Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

D Check box if filing under:
- [ ] 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 AND 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; include room or suite number (employer, if for a single-employer plan)

GATEWAY PRINTING AND 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.	07/25/2014	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

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

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	165
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**	141
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	154
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	154
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	118
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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

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
GATEWAY PRINTING AND 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 AND 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)	141	119
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	268339	306270
(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)	675404	734656
(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	943884	1041045
	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	943884	1041045

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)	99541	
	(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)		99541
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	155	
	(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)		155
	(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)	36273	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		36273
	(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)		79132
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		215101
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	117640	
(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)		117640
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)	300	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		300
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		117940
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		97161
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

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

A Name of plan
GATEWAY PRINTING AND 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 AND 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): 74-6036463

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2013

INDEX

PAGE

Independent Auditor's Report....1-2

Statement of Net Assets Available for Benefits....3

Statement of Changes in Net Assets Available for Benefits....4

Notes to Financial Statements....5-10

Supplementary Schedules:
Schedule 1 - Schedule of Assets
(Held at End of Year) at December 31, 2013....12

Schedule 2 - Schedule of Assets
(Held at End of Year) at December 31, 2012....13

Schedule 3 - Schedule of Reportable
Transactions, at December 31, 2013....14

Schedule 4 - Schedule of Reportable Transaction
Transactions, at December 31, 2012....15

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INDEPENDENT AUDITOR'S REPORT

July 17, 2014

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Gateway Printing & Office Supply 401(k) P/S Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, 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 Section 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 3, which was certified by Frost Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee, as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as listed in the accompanying index, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules 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 schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2013	**2012**
Assets:		
Investments, at Fair Value (Note 4 and 5):		
Money Market Funds	306,270	268,339
Mutual Funds	734,656	675,404
Total Investments, at Fair Value	1,040,926	943,743
Accrued Interest Receivable	119	141
Total Assets	1,041,045	943,884
Liabilities-	--	--
NET ASSETS AVAILABLE FOR BENEFITS	1,041,045	943,884

See Notes to Financial Statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	YEAR ENDED DECEMBER 31,	
	2013	**2012**
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in Fair Value of Investments (Note 5)	78,832	44,573
Interest	155	300
Dividends	36,273	21,084
Total Investment Income	115,260	65,957
Participants Contributions	99,541	119,507
Total Additions	214,801	185,464
Deductions to Net Assets Attributed to -		
Benefits Paid to Participants	117,640	110,300
Net Increase in Net Assets Available for Benefits	97,161	75,164
Net Assets Available for Benefits, Beginning of Year	943,884	868,720
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	1,041,045	943,884

See Notes to Financial Statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

Note 1 – SUMMARY OF 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

The Plan has evaluated subsequent events through July 17, 2014, which is the date the financial statements were available to be issued.

Use of 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 accounting records of the Plan are maintained on an accrual basis.

Expenses

Certain expenses of maintaining the Plan are paid directly by the plan sponsor and are excluded from these financial statements. Investment related expenses paid through revenue sharing arrangements are included in Investment Income.

Investment Valuation and Income Recognition

The Plan's 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.

Note 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continuation)

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 Plan covering all employees of Gateway Printing & Office Supply 401(k) P/S Plan and its affiliates who have attained the age of 21 and have completed one year of service. The Plan 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, 2013 and 2012 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 – INFORMATION CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Trustee, Frost Bank:

	DECEMBER 31,	
	2013	2012
Investments, at Fair Value:		
Money Market Funds	306,270	268,339
Mutual Funds	734,656	675,404
TOTAL INVESTMENTS	1,040,926	943,743
Investment Income	115,260	65,957

Note 4 – FAIR VALUE MEASUREMENTS

FASB 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 the 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 follow:

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 inputs that are unobservable and significant to the fair value measurement.

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.

Note 4 - FAIR VALUE MEASUREMENTS - (Continuation)

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, 2013 and 2012.

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 major classes of the Plan's investments at fair value:

	FAIR VALUE MEASUREMENTS USING QUOTED PRICES IN ACTIVE MARKETS FOR IDENTICAL ASSETS (LEVEL 1) DECEMBER 31,	
	2013	2012
Money Market Funds	306,270	268,339
Mutual Funds:		
Convertible Bonds	8,092	18,572
Diversified Equities	29,000	16,400
Floating Rate Bank Loans	7,767	6,506
Foreign Large Growth Equities	60,419	43,586
Foreign Small-Mid Growth Equities	18,102	16,659
High Yield Bonds	14,779	16,528
Large Blend Equities	18,376	--
Large Growth Equities	141,393	138,268
Large Value Equities	132,487	131,105
Natural Resource Equities	27,987	16,050
Real Estate Equities	25,089	26,521
Short-Term Bonds	172,037	186,036
Small Blend Equities	--	42,597
Small Growth Equities	50,115	--
World Bonds	29,013	16,576
Total Mutual Funds	734,656	675,404
TOTAL INVESTMENTS, AT FAIR VALUE	1,040,926	943,743

