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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GIBSON SALES, LP PROFIT SHARING/401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

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

2321A LOOP 281
LONGVIEW, TX 75604

2b Employer Identification Number (EIN)
75-2913132

2c Plan Sponsor's telephone number
903-297-0766

2d Business code (see instructions)
446110

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.	09/15/2015	SAMMY CULPEPPER
	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	**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**	64
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	61
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	65
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	71
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	72
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	65
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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 2J 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) [ ] **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) [ ] **D** (DFE/Participating Plan Information)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
GIBSON SALES, LP PROFIT SHARING/401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GIBSON SALES, LP

D Employer Identification Number (EIN)
75-2913132

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).. . . . . ☐ 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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65	RECORDKEEPER	5723	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60	FUND MANAGEMENT	0	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 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
GIBSON SALES, LP PROFIT SHARING/401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GIBSON SALES, LP

D Employer Identification Number (EIN)
75-2913132

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)	64187	61193
(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)	280203	290607
(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)	3229992	3664179
(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	3574382	4015979
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	3	3
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	53688	70200
k	Total liabilities (add all amounts in lines 1g through1j)	1k	53691	70203
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3520691	3945776

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)	61193	
	(B) Participants	2a(1)(B)	270898	
	(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)		332091
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	29	
	(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)		29
	(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)	234132	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		234132
	(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)		
	(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)		

		(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)		59175
c Other income	2c		2817
d Total income. Add all **income** amounts in column (b) and enter total	2d		628244
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	127203	
(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)		127203
f Corrective distributions (see instructions)	2f		70200
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5756	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5756
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		203159
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		425085
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: RON STRINGER & ASSOCIATES, PC **(2)** EIN: 75-2850212

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		351020
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

GIBSON SALES, L.P.
PROFIT SHARING / 401k PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

December 31, 2014 and 2013

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All other schedules have been omitted because the information is not required.

RonStringer & Associates PC | certified public accountants

INDEPENDENT AUDITOR'S REPORT

To The Plan Administrator
Gibson Sales, L.P.
Profit Sharing / 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Gibson Sales, L.P., Profit Sharing / 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the year ended December 31, 2014, 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 Fidelity Management 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 and for the years ended December 31, 2014 and 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 schedules of Assets Held for Investment Purposes are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental 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.

Ron Stringer & Associates, P.C.

Ron Stringer & Associates, P. C.
September 14, 2015

GIBSON SALES, L.P., PROFIT SHARING / 401(k) PLAN
Statement of Net Assets Available for Benefits
December 31, 2014 and 2013

		2014	2013
ASSETS			
Fidelity Retirement Money Market	$	290,607	280,203
Investments at fair value			
Shares of regulated investment companies:			
Fidelity Fund		9,837	8,471
Fidelity Puritan		44,888	40,504
Fidelity Contra Fund		148,063	177,486
Fidelity Growth Companies		213,938	95,072
Fidelity Investment Grade Bond		77,678	68,628
Fidelity OTC Portfolio		157,607	112,939
Fidelity Real Estate Investors		42,158	33,609
Fidelity Blue Chip Growth		613,317	539,622
Fidelity Low Priced Stock		278,664	389,465
Fidelity Diversified International		205,338	220,500
Fidelity Dividend Growth		172,886	143,914
Fidelity Large Cap Stock		15,809	21,228
Fidelity Freedom Income		2,627	239
Fidelity Freedom 2000		-	1,345
Fidelity Freedom 2010		19,826	18,811
Fidelity Freedom 2020		277,310	107,981
Fidelity Freedom 2030		12,206	4,277
Fidelity High Income		17,810	17,010
Fidelity Freedom 2040		6,727	4,611
Fidelity Total Bond		16,327	15,469
Fidelity Freedom 2015		132,658	134,516
Fidelity Freedom 2025		156,927	149,612
Fidelity Freedom 2035		39,927	33,252
Fidelity Small Cap Value		22,825	21,867
Fidelity SPTN Total Market Index Advantage		207,680	14,437
Fidelity SPTN EXT Market Index Advantage		22	-
WFA Emrg Mkts Eq Adm		6,677	4,686
Fid Sm Cap Discovery		125,620	198,091
Fid Freedom 2045		19,194	5,895
Fid Freedom 2055		1,352	365
Fidelity Freedom 2050		4,555	4,306
Fidelity NB MDCP Growth Trust		480,550	457,626
Fidelity OKTK Invs Divrs Divd R5		32,505	70,754
Fidelity OLNG Janus Triton T		27,843	23,227
SPTN US BOND IDX ADV		1,511	-
SPTN GLB XUS IDX ADV		4,314	-
Fidelity OQXP JPM Mid Cap Value A		67,002	90,176
		3,664,179	3,229,992
Receivables			
Employer's contributions		61,193	64,187
Participants' contributions		-	-
		61,193	64,187
Total Assets		4,015,979	3,574,382
LIABILITIES			
Due to employer		3	3
Refunds due participants		70,200	53,688
Total Liabilities		70,203	53,691
Net Assets Available For Benefits	$	3,945,776	3,520,691

