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
- ☒ 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
GSC ENTERPRISES, INC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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

GSC ENTERPRISES, INC

130 HILLCREST DRIVE
PO BOX 638
SULPHUR SPRINGS, TX 75482

2b Employer Identification Number (EIN)
75-1413801

2c Sponsor's telephone number
903-885-7621

2d Business code (see instructions)
424400

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.	07/31/2014	THERESA TOLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2014	KERRY W. LAW
	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**	511
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**	451
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	51
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	502
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	504
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	396
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 2T 2S

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

9a Plan funding arrangement (check all that apply)		**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) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

A Name of plan
GSC ENTERPRISES, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GSC ENTERPRISES, INC

D Employer Identification Number (EIN)
75-1413801

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIRST NATIONAL BANK
2223 2ND AVE
KEARNEY, NE 68847

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

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

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

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

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 15 99 60 50	RECORD KEEPER	29271	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

RAYMOND JAMES AND ASSOCIATES

880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	ADVISOR	63765	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

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

A Name of plan
GSC ENTERPRISES, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GSC ENTERPRISES, INC

D Employer Identification Number (EIN)
75-1413801

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WTRIS GALLIARD RETIREMENT INC FD CL

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT & INSTITUTIONAL CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5886387-082	C	4624231

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

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
GSC ENTERPRISES, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GSC ENTERPRISES, INC

D Employer Identification Number (EIN)
75-1413801

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	223288	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	437236	523050
(9) Value of interest in common/collective trusts	1c(9)	0	4624231
(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)	22331976	22399813
(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	22992500	27547094
	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	22992500	27547094

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)	313223	
	(B) Participants	2a(1)(B)	780050	
	(C) Others (including rollovers)	2a(1)(C)	1050	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1094323
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	24502	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		24502
	(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)	1048951	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1048951
	(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)		160231
(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)		3419231
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5747238
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1058741	
(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)		1058741
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		40806
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	29331	
(3) Investment advisory and management fees	2i(3)	63766	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		93097
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1192644
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4554594
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: J BARRY KEVIL CPA (2) EIN: 75-1662223

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		5000000
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	X		

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

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

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

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
GSC ENTERPRISES, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GSC ENTERPRISES, INC

D Employer Identification Number (EIN)
75-1413801

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): 45-0404698

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):

GSC ENTERPRISES, INC. 401(k) PLAN
SULPHUR SPRINGS, TEXAS

REPORT OF AUDIT
DECEMBER 31, 2013

GSC ENTERPRISES, INC. 401(k) PLAN
SULPHUR SPRINGS, TEXAS
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DECEMBER 31, 2013

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J. BARRY KEVIL
CERTIFIED PUBLIC ACCOUNTANT
1115 WEST ABRAM STREET, SUITE B
ARLINGTON, TEXAS 76013

(817) 277-7653
FAX (817) 860-3415

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
GSC Enterprises, Inc. 401(k) Plan
Sulphur Springs, Texas

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of GSC Enterprises, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2013, and the related notes to the financial statements.

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

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Frontier Trust Company, the trustee of the Plan, except for comparing the 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 December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Other Matter

The supplemental schedule, Schedule 1 - Supplemental Schedule of Assets Held for Investment Purposes, as of December 31, 2013 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

J. Barry Kevil
Certified Public Accountant
June 20, 2014

GSC ENTERPRISES, INC. 401(k) PLAN
SULPHUR SPRINGS, TEXAS
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS		
INVESTMENTS AT FAIR VALUE		
Mutual Funds – Participant Directed	$22,399,813	$22,331,976
Stable Value Common Collective Trust Fund – Participant Directed	4,729,201	--
CASH HELD FOR ALLOCATION	--	223,288
NOTES RECEIVABLES FROM PARTICIPANTS	523,050	437,236
TOTAL ASSETS	27,652,064	22,992,500
NET ASSETS AVAILABLE FOR BENEFITS, AT FAIR VALUE	27,652,064	22,992,500
ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENFIT – RESPONSIVE STABLE VALUE FUND	(104,970)	--
NET ASSETS AVAILABLE FOR BENEFITS	$27,547,094	$22,992,500

