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

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2000

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
GATEWAY PRINTING AND OFFICE SUPPLY. INC.

315 S. CLOSNER
EDINBURG, TX 78539

**2b** Employer Identification Number (EIN)
74-1502629

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

**2d** Business code (see instructions)
541990

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/05/2015 | LIN MILLER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number (optional)

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **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** | 154 |
| **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)** | 141 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 129 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 12 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 141 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 141 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 110 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

**a Pension Schedules**

**(1)** [X] **R** (Retirement Plan Information)

**(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

**(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

**(1)** [X] **H** (Financial Information)

**(2)** [ ] **I** (Financial Information – Small Plan)

**(3)** [ ] ___ **A** (Insurance Information)

**(4)** [ ] **C** (Service Provider Information)

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

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

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

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
74-1502629

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | 1101 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 119 | 656 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 306270 | 319310 |
| **(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) | 734656 | 829528 |
| **(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 | 1041045 | 1150595 |
| **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 | 1041045 | 1150595 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| **(B)** Participants | 2a(1)(B) | 88304 | |
| **(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) | | 88304 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 212 | |
| **(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) | | 212 |
| **(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) | 46635 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 46635 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -5126 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 130025 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 20150 | |
| **(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) | | 20150 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | 325 | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 325 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 20475 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 109550 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | |
| **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

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

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

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

## Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

## Part V Trust Information (optional)

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

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

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
74-1502629

## Part I Distributions

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

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

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

EIN(s): 74-6036463

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2014

INDEX

PAGE

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

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

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

Notes to Financial Statements....5-10

Supplementary Schedules:
Schedule 1 - Schedule of Assets
(Held at End of Year) at December 31, 2014....12

Schedule 2 - Schedule of Assets
(Held at End of Year) at December 31, 2013....13

Schedule 3 - Schedule of Reportable
Transactions, at December 31, 2014....14

Schedule 4 - Schedule of Reportable Transaction
Transactions, at December 31, 2013....15

**COLLIER, JOHNSON & WOODS, P.C.**
CERTIFIED PUBLIC ACCOUNTANTS

555 N. Carancahua Suite 1000
Corpus Christi, Texas 78401-0839
361-884-9347 Fax 361-884-9422
www.cjw-cpa.com

# INDEPENDENT AUDITOR'S REPORT

August 31, 2015

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

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Gateway Printing & Office Supply 401(k) P/S Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

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

***Auditor's Responsibility***

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

***Basis for Disclaimer of Opinion***

As permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Frost Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee, as of and for the years ended December 31, 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***

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as listed in the accompanying index, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

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



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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

| | DECEMBER 31, | |
|---|---|---|
| | **2014** | **2013** |
| Assets: | | |
| Cash | 1,101 | -- |
| Investments, at Fair Value (Note 4 and 5): | | |
| Money Market Funds | 319,310 | 306,270 |
| Mutual Funds | 829,528 | 734,656 |
| Total Investments, at Fair Value | 1,148,838 | 1,040,926 |
| Accrued Interest Receivable | 657 | 119 |
| Total Assets | 1,150,596 | 1,041,045 |
| Liabilities- | -- | -- |
| NET ASSETS AVAILABLE FOR BENEFITS | 1,150,596 | 1,041,045 |

See Notes to Financial Statements.

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

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

| | YEAR ENDED DECEMBER 31, | |
|---|---|---|
| | **2014** | **2013** |
| Additions to Net Assets Attributed to: | | |
| Investment Income: | | |
| Net Appreciation (Depreciation) in Fair Value of Investments (Note 5) | (5,451) | 78,832 |
| Interest | 212 | 155 |
| Dividends | 46,636 | 36,273 |
| Total Investment Income | 41,397 | 115,260 |
| Participants Contributions | 88,304 | 99,541 |
| Total Additions | 129,701 | 214,801 |
| Deductions to Net Assets Attributed to - | | |
| Benefits Paid to Participants | 20,150 | 117,640 |
| Net Increase in Net Assets Available for Benefits | 109,551 | 97,161 |
| Net Assets Available for Benefits, Beginning of Year | 1,041,045 | 943,884 |
| NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR | 1,150,596 | 1,041,045 |

See Notes to Financial Statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

## Note 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

### Use of Estimates

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

### Basis of Accounting

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

### Expenses

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

### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

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

### Payment of Benefits

Benefits are recorded when paid.

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

**Date of Management's Review**

The Plan has evaluated subsequent events through August 31, 2015, which is the date the financial statements were available to be issued.