See accompanying notes.

GIBSON SALES, L.P., PROFIT SHARING / 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits With Fund Information
Year Ended December 31, 2014

	Particpant Directed									
	Fidelity Fund	Fidelity Puritan	Fidelity Contra Fund	Fidelity Growth Companies	Fidelity Invest. Gr. Bond	Fidelity OTC Portfolio	Fidelity Real Est Invs	Fidelity Blue Chip	Fidelity Low-Priced Stock	Fidelity Diversified Intl.
ADDITIONS										
Additions to net assets attributed to:										
Investment income:										
Net appreciation (depreciation) in fair value of investments	60	559	2,389	17,320	2,187	2,509	4,873	42,351	4,054	(14,210)
Interest & dividends	1,020	3,709	10,457	7,559	1,899	17145	542	34,286	20,544	7,521
Realized Gain (loss)	38	128	2,920	1,117	13	320	1,349	416	1,820	(545)
	1,119	4,395	15,766	25,997	4,098	19,974	6,764	77,054	26,419	(7,233)
Contributions:										
Participants'	790	1,941	11,646	20,716	4,964	11,987	3,158	26,642	16,079	12,119
Employer's	480	681	5,123	3,382	1,494	2,733	1,197	5,952	4,926	4,479
Forfeiture Credit	-	-	-	-	-	-	-	-	-	-
	1,270	2,621	16,769	24,098	6,458	14,720	4,356	32,594	21,004	16,598
Total Additions	2,388	7,017	32,535	50,094	10,556	34,694	11,120	109,647	47,423	9,365
DEDUCTIONS										
Deductions from net assets attributed to:										
Benefits paid to participants	992	2,518	14,242	3,919	217	3,891	845	9,200	26,803	23,175
Forfeitures	30	114	364	33	149	74.28	43	1,373	391	160
Administration expense	-	-	-	-	-	-	0	-	0	0
Total Deductions	1,022	2,632	14,606	3,952	365	3,965	888	10,573	27,194	23,336
Net increase (decrease) prior to interfund transfers	1,366	4,385	17,929	46,142	10,191	30,729	10,232	99,074	20,229	(13,971)
Interfund transfers	0	0	(47,352)	72,724	(1,141)	13,939	(1,683)	(25,379)	(131,031)	(1,191)
Net Increase (Decrease)	1,366	4,385	(29,423)	118,866	9,050	44,668	8,549	73,695	(110,802)	(15,162)
NET ASSETS AVAILABLE FOR BENEFITS										
Beginning of Year	8,471	40,504	177,486	95,072	68,628	112,939	33,609	539,622	389,465	220,500
End of Year	9,837	44,888	148,063	213,938	77,678	157,607	42,158	613,317	278,664	205,338

See accompanying notes.