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

GSC ENTERPRISES, INC. 401(k) PLAN
SULPHUR SPRINGS, TEXAS
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013

ADDITIONS	
Additions to Net Assets Attributed to:	
Investment Income	
Net Appreciation in Fair Value of Mutual Funds	$ 3,419,231
Net Appreciation in Fair Value of Common Collective Trust	66,208
Interest, Dividends and Other Income	1,142,974
TOTAL INVESTMENT INCOME	4,628,413
Interest Income on Notes Receivable from Participants	24,502
Contributions	
Employer	313,223
Participant	780,050
Rollover	1,050
TOTAL CONTRIBUTIONS	1,094,323
TOTAL ADDITIONS	5,747,238
DEDUCTIONS	
Deductions from Net Assets Attributed to:	
Distributions Paid to Participants	1,099,547
Administration Expenses	93,097
TOTAL DEDUCTIONS	1,192,644
NET INCREASE	4,554,594
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year	22,992,500
END OF YEAR	$27,547,094

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

GSC ENTERPRISES, INC. 401(k) PLAN
SULPHUR SPRINGS, TEXAS
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

A. DESCRIPTION OF PLAN

The following description of the GSC Enterprises, Inc. (the Company) 401(k) Plan (the Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General The GSC Enterprises, Inc. 401(k) Plan is a defined contribution plan covering qualifying employees of the Company. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code (IRC), as amended.

2. Plan Trustee Ascensus, Inc. (Ascensus) is the record keeper and Frontier Trust Company (Frontier) is the trustee of the Plan.

3. Eligibility Beginning January 1, 2013, the Plan was amended to allow employees at least age 21 and with 90 days of service to participate in the Plan. Employee eligibility prior to that date was to be at least age 21 with one year of service. Employees may make their participation effective on the first day of the next quarterly enrollment period subsequent to their meeting these eligibility requirements.

   Participation in the Plan shall cease upon termination of the participant's employment.

4. Contributions Participants may contribute up to 10% of their eligible annual compensation to the Plan, subject to the annual Federal limit of $17,500 in 2013. Eligible participants age 50 or over may make additional catch-up contributions up to the statutory limit of $5,500 in 2013. Effective January 1, 2013, all newly eligible participants hired after January 1, 2013 are automatically enrolled at a 3% contribution rate which may be changed at their discretion to 0% if they choose not to contribute to the Plan.

   The Company provides a discretionary annual matching contribution remitted with participant contributions during the plan year. During 2013, the discretionary match was 50% of the first 6% of each participant's deferral contribution to the Plan. These contributions are determined on an annual basis by the Board of Directors.

   Combined Company and participant contributions may not exceed $51,000 in 2013.

5. Participants' Accounts A participant's account is credited with the participant's contributions and allocations of Company matching contributions and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vested accounts of participants who had terminated employment with the Company totaled $795,876 at December 31, 2013.

6. Vesting Participants are immediately vested in their voluntary and employer contributions plus actual earnings thereon.

7. Investment Options Upon enrollment in the Plan, a participant shall direct their contributions in whole percent increments in any of the available investment options, including 30 mutual funds and 1 common collective trust stable value fund. Participants that do not make investment selections have their contributions invested in the Plan's default investment option which is a target retirement fund based on the participant's age. Employer matching contributions are invested in the same investment options and ratios as participant contributions.

8. Notes Receivable from Participants Participants may borrow from their accounts a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The maximum loan term is five years for general purpose loans but can be longer for housing loans. The loans are secured by the balance in the participant's account and bear interest at prime plus 2% (at December 31, 2013, interest rates for all outstanding loans were 5.25%). Principal and interest are repaid ratably through periodic payroll deductions. Outstanding loan balances are deemed distributed to the participants 90 days after termination of employment.

9. Payment of Benefits Upon termination of service due to death, disability, retirement or separation, a participant may elect to receive either a lump-sum distribution or installment payments under various options. In the event of death of the participant, the beneficiary shall receive a lump sum distribution. Lump sum distributions are allocated on all accounts of terminated participants that are less than $5,000. The participant or designated beneficiary is entitled to receive benefits equal to the vested balance in the participant's account.

10. Hardship Distributions Participants may receive hardship distributions from their elected deferrals, plus earnings thereon, if they meet the Plan's and IRC's definition of having an immediate and serious financial need and have previously obtained all other available distributions.

11. Forfeited Accounts Forfeited accounts are used to reduce employee matching contributions or Plan expenses. Since participants are now immediately vested in contributions to their account, there are no additional forfeited balances related to participant terminations. At December 31, 2013, remaining forfeited nonvested accounts related to prior year Company matching overpayments, including earnings, were $30.