Note 2 - DESCRIPTION OF PLAN

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

**General**

The Plan is a defined contribution Plan covering all employees of Gateway Printing & Office Supply 401(k) P/S Plan and its affiliates who have attained the age of 21 and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA)

**Contributions**

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan provides for discretionary matching and profit sharing contributions. During the years ended December 31, 2014 and 2013 the employer did not make a contribution.

**Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of: (a) the Company's contribution and (b) plan earnings, and charged with an allocation of plan losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

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

**Payment of Benefits**

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

**Forfeited Accounts**

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

Note 3 – INFORMATION CERTIFIED BY TRUSTEE

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

| | DECEMBER 31, | |
|---|---|---|
| | 2014 | 2013 |
| Investments, at Fair Value: | | |
| Money Market Funds | 319,310 | 306,270 |
| Mutual Funds | 829,528 | 734,656 |
| TOTAL INVESTMENTS | 1,148,838 | 1,040,926 |
| Investment Income | 41,397 | 115,260 |

Note 4 – FAIR VALUE MEASUREMENTS

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

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

Level 2 inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from, or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

**Valuation Methodology**

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

Note 4 - FAIR VALUE MEASUREMENTS - (Continuation)

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at the end of the year. The fair value of the money market fund is based on a dollar for dollar value of the cash reserves in the account; the money market fund seeks to preserve the value on a $1 of investment at $1 per share. There have been no changes in the methodologies used at December 31, 2014 and 2013.

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

The following table sets forth, by level within the fair value hierarchy, the major classes of the Plan's investments at fair value:

| | FAIR VALUE MEASUREMENTS USING QUOTED PRICES IN ACTIVE MARKETS FOR IDENTICAL ASSETS (LEVEL 1) DECEMBER 31, | |
|---|---|---|
| | 2014 | 2013 |
| Money Market Funds | 319,310 | 306,270 |
| Mutual Funds: | | |
| Convertible Bonds | -- | 8,092 |
| Diversified Equities | 31,336 | 29,000 |
| Floating Rate Bank Loans | 7,449 | 7,767 |
| Foreign Large Growth Equities | -- | 60,419 |
| Foreign Small-Mid Growth Equities | 36,893 | 18,102 |
| High Yield Bonds | 15,719 | 14,779 |
| Large Blend Equities | 90,929 | 18,376 |
| Large Growth Equities | 163,740 | 141,393 |
| Large Value Equities | 140,482 | 132,487 |
| Natural Resource Equities | 18,954 | 27,987 |
| Real Estate Equities | 34,167 | 25,089 |
| Short-Term Bonds | 194,393 | 172,037 |
| Small Growth Equities | 53,684 | 50,115 |
| World Bonds | 41,782 | 29,013 |
| Total Mutual Funds | 829,528 | 734,656 |
| TOTAL INVESTMENTS, AT FAIR VALUE | 1,148,838 | 1,040,926 |

Note 5 - INVESTMENTS

The following table presents fair value of investments at December 31, 2014 and 2013. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

| | 2014 | 2013 |
|---|---|---|
| Money Market Fund- | | |
| Invesco STIC Prime Institutional Class A | 319,310 | 306,270 |
| Mutual Funds: | | |
| Frost Growth Equity Fund Class A | 163,740 | 141,393 |
| Frost International Equity Fund Class A | -- | 60,419 |
| Frost Kempner Multi-Cap Deep Equity Class A | -- | 50,220 |
| Frost Total Return Bond Fund Class A | 161,362 | 143,532 |
| Frost Dividend Value Equity Fund Class A | 93,449 | 82,267 |
| Other Mutual Funds | 410,977 | 256,825 |
| Total Mutual Funds | 829,528 | 734,656 |
| TOTAL INVESTMENTS, AT FAIR VALUE | 1,148,838 | 1,040,926 |

In 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $5,451 and appreciated in value by $78,832, respectively.

Note 6 – INVESTMENT PROGRAMS

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

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

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

Note 8 - PLAN TERMINATION

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

Note 9 - TAX STATUS

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan's evaluation was performed for the tax periods ended December 31, 2011 through December 31, 2014, the tax years which principally remain subject to examination by major tax jurisdictions as of December 31, 2014.