GIBSON SALES, L.P., PROFIT SHARING / 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits With Fund Information
Year Ended December 31, 2014

	Particpant Directed									
	Fidelity Dividend Growth	Fidelity Large Cap Stock	Fidelity Freedom Income	Fidelity Freedom 2000	Fidelity Freedom 2010	Fidelity Freedom 2020	Fidelity Freedom 2030	Fidelity Small Cap Retirement	Fidelity High Income	Fidelity Freedom 2040
ADDITIONS										
Additions to net assets attributed to:										
Investment income:										
Net appreciation (depreciation) in fair value of investments	(8,117)	467	(33)	(0)	97	(4,009)	(137)	(4,012)	(927)	(116)
Interest & dividends	$25,741	1,101	53	67	817	14,675	688	12,719	1,186	379
Realized Gain (loss)	62	186	2	(10)	0	102	0	(1,297)	0	(101)
	17,686	1,754	22	57	914	10,768	552	7,410	259	163
Contributions:										
Participants'	8,449	2,689	427	420	69	32,801	3,967	7,901	386	3,988
Employer's	2,589	1,007	32	269	32	5,451	979	3,313	189	862.46
Forfeiture Credit	-	-	-	-	-					
	11,038	3,696	459	690	101	38,252	4,946	11,213	575	4,851
Total Additions	28,724	5,451	482	747	1,015	49,020	5,498	18,623	834	5,014
DEDUCTIONS										
Deductions from net assets attributed to:										
Benefits paid to participants	5,588	478	(1,033)	-	-	4,359	46.50	3,219	30	2,896.77
Forfeitures	301	62	-	-	-	208.75	2.12	62.57	4	
Administration expense	-			-	-	-		22	-	
Total Deductions	5,889	541	(1,033)	0	0	4,568	49	3,303	34	2,897
Net increase (decrease) prior to interfund transfers	22,834	4,910	1,515	747	1,015	44,453	5,449	15,320	800	2,117
Interfund transfers	6,138	(10,328)	873	(2,092)	0	124,876	2,479.00	(87,791)	0	
Net Increase (Decrease)	28,972	(5,418)	2,388	(1,345)	1,015	169,329	7,928	(72,471)	800	2,117
NET ASSETS AVAILABLE FOR BENEFITS										
Beginning of Year	143,914	21,228	239	1,345	18,811	107,981	4,277	198,091	17,010	4,611
End of Year	172,886	15,809	2,627	-	19,826	277,310	12,206	125,620	17,810	6,727

See accompanying notes.

GIBSON SALES, L.P., PROFIT SHARING / 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits With Fund Information
Year Ended December 31, 2014

	Participant Directed								
	Fidelity Total Bond	Fidelity Freedom 2015	Fidelity Freedom 2025	1314 Fidelity Freedom 2035	Fidelity Small Cap Value	Fidelity SPTN Total Market Index Advantage	Fidelity SPTN EXT Market Index Advantage	Fidelity Freedom 2045	Fidelity Freedom 2050
ADDITIONS									
Additions to net assets attributed to:									
Investment income:									
Net appreciation (depreciation) in fair value of investments	355	(1,483)	(1,454)	(597)	(1,078)	4,947	0	(524)	(175)
Interest & dividends	502	11,273	6,703	2,658	2,531	2,746	1	1,268	424
Realized Gain (loss)	-	(266)	55	(11)	(62)	(8)	-	0	-
	857	9,524	5,304	2,050	1,391	7,685	1	744	249
Contributions:									
Participants'	-	19,104	1,870	4,182	664	10,305	22	11,343	0
Employer's	-	3,054	198	1,327	184	469	-	1,212	0
Forfeiture Credit									
	0	22,158	2,067	5,509	848	10,774	22	12,555	0
Total Additions	857	31,682	7,371	7,558	2,239	18,459	22	13,299	249
DEDUCTIONS									
Deductions from net assets attributed to:									
Benefits paid to participants	-	6,827	5,110	883	976	205	0	0	-
Forfeitures	-	0	98	-	-	55	0	0	-
Administration expense	-					11.42	0	0	-
Total Deductions	0	6,828	5,208	883	976	271	0	0	0
Net increase (decrease) prior to interfund transfers	857	24,854	2,163	6,675	1,263	18,187	22	13,299	249
Interfund transfers		(26,712)	5,152		(305)	175,056	0	0	-
Net Increase (Decrease)	857	(1,858)	7,315	6,675	958	193,243	22	13,299	249
NET ASSETS AVAILABLE FOR BENEFITS									
Beginning of Year	15,469	134,516	149,612	33,252	21,867	14,437	0	5,895	4,306
End of Year	16,327	132,658	156,927	39,927	22,825	207,680	22	19,194	4,555