12. Cash Cash generally represents contributions received by the Plan at year end that have not yet been allocated to participants' accounts due to timing differences between receipt of funds and allocation procedures by the record keeper. However, for 2012, cash represents a timing difference regarding a large participant distribution that had been processed for payout, but the disbursement check was not written until shortly after year end. Cash balances were $0 and $223,288 at December 31, 2013 and 2012, respectively.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting The accompanying financial statements have been prepared under the accrual method of accounting in accordance with Generally Accepted Accounting Principles in the United States of America (GAAP)

One of the Plan's investment options is the Wilmington Trust Retirement and Institutional Services ("WTRIS") Company Collective Investment Trust II Galliard Retirement Income Fund, a common collective trust stable value fund ("SVF"), as described in Note H, which holds various investment contracts. Investment contracts are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statements of Net Assets Available for Benefits presents the fair value of the SVF as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

2. Investment Valuation and Income Recognition Mutual fund investments are stated at fair value based upon quoted market prices. The fair value of the investments in the SVF is determined by multiplying the Plan's proportionate ownership interest by the net asset value as determined by the investment manager based on the fair values of the underlying investments. Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

3. Notes Receivable from Participants Loans to participants are reported at their unpaid principal balances, plus any accrued but unpaid interest. Interest is recognized based on the note receivable's interest rate and outstanding balance at the time of payback through periodic payroll deductions adjusted by any accrued interest.

4. Contributions and Contribution Receivables Contributions are recorded on the accrual method of accounting. Contribution receivables are obligations arising from amounts owed to the Plan from participants or the Company.

5. Payment of Benefits Benefits are recorded when paid. Material excess 401(k) contributions unpaid at year-end are recorded as a payable. Excess contributions arise to comply with discrimination testing in accordance with IRC requirements.

6. Expenses of the Plan The Trustee is responsible for both the management and record keeping of the Plan's assets. Trustee administrative expenses, fees for the administration of distributions and participant loans, and investment advisory service fees are allocated or charged to specific participants' accounts and are included as a component of the Statement of Changes in Net Assets Available for Benefits.

7. Management Estimates Preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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.

9. New Accounting Standards In December 2013, the FASB issued Accounting Standards Update ("ASU") 2013-12 *Definition of a Public Business Entity – An addition to the Master Glossary* ("ASU 2013-12"). This guidance defines a public business entity to determine which entities would be within the scope of the Private Company Decision – Making Framework. ASU 2013-12 generally excludes employee benefit plans from the definition of a public entity. The issuance of ASU 2013-12 allows the FASB to use the term public business entity in future updates. ASU 2013-12 does not have a significant impact on the Plan's financial statements and related disclosures.

C. INVESTMENTS

The Plan's investments are held by a management trust company. The following table presents the fair value of investments and investment income which is included in the accompanying financial statements and supplemental schedule, and was obtained from data that has been prepared and certified to as complete and accurate by the trustee. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2013 FAIR VALUE	2012 FAIR VALUE
INVESTMENTS AT FAIR VALUE AS DETERMINED BY QUOTED MARKET PRICE		
Delaware Small Cap Value	$ --	$1,438,540
Delaware Diversified	--	1,130,587
Columbia Acorn	2,811,636	2,256,759
American Funds Money Market	--	4,523,229
American Funds Investment Company of America	1,711,415	1,366,640
American Funds Growth Fund of America	2,092,987	1,632,056
American Funds New Perspective	1,676,043	1,388,310
WTRIS Galliard Retirement (SVF)	4,729,201	--
Eagle Small Cap Growth	1,827,189	--
Black Rock MidCap Value Opportunities	1,338,845	--
Other Funds and Cash	10,941,698	8,595,855

The components of the Plan's investment income for the year ended December 31, 2013 are summarized as follows:

	YEAR ENDED DECEMBER 31, 2013
NET APPRECIATION OF INVESTMENTS	
Black Rock MidCap Value Opportunities	$ 215,613
Eagle Small Cap Growth	401,668
Columbia Acorn	494,054
American Funds Investment Company of America	296,334
American Funds Growth Fund of America	407,917
American Funds New Perspective	273,843
WTRIS Galliard Retirement (SVF)	66,208
Other Mutual Funds	1,329,802
TOTAL	3,485,439
INTEREST AND DIVIDENDS INCOME	
WTRIS Galliard Retirement (SVF)	$ 94,023
Mutual Funds	1,048,951
TOTAL	$1,142,974
Interest Income from Participant Notes Receivable	$24,502

D. 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 provision of ERISA. In the event of Plan termination, participants will receive 100% of their account balance.