Note 5 - INVESTMENTS

The following table presents fair value of investments at December 31, 2013 and 2012. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

	2013	2012
Money Market Fund-		
Invesco STIC Prime Institutional Class A	306,270	268,339
Mutual Funds:		
Frost Dividend Value Equity Fund Class A	82,267	85,412
Frost Growth Equity Fund Class A	141,393	138,268
Frost International Equity Fund Class A	60,419	43,586
Frost Kempner Multi-Cap Deep Equity Class A	50,220	45,693
Frost Total Return Bond Fund Class A	143,532	144,101
Other Mutual Funds	256,825	218,344
Total Mutual Funds	734,656	675,404
TOTAL INVESTMENTS, AT FAIR VALUE	1,040,926	943,743

In 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $78,832 and $44,573, respectively.

Note 6 – INVESTMENT PROGRAMS

All investments of the Plan are participant-directed. The Plan sponsors three basic investment alternatives (Bond-based mutual funds, Equity-based mutual funds, and Balanced mutual funds) from which participants can make investment directives. Each of the investment alternatives offers several mutual funds from which the trustee is authorized to execute investment transactions on behalf of the participants. Participants are allowed to change their investment elections quarterly.

Note 7 – TRANSACTIONS WITH RELATED PARTIES AND PARTIES-IN-INTEREST

Certain Plan investments are shares of mutual funds managed by a subsidiary of Frost Bank. Frost Bank is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in Net Appreciation in Fair Value of Investments.

Note 8 - 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 9 - 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, 2013, 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, 2010 through December 31, 2013, the tax years which principally remain subject to examination by major tax jurisdictions as of December 31, 2013.

Note 10 – 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 could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTARY SCHEDULES

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

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

DECEMBER 31, 2013

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 STIC Prime Institutional	Money Market Fund (306,270 Units)	***	306,270
	Mutual Funds:			
	Cohen & Steers Institutional Realty Fund	Equity Mutual Fund (615.377 Shares)	***	25,089
*	Frost Cinque Lrg Cap Buy-Write Equ Fd Class A	Equity Mutual Fund (1,530.026 Shares)	***	18,376
*	Frost Credit Fund Class A	Bond Mutual Fund (763.331 Shares)	***	7,740
*	Frost Dividend Value Equity Fund Class A	Equity Mutual Fund (7,603.240 Shares)	***	82,267
*	Frost Growth Equity Fund Class A	Equity Mutual Fund (10,450.31 Shares)	***	141,393
*	Frost International Equity Fund Class A	Equity Mutual Fund (6,413.923 Shares)	***	60,419
*	Frost Kempner Multi-Cap Deep Class A	Equity Mutual Fund (4,452.115 Shares)	***	50,220
*	Frost Low Duration Bond Fund Class A	Bond Mutual Fund (2,778.33 Shares)	***	28,506
*	Frost Natural Resource Fund Class A	Equity Mutual Fund (2,369.777 Shares)	***	27,987
*	Frost Total Return Bond Fund Class A	Bond Mutual Fund (13,401.649 Shares)	***	143,532
	Hartford Floating Rate Fund Institutional Class	Bond Mutual Fund (859.225 Shares)	***	7,767
	Hartford World Bond Fund Institutional Class	Bond Mutual Fund (1,372.158 Shares)	***	14,531
	Invesco Developing Markets Fund Institutional	Equity Mutual Fund (895.893 Shares)	***	29,000
	Ivy High Income Fund Institutional Class	Bond Mutual Fund (814.675 Shares)	***	7,039
	Mainstay Convertible Fund Institutional Class	Equity Mutual Fund (469.911 Shares)	***	8,092
	T. Rowe Price International Discovery Fund	Equity Mutual Fund (324.755 Shares)	***	18,102
	Templeton Global Bond Fund	Bond Mutual Fund (1,106.318 Shares)	***	14,482
	Vanguard Small-Cap Growth Index Fund Admiral	Equity Mutual Fund (482.955 Shares)	***	20,757
	Virtus Small-Cap Core Fund Institutional Class	Equity Mutual Fund (1,142.313 Shares)	***	29,357
	Total Mutual Funds		***	734,656
	TOTAL		***	1,040,926

* Denotes Party-in-Interest
*** Cost is not Required on Participant Directed Accounts