See accompanying notes.

GIBSON SALES, L.P., PROFIT SHARING / 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits With Fund Information
Year Ended December 31, 2014

	Participant Directed							
	SPTN US Bond Index Advantage	Fidelity Freedom 2055	SPTN GLB XUS Index Advantage	Fidelity NB MDCP Growth Trust	Fidelity OKTK Invs Divrs Divd R5	Fidelity OLNE Janus Triton T	Fidelity OQXP JPM Mid Cap Value A	WFA Emrg Mkts Eq Adm
ADDITIONS								
Additions to net assets attributed to:								
Investment income:								
Net appreciation (depreciation) in fair value of investments	5	(14)	(261)	(460)	2,314	(162)	3,120	(390)
Interest & dividends	9	48	84	34,708	1,417	2,550	5,065	36
Realized Gain (loss)	-	0	-	588	1,477	17	1,414	0
	14	34	(176)	34,836	5,209	2,405	9,599	(354)
Contributions:								
Participants'	1,497	276	4,490	13,123	1,244	1,367	7,710	1,668
Employer's	-	128	-	4,918	543	651	1,835	454
Forfeiture Credit		-						
	1,497	405	4,490	18,041	1,787	2,018	9,545	2,122
Total Additions	1,511	438	4,314	52,877	6,996	4,423	19,144	1,768
DEDUCTIONS								
Deductions from net assets attributed to:								
Benefits paid to participants	-	0	-	25,902	16,022	254	16,930	
Forfeitures	-	-	-	186	24	10	314	
Administration expense	-	0	-					
Total Deductions	0	0	0	26,087	16,046	264	17,245	0
Net increase (decrease) prior to interfund transfers	1,511	438	4,314	26,790	(9,050)	4,159	1,900	1,768
Interfund transfers	-	549	-	(3,866)	(29,199)	458	(25,074)	223
Net Increase (Decrease)	1,511	988	4,314	22,924	(38,249)	4,616	(23,174)	1,991
NET ASSETS AVAILABLE FOR BENEFITS								
Beginning of Year	0	365	0	457,626	70,754	23,227	90,176	4,686
End of Year	1,511	1,352	4,314	480,550	32,505	27,843	67,002	6,677

See accompanying notes.

GIBSON SALES, L.P., PROFIT SHARING / 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits With Fund Information
Year Ended December 31, 2014

	Fidelity Retirement Money Mkt	Contributions Receivable And Other	Total
ADDITIONS			
Additions to net assets attributed to:			
Investment income:			
Net appreciation (depreciation) in fair value of investments	-		49,451
Interest & dividends	29		234,161
Realized Gain (loss)	-		9,724
	29	0	293,337
Contributions:			
Participants'	20,895		270,898
Employer's	2,700	(1,650)	61,193
Forfeiture Credit	4,160	(1,344)	2,816
	27,755	(2,994)	334,907
Total Additions	27,784	(2,994)	628,244
DEDUCTIONS			
Deductions from net assets attributed to:			
Benefits paid to participants	2,236	16,512	193,243
Forfeitures	101		4,160
Administration expense	5,723		5,756
Total Deductions	8,059	16,512	203,159
Net increase (decrease) prior to interfund transfers	19,724	(19,506)	425,085
Interfund transfers	(9,321)		0
Net Increase (Decrease)	10,404	(19,506)	425,085
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of Year	280,203	10,496	3,520,691
End of Year	290,607	($9,010)	$3,945,776

See accompanying notes.