E. TAX STATUS

The Plan obtained its latest determination letter on January 13, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan's management has analyzed the tax position taken by the Plan and has concluded that as of December 31, 2013, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions. However, there are currently no audits for any tax periods in progress. The Plan's management believes the Plan is no longer subject to audit for plan years prior to the 2010 plan year.

F. RELATED PARTIES

The Plan sponsor, GSC Enterprises, Inc., absorbs certain general and administrative expenses for the Plan.

G. FAIR VALUE MEASUREMENTS

ASC 820-1 *Fair Value Measurement and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly; and

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

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

Mutual funds: Traded in active markets and are valued at the net asset value of the investments based on the closing price of the last reported business day.

Common Collective Trust Fund: The SVF is valued at the net asset value (as a practical expedient) as determined by the trustee based on the fair value of the underlying investments held less its liabilities. If the Plan were to initiate a full redemption of the SVF, the trustee reserves the right to temporarily delay withdrawal from the SVF in order to ensure that security liquidations will be carried out in an orderly business manner.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

	Assets at Fair Value as of December 31, 2013			
	Quoted Prices in Active Markets For Identical Assets Level 1	Significant Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Equity Funds				
Growth	$6,732,757	--	--	$6,732,757
Large Capitalization	1,318,299	--	--	1,318,299
Mid Capitalization	4,150,481	--	--	4,150,481
Small Capitalization	2,239,754	--	--	2,239,754
Growth & Income	3,907,880	--	--	3,907,880
Index	279,911	--	--	279,911
Balanced Funds	1,734,471	--	--	1,734,471
Fixed Income Funds				
Bond – high quality	1,071,515	--	--	1,071,515
Target Retirement Funds	964,745	--	--	964,745
SVF	--	$4,729,201	--	4,729,201
Total Assets at Fair Value	$22,399,813	$4,729,201	--	$27,129,014

	Assets at Fair Value as of December 31, 2012			
	Quoted Prices in Active Markets For Identical Assets Level 1	Significant Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Equity Funds				
Growth	$ 5,463,217	--	--	$ 5,463,217
Large Capitalization	1,083,755	--	--	1,083,755
Mid Capitalization	3,334,409	--	--	3,334,409
Small Capitalization	1,767,047	--	--	1,767,047
Growth & Income	3,333,092	--	--	3,333,092
Index	203,357	--	--	203,357
Balanced Funds	1,493,282	--	--	1,493,282
Fixed Income Funds				
Bonds – high quality	1,130,588	--	--	1,130,588
Money Market Fund	4,523,229	--	--	4,523,229
Total Assets at Fair Value	$22,331,976	--	--	$22,331,976

Participants can readily redeem mutual fund shares and SVF units without notice. The Plan's policy is to transfer investments between the levels of the fair value hierarchy at the beginning of the year based upon changes to observable inputs that are significant to the overall fair value measurements. There were no transfers between the fair value hierarchy levels during 2013.

H. INVESTMENT IN SVF

The SVF is deemed to be fully benefit-responsive. The investment objective of the SVF is to maximize current long term growth and to maintain principal stability for participant initiated transactions and withdrawals allowed under the Plan. However, the SVF does not guarantee that it will achieve its investment objective. The SVF invests principally in a diversified portfolio of guaranteed, structured, synthetic and other investment contracts issued by insurance companies, banks and other issuers, as well as the securities supporting such contracts, separate accounts and other similar financial instruments. SVF investments are valued at fair value and adjusted to contract value to the extent such investments and related contracts are deemed to be fully benefit responsive. Contract value is determined at the close of each trading day or the New York Stock Exchange based on the underlying assets owned by the SVF.

The beneficial interest of each participant in the net assets of the SVF is represented by units. Units are issued and redeemed at the net asset value determined daily based upon the value of the underlying investments. Net investment income of the SVF is credited to participant accounts through an investment yield (crediting rate) determined by the trustee and reset quarterly based on the performance of the underlying investments.