Note 10 – RISKS AND UNCERTAINTIES

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

SUPPLEMENTARY SCHEDULES

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

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

**DECEMBER 31, 2014**

**EIN 74-1502629, Plan Number 001**

| (a) | (b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE | (d) COST | (e) CURRENT VALUE |
|---|---|---|---|---|
| | Money Market Funds: | | | |
| | Invesco STIC Prime Institutional | Money Market Fund (319,310 Units) | *** | 319,310 |
| | Mutual Funds: | | | |
| | Artisan High Income Fund | Equity Mutual Fund (830.037 Shares) | *** | 8,109 |
| | Cohen & Steers Institutional Realty Fund | Equity Mutual Fund (682.526 Shares) | *** | 34,167 |
| | Dodge & Cox International Stock Fund | Equity Mutual Fund (831.783 Shares) | *** | 35,026 |
| * | Frost Cinque Lrg Cap Buy-Write Equ Fd Class A | Equity Mutual Fund (1,530.026 Shares) | *** | 19,860 |
| * | Frost Credit Fund Class A | Bond Mutual Fund (763.331 Shares) | *** | 7,610 |
| * | Frost Growth Equity Fund Class A | Equity Mutual Fund (11,402.538 Shares) | *** | 163,741 |
| * | Frost Kempner Multi-Cap Deep Class A | Equity Mutual Fund (4,358.715 Shares) | *** | 47,031 |
| * | Frost Low Duration Bond Fund Class A | Bond Mutual Fund (3,209.965 Shares) | *** | 33,031 |
| * | Frost Natural Resource Fund Class A | Equity Mutual Fund (1,978.497 Shares) | *** | 18,954 |
| * | Frost Total Return Bond Fund Class A | Bond Mutual Fund (15,122.915 Shares) | *** | 161,362 |
| * | Frost Value Equity Fund | Equity Mutual Fund (8,692.908 Shares) | *** | 93,449 |
| | Hartford Floating Rate Fund Institutional Class | Bond Mutual Fund (859.225 Shares) | *** | 7,449 |
| | Hartford World Bond Fund Institutional Class | Bond Mutual Fund (2,034.096 Shares) | *** | 21,317 |
| | Invesco Developing Markets Fund Institutional | Equity Mutual Fund (1,031.132 Shares) | *** | 31,336 |
| | John Hancock III Disciplined Cap | Equity Mutual Fund (1,214.522 Shares) | *** | 24,255 |
| | Lazard International Equity | Equity Mutual Fund (2,128.956 Shares) | *** | 36,043 |
| | T. Rowe Price International Discovery Fund | Equity Mutual Fund (342.812 Shares) | *** | 17,682 |
| | T. Rowe Price Mid-Cap Growth Fund | Equity Mutual Fund (254.659 Shares) | *** | 19,211 |
| | Templeton Global Bond Fund | Bond Mutual Fund (1,649.045 Shares) | *** | 20,465 |
| | Vanguard Small-Cap Growth Index Fund Admiral | Equity Mutual Fund (279.922 Shares) | *** | 12,389 |
| | Virtus Small-Cap Core Fund Institutional Class | Equity Mutual Fund (664.621 Shares) | *** | 17,041 |
| | Total Mutual Funds | | *** | 829,528 |
| | TOTAL | | *** | 1,148,838 |

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

SCHEDULE 2

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

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

**DECEMBER 31, 2013**

**EIN 74-1502629, Plan Number 001**

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

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

**SCHEDULE 3**

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

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

**DECEMBER 31, 2014**

**EIN 74-1502629, Plan Number 001**

| (a) IDENTITY OF PARTY INVOLVED | (b) DESCRIPTION OF ASSET | (c) PURCHASE PRICE | (d) SELLING PRICE | (f) EXPENSES INCURRED WITH TRANSACTION | (g) COST OF ASSET | (h) CURRENT VALUE OF ASSET ON TRANSACTION DATE | (i) NET GAIN OR (LOSS) |
|---|---|---|---|---|---|---|---|
| Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets: | | | | | | | |
| Frost International Equity | Mutual Fund | 12,084 | 66,833 | -- | 66,221 | -- | 612 |
| TOTAL | | 12,084 | 66,833 | -- | 66,221 | -- | 612 |

**SCHEDULE 4**

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

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

**DECEMBER 31, 2013**

**EIN 74-1502629, Plan Number 001**

| (a) IDENTITY OF PARTY INVOLVED | (b) DESCRIPTION OF ASSET | (c) PURCHASE PRICE | (d) SELLING PRICE | (f) EXPENSES INCURRED WITH TRANSACTION | (g) COST OF ASSET | (h) CURRENT VALUE OF ASSET ON TRANSACTION DATE | (i) NET GAIN OR (LOSS) |
|---|---|---|---|---|---|---|---|
| Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets: | | | | | | | |
| Frost Sm-Cap Equ Cl A | Mutual Fund | 4,592 | 58,751 | -- | 44,856 | -- | 13,895 |
| TOTAL | | 4,592 | 58,751 | -- | 44,856 | -- | 13,895 |