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, 2012

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 STIC Prime Institutional	Money Market Fund (268,339 Units)	***	268,339
	Mutual Funds:			
	Cohen & Steers Institutional Realty Fund	Equity Mutual Fund (630.253 Shares)	***	26,521
*	Frost Dividend Value Equity Fund Class A	Equity Mutual Fund (9,448.270 Shares)	***	85,412
*	Frost Growth Equity Fund Class A	Equity Mutual Fund (12,743.587 Shares)	***	138,268
*	Frost International Equity Fund Class A	Equity Mutual Fund (4,981.202 Shares)	***	43,586
*	Frost Kempner Multi-Cap Deep Class A	Equity Mutual Fund (5,077.029 Shares)	***	45,693
*	Frost Low Duration Bond Fund Class A	Bond Mutual Fund (3,963.569 Shares)	***	41,935
*	Frost Natural Resource Fund Class A	Equity Mutual Fund (1,531.493 Shares)	***	16,050
*	Frost Small Cap Equity Fund Class A	Equity Mutual Fund (5,047.050 Shares)	***	42,597
*	Frost Total Return Bond Fund Class A	Bond Mutual Fund (13,268.928 Shares)	***	144,101
	Hartford Floating Rate Fund Institutional Class	Bond Mutual Fund (726.946 Shares)	***	6,506
	Invesco Developing Markets Fund Institutional	Equity Mutual Fund (484.633 Shares)	***	16,400
	Ivy High Income Fund Institutional Class	Bond Mutual Fund (1,935.403 Shares)	***	16,528
	Mainstay Convertible Fund Institutional Class	Equity Mutual Fund (1,285.231Shares)	***	18,572
	T. Rowe Price International Discovery Fund	Equity Mutual Fund (361.377 Shares)	***	16,659
	Templeton Global Bond Fund	Bond Mutual Fund (1,242.610 Shares)	***	16,576
	Total Mutual Funds		***	675,404
	TOTAL		***	943,743

* Denotes Party-in-Interest
*** Cost is not Required on Participant Directed Accounts

SCHEDULE 3

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

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

DECEMBER 31, 2013

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:				**NONE**			
Frost Sm-Cap Equ Cl A	Mutual Fund	4,592	58,751	--	44,856	--	13,895
TOTAL		4,592	58,751	--	44,856	--	13,895

SCHEDULE 4

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

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

DECEMBER 31, 2012

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:				**NONE**			
TOTAL		--	--	--	--	--	--

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, 2013

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 STIC Prime Institutional	Money Market Fund (306,270 Units)	***	306,270
	Mutual Funds:			
	Cohen & Steers Institutional Realty Fund	Equity Mutual Fund (615.377 Shares)	***	25,089
*	Frost Cinque Lrg Cap Buy-Write Equ Fd Class A	Equity Mutual Fund (1,530.026 Shares)	***	18,376
*	Frost Credit Fund Class A	Bond Mutual Fund (763.331 Shares)	***	7,740
*	Frost Dividend Value Equity Fund Class A	Equity Mutual Fund (7,603.240 Shares)	***	82,267
*	Frost Growth Equity Fund Class A	Equity Mutual Fund (10,450.31 Shares)	***	141,393
*	Frost International Equity Fund Class A	Equity Mutual Fund (6,413.923 Shares)	***	60,419
*	Frost Kempner Multi-Cap Deep Class A	Equity Mutual Fund (4,452.115 Shares)	***	50,220
*	Frost Low Duration Bond Fund Class A	Bond Mutual Fund (2,778.33 Shares)	***	28,506
*	Frost Natural Resource Fund Class A	Equity Mutual Fund (2,369.777 Shares)	***	27,987
*	Frost Total Return Bond Fund Class A	Bond Mutual Fund (13,401.649 Shares)	***	143,532
	Hartford Floating Rate Fund Institutional Class	Bond Mutual Fund (859.225 Shares)	***	7,767
	Hartford World Bond Fund Institutional Class	Bond Mutual Fund (1,372.158 Shares)	***	14,531
	Invesco Developing Markets Fund Institutional	Equity Mutual Fund (895.893 Shares)	***	29,000
	Ivy High Income Fund Institutional Class	Bond Mutual Fund (814.675 Shares)	***	7,039
	Mainstay Convertible Fund Institutional Class	Equity Mutual Fund (469.911 Shares)	***	8,092
	T. Rowe Price International Discovery Fund	Equity Mutual Fund (324.755 Shares)	***	18,102
	Templeton Global Bond Fund	Bond Mutual Fund (1,106.318 Shares)	***	14,482
	Vanguard Small-Cap Growth Index Fund Admiral	Equity Mutual Fund (482.955 Shares)	***	20,757
	Virtus Small-Cap Core Fund Institutional Class	Equity Mutual Fund (1,142.313 Shares)	***	29,357
	Total Mutual Funds		***	734,656
	TOTAL		***	1,040,926

* Denotes Party-in-Interest
*** Cost is not Required on Participant Directed Accounts

SCHEDULE 3

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

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

DECEMBER 31, 2013

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:				NONE			
Frost Sm-Cap Equ Cl A	Mutual Fund	4,592	58,751	--	44,856	--	13,895
TOTAL		4,592	58,751	--	44,856	--	13,895