Participant initiated transactions allowed by the Plan typically include withdrawals for benefits, loans or transfers to noncompeting investments within the Plan. All other are paid at the lower of contract value or market value of the underlying investments. Such events primarily include the following:

- Failure of the Plan or related trust to qualify for exemption from federal income taxes or any required prohibited transaction under ERISA
- Failure to provide proper notice by the Plan sponsor of withdrawal from the SVF
- Failure to meet a 90 day requirement for participant withdrawals out of the SVF for the purpose of investment into a competing fund

The Plan administrator does not believe the occurrence of any such event, which would limit the ability of the SVF or Plan to transact at contract value with participants, is probable. In addition to the limitations noted above, issuers of investment contracts have certain rights to terminate a contract and settle at an amount which differs from contract value. For example, certain breaches by the SVF of its obligations, representations or warranties under the terms of an investment contract can result in its termination at market value, which may differ from contract value. Investment contracts may also provide for termination with no payment obligation from the issuer if the performance of the contract constitutes a prohibited transaction under ERISA or other applicable law. Guaranteed investment contracts ("GIC") may also provide issuers with the right to reduce contract value in the event an underlying security suffers a credit event or the right to terminate the contract in the event certain investment guidelines are materially breached and not cured.

There is no guarantee that the SVF will always be able to have GICs in place with respect to its fixed income securities. For example, a GIC issuer may suffer a bankruptcy or other significant credit event that causes the SVF to no longer be permitted to utilize contract value for such GIC. In the event a replacement GIC from another issuer cannot be secured, the SVF will have to recognize currently the fair value of certain assets. These values may be less than contract value and could result in a loss of principal and/or reduction in earnings with respect to unit holders' investment in the SVF. The SVF mitigates these risks by investing only in high quality assets and focusing on very broad diversification of the underlying securities.

Retirement plans are required to provide 12 month advance notice prior to redemption of SVF units, other than for permitted participant withdrawals. The notice period may be shortened or waived by the SVF trustee's sole discretion.

The following table presents the average yields of the SVF by type and year:

Average Yields, December 31,	(Initial Investment Year) 2013
SVF total return	1.82%
Yield credited to participants	1.51%

I. PLAN AMENDMENTS

During the year, the Plan was amended as follows:

1. Effective January 1, 2013 the Plan was amended to reduce the eligibility requirement from one year to service to 90 days of service.

2. Effective January 1, 2014 the Plan was amended to allow automatic enrollment at 3% deferral rate for all employees hired after the effective date. Participants may change or eliminate deferrals made under this amendment at their discretion.

J. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the stable value common collective trust fund on the financial statements to the value of common collective trusts per Form 5500:

	2013
Stable Value Common Collective Trust per the Financial Statements	$4,729,201
Less: Adjustment from fair value to contract value per the financial statements	(104,970)
Value of Common Collective Trust per Form 5500	$4,624,231

The following is a reconciliation of interest, dividends and other income on the financial statements to net investment gain from common/collective trusts per Form 5500:

	2013
Interest, dividends and other income per the Financial Statements	$1,142,974
Less: Dividends from mutual funds shown separately on Form 5500	(1,048,951)
Add: Unrealized/Realized gain from SVF shown separately on Financial Statements	66,208
Net investment gain from common/collective trusts per Form 5500	$ 160,231

The following is a reconciliation of distributions paid to participants per the financial statements to benefit payments per Form 5500:

	2013
Distributions paid to participants per the Financial Statements	$1,099,547
Less: Certain deemed distributions of participant loans shown separately per Form 5500	(40,806)
Total Benefit payments per Form 5500	$1,058,741

K. SUBSEQUENT EVENT

Management has reviewed subsequent activity for potential disclosure through June 20, 2014 which is the date these financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

GSC ENTERPRISES, INC. 401(k) PLAN
SCHEDULE 1 - SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
SCHEDULE H LINE 4(i) OF FORM 5500
AS OF DECEMBER 31, 2013
EIN: 75-1413801
PLAN #: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	MFS Investment Management	Total Return Fund		686,376
	MFS Investment Management	Value Fund		834,725
	Delaware Investments	Diversified Income		1,071,068
	Alger Mutual Fund	Midcap Growth Fund		279,910
	Alger Mutual Fund	Capital Appreciation		483,574
	American Funds	Money Market		1
	American Funds	Fundamental Investments Fund		598,348
	American Funds	Washington Mutual Investors Fund		375,314
	American Funds	New Perspective Fund		1,676,043
	American Funds	The Growth of America Fund		2,092,987
	American Funds	Investment Company of America Fund		1,711,415
	American Funds	Target Retirment Date 2010		11,464
	American Funds	Target Retirment Date 2015		210,236
	American Funds	Target Retirment Date 2020		261,742
	American Funds	Target Retirment Date 2025		158,885
	American Funds	Target Retirment Date 2030		299,211
	American Funds	Target Retirment Date 2035		3,182
	American Funds	Target Retirment Date 2040		1,727
	American Funds	Target Retirment Date 2045		2,752
	American Funds	Target Retirment Date 2050		15,547
	BlackRock Funds	Mid Cap Value Opportunities		1,338,845
	Columbia Funds	Acorn Fund		2,811,636
	Columbia Funds	Small Cap Value Fund		412,564
	Eagle	Small Cap Growth		1,827,189
	Invesco Funds	Equity & Income Fund		1,171,580
	John Hancock Funds	Lifestyle Aggressive		647,065
	John Hancock Funds	Lifestyle Balanced		1,048,095
	John Hancock Funds	Lifestyle Conservative		1,024,885
	John Hancock Funds	Lifestyle Growth		1,108,433
	John Hancock Funds	Lifestyle Moderate		234,566
	PIMCO	Real Return		448
	Wilmington Trust Retirement	Common Collective Trust - WTRIS Galliard Retirement Income		4,729,201
*	Participant Loans	Participant Loans, interest rate of 5.25% (Mature between January 2014 - December 2019)	$0	523,050
	Total		$0	$27,652,064

