,564	69,984
*	Frost Dividend Value Equity Fund	Mutual Fund (5312.580 Shares)	40,969	48,982
*	Frost International Equity Fund	Mutual Fund (3386.514 Shares)	25,297	30,174
*	Frost Kempner Multi-Cap Deep Value Equity Fund	Mutual Fund (2589.819 Shares)	19,768	22,868
*	Frost Low Duration Bond Fund	Mutual Fund (3257.372 Shares)	34,919	34,300
*	Frost Small Mid-Cap Equity Fund	Mutual Fund (4237.870 Shares)	29,750	39,285
*	Frost Total Return Bond Fund	Mutual Fund (12021.330 Shares)	129,944	125,623
	Invesco Developing Markets Fund	Mutual Fund (254.882 Shares)	7,437	8,434
	Ivy Global Natural Resources	Mutual Fund (457.408 Shares)	7,437	10,077
	Ivy High Income Fund Institutional Class	Mutual Fund (533.680 Shares)	4,440	4,430
	Mainstay Convertible Fund Institutional Class	Mutual Fund (891.117 Shares)	12,232	14,338
	T. Rowe Price International Discovery Fund	Mutual Fund (244.655 Shares)	8,930	10,740
	Templeton Global Bond Fund Adv.	Mutual Fund (670.728 Shares)	8,880	9,095
	Total Mutual Funds		398,707	442,252
	TOTAL		719,028	762,573

* Denotes Party-in-Interest

SCHEDULE 2

GATEWAY PRINTING & OFFICE SUPPLY
401(k) P/S PLAN

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

DECEMBER 31, 2009

EIN 74-1502629, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST	(e) CURRENT VALUE
	Money Market Funds:			
*	Eaton Vance Cash Management A	Money Market Fund	224,047	224,047
	Mutual Funds:			
*	Eaton Vance AC SMID Cap Fund A	Mutual Fund (1,260.364 Shares)	Not Available	14,456
*	Eaton Vance Div Bldr A	Mutual Fund (3,146.334 Shares)	Not Available	30,142
*	Eaton Vance Global Grth A	Mutual Fund (2,813.368 Shares)	Not Available	45,126
*	Eaton Vance Global Marcro Absolute Return A	Mutual Fund (1.913 Shares)	Not Available	20
*	Eaton Vance Govt Oblig A	Mutual Fund (1,068.445 Shares)	Not Available	7,992
*	Eaton Vance Inc Boston A	Mutual Fund (1,140.292 Shares)	Not Available	6,317
*	Eaton Vance Intl Equity Fund Class A	Mutual Fund (12.658 Shares)	Not Available	110
*	Eaton Vance Lg-Cap Val A	Mutual Fund (6.743 Shares)	Not Available	113
*	Eaton Vance Sm-Cap Val A	Mutual Fund (1,056.832 Shares)	Not Available	13,020
*	Eaton Vance Spec Eqty A	Mutual Fund (3,420.714 Shares)	Not Available	43,991
*	Eaton Vance Strat Inc A	Mutual Fund (25.293 Shares)	Not Available	203
*	Eaton Vance Tax-Managed Gr A	Mutual Fund (3,367.707 Shares)	Not Available	72,069
*	Eaton Vance Worldwide Health Sciences A	Mutual Fund (18,832.711 Shares)	Not Available	168,741
	Total Mutual Funds		--	402,300
	TOTAL		224,047	626,347

* Denotes Party-in-Interest

GATEWAY PRINTING & OFFICE SUPPLY
401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2010

EIN 74-1502629, Plan Number 001

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(f) EXPENSES INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets							
Eaton Vance Dividend Builder A	Mutual Fund	--	32,101	--	33,292	--	(1,191)
Eaton Vance Global Growth A	Mutual Fund	--	44,703	--	47,980	--	(3,277)
Eaton Vance Spec Equity A	Mutual Fund	--	48,322	--	47,331	--	991
Eaton Vance Tax-Managed Gr A	Mutual Fund	--	75,060	--	76,446	--	(1,386)
Eaton Vance Worldwide Health Sc A	Mutual Fund	--	179,155	--	176,437	--	2,718
Frost Core Growth Equity Fund A	Mutual Fund	56,564	--	--	--	--	--
Frost Dividend Value Equity Fund A	Mutual Fund	40,969	--	--	--	--	--
Frost Low Duration Bond Fund A	Mutual Fund	40,969	--	--	--	--	--
Frost Total Return Bond Fund A	Mutual Fund	129,944	--	--	--	--	--
TOTAL		268,446	379,341	--	381,486	--	(2,145)