SCHEDULE 1

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

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

**DECEMBER 31, 2014**

**EIN 74-1502629, Plan Number 001**

| (a) | (b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE | (d) COST | (e) CURRENT VALUE |
|---|---|---|---|---|
| | Money Market Funds: | | | |
| | Invesco STIC Prime Institutional | Money Market Fund (319,310 Units) | *** | 319,310 |
| | Mutual Funds: | | | |
| | Artisan High Income Fund | Equity Mutual Fund (830.037 Shares) | *** | 8,109 |
| | Cohen & Steers Institutional Realty Fund | Equity Mutual Fund (682.526 Shares) | *** | 34,167 |
| | Dodge & Cox International Stock Fund | Equity Mutual Fund (831.783 Shares) | *** | 35,026 |
| * | Frost Cinque Lrg Cap Buy-Write Equ Fd Class A | Equity Mutual Fund (1,530.026 Shares) | *** | 19,860 |
| * | Frost Credit Fund Class A | Bond Mutual Fund (763.331 Shares) | *** | 7,610 |
| * | Frost Growth Equity Fund Class A | Equity Mutual Fund (11,402.538 Shares) | *** | 163,741 |
| * | Frost Kempner Multi-Cap Deep Class A | Equity Mutual Fund (4,358.715 Shares) | *** | 47,031 |
| * | Frost Low Duration Bond Fund Class A | Bond Mutual Fund (3,209.965 Shares) | *** | 33,031 |
| * | Frost Natural Resource Fund Class A | Equity Mutual Fund (1,978.497 Shares) | *** | 18,954 |
| * | Frost Total Return Bond Fund Class A | Bond Mutual Fund (15,122.915 Shares) | *** | 161,362 |
| * | Frost Value Equity Fund | Equity Mutual Fund (8,692.908 Shares) | *** | 93,449 |
| | Hartford Floating Rate Fund Institutional Class | Bond Mutual Fund (859.225 Shares) | *** | 7,449 |
| | Hartford World Bond Fund Institutional Class | Bond Mutual Fund (2,034.096 Shares) | *** | 21,317 |
| | Invesco Developing Markets Fund Institutional | Equity Mutual Fund (1,031.132 Shares) | *** | 31,336 |
| | John Hancock III Disciplined Cap | Equity Mutual Fund (1,214.522 Shares) | *** | 24,255 |
| | Lazard International Equity | Equity Mutual Fund (2,128.956 Shares) | *** | 36,043 |
| | T. Rowe Price International Discovery Fund | Equity Mutual Fund (342.812 Shares) | *** | 17,682 |
| | T. Rowe Price Mid-Cap Growth Fund | Equity Mutual Fund (254.659 Shares) | *** | 19,211 |
| | Templeton Global Bond Fund | Bond Mutual Fund (1,649.045 Shares) | *** | 20,465 |
| | Vanguard Small-Cap Growth Index Fund Admiral | Equity Mutual Fund (279.922 Shares) | *** | 12,389 |
| | Virtus Small-Cap Core Fund Institutional Class | Equity Mutual Fund (664.621 Shares) | *** | 17,041 |
| | Total Mutual Funds | | *** | 829,528 |
| | TOTAL | | *** | 1,148,838 |

* Denotes Party-in-Interest

*** Cost is not Required on Participant Directed Accounts

SCHEDULE 3

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

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

**DECEMBER 31, 2014**

**EIN 74-1502629, Plan Number 001**

| (a) IDENTITY OF PARTY INVOLVED | (b) DESCRIPTION OF ASSET | (c) PURCHASE PRICE | (d) SELLING PRICE | (f) EXPENSES INCURRED WITH TRANSACTION | (g) COST OF ASSET | (h) CURRENT VALUE OF ASSET ON TRANSACTION DATE | (i) NET GAIN OR (LOSS) |
|---|---|---|---|---|---|---|---|
| Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets: | | | | | | | |
| Frost International Equity | Mutual Fund | 12,084 | 66,833 | -- | 66,221 | -- | 612 |
| TOTAL | | 12,084 | 66,833 | -- | 66,221 | -- | 612 |