* Column (a) indicates each identified person/entity known to be a party-in-interest.

This supplemental schedule lists assets held for investment purposes at December 31, 2013, as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure.

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

Plan Name GSC Enterprises, inc 401(k) Plan **EIN:** 75-1413801
Plan Sponsor's Name GSC Enterprises, inc **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Invesco	Invesco Equity and Income R	0	1,171,581
	MFS	MFS Total Return A	0	686,376
	Columbia	Columbia Funds Trust I Small Cap V	0	412,564
	Columbia	Columbia Acorn A	0	2,811,636
	American Funds	American Funds New Perspective Fund R3	0	1,676,043
	American Funds	American Funds Washington Mutual InvR3	0	375,314
	American Funds	American Funds Inv Company Of AmericaR3	0	1,711,415

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

Plan Name GSC Enterprises, inc 401(k) Plan **EIN:** 75-1413801
Plan Sponsor's Name GSC Enterprises, inc **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Delaware	Delaware Diversified Income Fund A	0	1,071,068
	MFS	MFS Value A	0	834,725
	American Funds	American Funds Growth Fund of America R3	0	2,092,987
	John Hancock	JHancock2 Lifestyle Aggressive R3	0	647,065
	John Hancock	JHancock2 Lifestyle Balanced R3	0	1,048,095
	John Hancock	JHancock2 Lifestyle Conservative R3	0	1,024,885
	John Hancock	JHancock2 Lifestyle Growth R3	0	1,108,433

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

Plan Name GSC Enterprises, inc 401(k) Plan **EIN:** 75-1413801
Plan Sponsor's Name GSC Enterprises, inc **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	John Hancock	JHancock2 Lifestyle Moderate R3	0	234,566
	American Funds	American Funds Fndmtl InvR3	0	598,348
	Alger	Alger Capital Appreciation Instl R	0	483,574
	Eagle	Eagle Small Cap Growth R3	0	1,827,189
	Wells Fargo	Wells Fargo Advantage Index Fund Inst	0	279,910
	BlackRock	BlackRock Mid Cap Value Opportunities R	0	1,338,845

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

Plan Name GSC Enterprises, inc 401(k) Plan **EIN:** 75-1413801
Plan Sponsor's Name GSC Enterprises, inc **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	WTRIS	WTRIS Galliard Retirement Inc Fd Cl 85	0	4,624,231
	American Funds	American Funds Trgt Date Ret 2010R3	0	11,464
	American Funds	American Funds Trgt Date Ret 2015R3	0	210,236
	American Funds	American Funds Trgt Date Ret 2020R3	0	261,742
	American Funds	American Funds Trgt Date Ret 2025R3	0	158,885
	American Funds	American Funds Trgt Date Ret 2030R3	0	299,211
	American Funds	American Funds Trgt Date Ret 2035R3	0	3,181

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

Plan Name GSC Enterprises, inc 401(k) Plan **EIN:** 75-1413801
Plan Sponsor's Name GSC Enterprises, inc **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds Trgt Date Ret 2040R3	0	1,727
	American Funds	American Funds Trgt Date Ret 2045R3	0	2,752
	American Funds	American Funds Trgt Date Ret 2050R3	0	15,547
	PIMCO	PIMCO Real Return R	0	448
	Participants Loan Account	Various Rates and Maturities	0	523,050