GATEWAY PRINTING & OFFICE SUPPLY
401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2009

EIN 74-1502629, Plan Number 001

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(f) EXPENSES INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets							
Eaton Vance Cash Mgt A	Money Market	12	38,189	--	38,189	--	--
Eaton Vance Div Bldr A	Mutual Fund	18,643	--	--	--	--	--
TOTAL		18,655	38,189	--	38,189	--	--

SCHEDULE 1

GATEWAY PRINTING & OFFICE SUPPLY
401(k) P/S PLAN

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

DECEMBER 31, 2010

EIN 74-1502629, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST	(e) CURRENT VALUE
	Money Market Funds:			
	Invesco Short Term Investment Company Prime Institutional	Money Market Fund	320,321	320,321
	Mutual Funds:			
	Cohen & Steers Institutional Realty Fund	Mutual Fund (366.478 Shares)	12,140	13,922
*	Frost Core Growth Equity Fund	Mutual Fund (7214.832 Shares)	56,564	69,984
*	Frost Dividend Value Equity Fund	Mutual Fund (5312.580 Shares)	40,969	48,982
*	Frost International Equity Fund	Mutual Fund (3386.514 Shares)	25,297	30,174
*	Frost Kempner Multi-Cap Deep Value Equity Fund	Mutual Fund (2589.819 Shares)	19,768	22,868
*	Frost Low Duration Bond Fund	Mutual Fund (3257.372 Shares)	34,919	34,300
*	Frost Small Mid-Cap Equity Fund	Mutual Fund (4237.870 Shares)	29,750	39,285
*	Frost Total Return Bond Fund	Mutual Fund (12021.330 Shares)	129,944	125,623
	Invesco Developing Markets Fund	Mutual Fund (254.882 Shares)	7,437	8,434
	Ivy Global Natural Resources	Mutual Fund (457.408 Shares)	7,437	10,077
	Ivy High Income Fund Institutional Class	Mutual Fund (533.680 Shares)	4,440	4,430
	Mainstay Convertible Fund Institutional Class	Mutual Fund (891.117 Shares)	12,232	14,338
	T. Rowe Price International Discovery Fund	Mutual Fund (244.655 Shares)	8,930	10,740
	Templeton Global Bond Fund Adv.	Mutual Fund (670.728 Shares)	8,880	9,095
	Total Mutual Funds		398,707	442,252
	TOTAL		719,028	762,573

* Denotes Party-in-Interest

GATEWAY PRINTING & OFFICE SUPPLY
401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2010

EIN 74-1502629, Plan Number 001

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(f) EXPENSES INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets							
Eaton Vance Dividend Builder A	Mutual Fund	--	32,101	--	33,292	--	(1,191)
Eaton Vance Global Growth A	Mutual Fund	--	44,703	--	47,980	--	(3,277)
Eaton Vance Spec Equity A	Mutual Fund	--	48,322	--	47,331	--	991
Eaton Vance Tax-Managed Gr A	Mutual Fund	--	75,060	--	76,446	--	(1,386)
Eaton Vance Worldwide Health Sc A	Mutual Fund	--	179,155	--	176,437	--	2,718
Frost Core Growth Equity Fund A	Mutual Fund	56,564	--	--	--	--	--
Frost Dividend Value Equity Fund A	Mutual Fund	40,969	--	--	--	--	--
Frost Low Duration Bond Fund A	Mutual Fund	40,969	--	--	--	--	--
Frost Total Return Bond Fund A	Mutual Fund	129,944	--	--	--	--	--
TOTAL		268,446	379,341	--	381,486	--	(2,145)