NOTE A - DESCRIPTION OF PLAN

The following description of the Gibson Sales, L.P., Profit Sharing / 401(k) Plan (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 eligible employees of Gibson Sales, L.P. All employees are eligible who have six months of service and are age twenty-one or older. The original Plan was adopted with an effective date of January 1, 1998. On February 1, 2001, the Fidelity 401(k) Plan (Prototype Plan) was adopted to replace the original Fidelity U.S. Chamber Plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). On April 20, 2003, June 24, 2008, July 15, 2011, and May 5, 2014 the plan was amended.

Contributions. The Plan allows deferral contributions, discretionary employer contributions, and employer discretionary match contributions. The Plan has no required matching contribution feature. Each year, participants may elect to contribute up to 60% of pretax eligible compensation, as defined in the Plan. Participants who have met certain requirements are eligible to make catch-up contributions. Employees may also contribute amounts representing distributions from other qualified defined benefit or contribution plans, even if they have not met the requirements to be a participant. For 2014, the Company board of directors elected to make a discretionary matching contribution to the Plan. Contributions are subject to certain limitations.

Participant Accounts. Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contribution and (b) plan earnings/(losses). Allocations are based on participant earnings or account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's profit sharing discretionary contributions is based on years of continuous service and generally begins at 20% after two years of credited service and increases to 100% after six years of credited service. Vesting in employer discretionary match contributions is immediate.

Investment Options. Upon enrollment in the Plan, a participant may direct employee contributions into any of the investment options with the Fidelity Management Trust Company (a registered investment company). The investment options include a money market interest account, stock funds, and government bond funds. Participants may change their investment options by accessing their personal accounts through the Internet.

Payments of Benefits. On termination of service, a participant may elect to receive a lump-sum distribution equal to the value of their account, or may elect to have the distribution rolled over to another qualifying plan.

Forfeited Accounts. Forfeitures of non-vested amounts attributable to the Company's discretionary contributions are first used to pay administrative expenses and any remaining amounts will be used to reduce future employer contributions.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management Review. Subsequent events were evaluated through September 14, 2015, which is the date the financial statements were available to be issued.

Basis of Accounting. The financial statements of the Plan are prepared using the accrual method of accounting.

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.

Investment Valuation and Income Recognition. The Plan's investments are stated at fair value. Shares of pooled separate accounts and registered investment companies are valued at quoted market prices that represent the net asset value of shares held by the Plan at year-end.

Payment of Benefits. Benefits are recorded when payment is made to the participant or beneficiary.

NOTE C – INFORMATION PREPARED AND 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.

	2014	2013
Investments, at fair value:		
Mutual funds	$ 3,954,786	$ 3,510,195
Interest & dividends	234,161	175,779
Realized gain (loss)	9,724	28,019
Net appreciation (depreciation) in fair value	49,451	499,056

NOTE D – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

		Fair Value Measurements Using:	
December 31, 2014	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 3,954,786	$ 3,954,786	$ -
December 31, 2013			
Mutual Funds	3,510,195	3,510,195	-

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Since Level 1 inputs were available for all investments, only Level 1 inputs were used.

Level 1 Fair Value Measurements
The fair value of mutual funds in based on quoted net asset values of the shares held by the Plan at year-end.

NOTE E - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets.

	2014	2013
Fidelity Blue Chip Growth	$ 613,317	$ 539,622
Fidelity Low Priced Stock	278,664	389,465
Fidelity Diversified International	205,338	220,500
Fidelity Retirement Money Market	277,310	280,203
Fidelity NB MDCP Growth Trust	480,550	457,626
Fidelity Contra Fund	-	177,486
Fidelity Sm Cap Discovery	-	198,091
Fidelity Growth Companies	213,938	-
Fidelity Freedom 2020	277,310	-
Fidelity SPTN Total Market Index Advantage	207,680	-

NOTE F - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity Funds. Fidelity Funds is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. The fees paid to Fidelity for recording in 2014 were $5,756.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue their 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% vested in their accounts.

NOTE H - TAX STATUS

The Company has not requested a determination from the Internal Revenue Service regarding the qualification of the Plan and related trust. The adopted Plan is a prototype plan submitted by the Fidelity Group and approved by the Internal Revenue Service with the appropriate letter for determination as to the prototype plan. The letter does not extend to the adoption of the Plan by Gibson Sales, L.P.

NOTE I – 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 lease reasonably possible that changes in the values of the 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.

GIBSON SALES, L.P.
PROFIT SHARING / 401(k) PLAN

SUPPLEMENTAL INFORMATION

December 31, 2014

SUPPLEMENTAL SCHEDULE 1

GIBSON SALES, L.P., PROFIT SHARING / 401(k)PLAN
EIN 75-2913132
Plan Number 001
Form 5500, Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2014 Historical Cost

(b) Identity of issuer, borrower, lessor, or similar party	(a)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Fidelity Fund	*	Fund	$ 8,213	9,837
Fidelity Puritan	*	Fund	40,127	44,888
Fidelity Contra Fund	*	Fund	119,860	148,063
Fidelity Growth Companies	*	Fund	173,450	213,938
Fidelity Investment Grade Bond	*	Fund	75,871	77,678
Fidelity OTC Portfolio	*	Fund	122,841	157,607
Fidelity Real Estate Investors	*	Fund	35,945	42,158
Fidelity Blue Chip Growth	*	Fund	410,849	613,317
Fidelity Low Priced Stock	*	Fund	219,804	278,664
Fidelity Diversified International	*	Fund	174,986	205,338
Fidelity Dividend Growth	*	Fund	154,938	172,886
Fidelity Large Cap Stock	*	Fund	12,163	15,809
Fidelity Freedom Income	*	Fund	2,655	2,627
Fidelity Freedom 2000	*	Fund		-
Fidelity Freedom 2010	*	Fund	16,992	19,826
Fidelity Freedom 2020	*	Fund	275,419	277,310
Fidelity Freedom 2030	*	Fund	11,919	12,206
Fidelity High Income	*	Fund	18,635	17,810
Fidelity Retirment Money Market	*	Money Market	290,607	290,607
Fidelity Freedom 2040	*	Fund	6,783	6,727
Fidelity Total Bond	*	Fund	16,794	16,327
Fidelity Freedom 2015	*	Fund	119,967	132,658
Fidelity Freedom 2025	*	Fund	152,361	156,927
Fidelity Freedom 2035	*	Fund	33,968	39,927
Fidelity Small Cap Value	*	Fund	22,744	22,825
Fidelity SPTN Total Market Index Advantage	*	Fund	199,736	207,680
Fidelity SPTN EXT Market Index Advantage	*	Fund	22	22
WFA Emrg Mkts Eq Adm	*	Fund	7,285	6,677
Fid Sm cap Discovery	*	Fund	86,924	125,620
Fid Freedom 2045	*	Fund	19,588	19,194
Fid Freedom 2055	*	Fund	1,345	1,352
Fidelity Freedom 2050	*	Fund	4,175	4,555
Fidelity NB MDCP Growth Trust	*	Fund	414,197	480,550
Fidelity OKTK Invs Divrs Divd R5	*	Fund	25,625	32,505
Fidelity OLNG Janus Triton T	*	Fund	24,203	27,843
Fidelity OQXP JPM Mid Cap Value A	*	Fund	54,985	67,002
SPTN US BOND IDX ADV	*	Fund	1,505	1,511
SPTN GLB XUS IDX ADV	*	Fund	4,575	4,314
			$ 3,362,054	$ 3,954,786

(a) All party in interest

PARTY IN INTEREST - X
IDENTITY - Fidelity Investments
DESCRIPTION - Mutual Funds
COST - 3362054
CURRENT VALUE - 3954786