Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LAUREN CORPORATION 401(K) AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1989

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
LAUREN CORPORATION

901 S. FIRST STREET
ABILENE, TX 79602

901 S. FIRST STREET
ABILENE, TX 79602

2b Employer Identification Number (EIN)
58-1821154

2c Sponsor's telephone number
325-670-9660

2d Business code (see instructions)
237990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/22/2011	LESLIE HAMMOND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/22/2011	KEVIN PORTER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
LAUREN CORPORATION

901 S. FIRST STREET
ABILENE, TX 79602

3b Administrator's EIN
58-1821154

3c Administrator's telephone number
325-670-9660

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1709
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1192
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	116
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1311
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1311
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	360
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
LAUREN CORPORATION 401(K) AND PROFIT SHARING PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
LAUREN CORPORATION	58-1821154

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure 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 37 65 60	RECORDKEEPER	18327	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ABDN GLBL FX INC IS - CITI FUND SER 31-1249295	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ABF BALANCED INV - BOSTON FINANCIAL P.O. BOX 219643 KANSAS CITY, MO 64121	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ABF LG CAP VAL INV - BOSTON FINANCI P.O. BOX 219643 KANSAS CITY, MO 64121	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ALL/BERN SMMDCPVAL A - ALLIANCEBERN 13-3211780	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AM CENT ULTRA INV - AMERICAN CENTUR 44-0619208	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AM CENT VISTA INV - AMERICAN CENTUR 44-0619208	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ARIEL APPRECIATION - US BANCORP FUN 39-0281260	0.38%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ARIEL FUND - US BANCORP FUND SERVIC 39-0281260	0.38%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ARTISAN INTL - BOSTON FINANCIAL DAT 04-2526037	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ARTISAN MID CAP VAL - BOSTON FINANC 04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BARON ASSET FUND - DST SYSTEMS, INC 43-1581814	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BARON SMALL CAP - DST SYSTEMS, INC. 43-1581814	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CALVERT BALANCED A - BOSTON FINANCI 04-2526037	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CALVERT CAP ACC A - BOSTON FINANCIA 04-2526037	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CALVERT EQUITY A - BOSTON FINANCIAL 04-2526037	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL CONS HIGH YLD Z - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL/ACORN SELECT Z - COLUMBIA MGT I P.O. BOX 8081 BOSTON, MA 02266	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DOMINI SOCIAL EQ INV - BNY MELLON A 101 SABIN STREET PAWTUCKET, RI 02860	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DWS GLB SM CAP GR S - DWS INVESTMEN 02-0432775	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DWS INTERNATIONAL S - DWS INVESTMEN 02-0432775	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DWS STRATEGIC VAL A - DWS INVESTMEN 02-0432775	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FKLN SMMIDCAP GRTH A - FRANKLIN TEM 94-3167260	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
HTFD SM CAP GROWTH Y - CI HICC CORP P.O. BOX 64387 ST PAUL, MN 55164	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS BASIC VALUE A - INVESCO INVEST 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.50%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS CONSTELLATION A - INVESCO AIM 98-0557567	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS MDCP CORE EQ A - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS VALUE II A - INVESCO TRIMARK L P.O. BOX 4739 HOUSTON, TX 77210	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
IVK EQUITY INCOME A - INVESCO TRIMA P.O. BOX 4739 HOUSTON, TX 77210	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
IVK GRTH & INC A - INVESCO TRIMARK P.O. BOX 4739 HOUSTON, TX 77210	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS BALANCED S - JANUS SERVICES L 43-1804048	0.50%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JH SMALL COMPANY A - DST SYSTEMS, I 43-1581814	0.55%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LD ABBETT AFFILTD A - DST SYSTEMS, 43-1581814	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LM CBA AGG GR A - BOSTON FINANCIAL 04-2526037	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LM CBA LC GRO A - BOSTON FINANCIAL 04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LM CM VALUE FI - BOSTON FINANCIAL D 04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LOOMIS GROWTH A - BOSTON FINANCIAL 04-2526037	0.55%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LOOMIS SM CAP VAL R - BOSTON FINANC 04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MANAGERS BOND FUND - PNC GLOBAL INV 04-2871943	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MGRS/C CAP APPR ADM - BNY MELLON IN P.O. BOX 9793 PROVIDENCE, RI 02940	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MGRS/C MID CAP ADM - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MSIF CAPITAL GRTH P - MORGAN STANLE 13-3799749	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MSIF CP FX INC P - MORGAN STANLEY S 13-3799749	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MSIF EMERGING MKTS P - MORGAN STANL 13-3799749	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MSIF MID CAP GRTH P - MORGAN STANLE 13-3799749	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MUTUAL GBL DISCVRY A - FRANKLIN TEM 94-3167260	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MUTUAL SHARES A - FRANKLIN TEMPLETO 94-3167260	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB FOCUS TRUST - STATE STREET BANK ONE LINCOLN STREET BOSTON, MA 02111	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB GUARDIAN TRUST - STATE STREET BA ONE LINCOLN STREET BOSTON, MA 02111	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB HIGH INC BOND INV - STATE STREET ONE LINCOLN STREET BOSTON, MA 02111	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB INTL FUND TRUST - STATE STREET B ONE LINCOLN STREET BOSTON, MA 02111	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB PARTNERS TRUST - STATE STREET BA ONE LINCOLN STREET BOSTON, MA 02111	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB REGENCY TRUST - STATE STREET BAN ONE LINCOLN STREET BOSTON, MA 02111	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB SOCIALLY RESP TR - STATE STREET ONE LINCOLN STREET BOSTON, MA 02111	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OAKMARK EQ & INC I - BOSTON FINANCI 04-2526037	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OAKMARK FUND I - BOSTON FINANCIAL D 04-2526037	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIM GLBBND AD UNHDGD - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO HIGH YIELD ADM - BOSTON FINAN 04-2526037	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO LOW DUR ADM - BOSTON FINANCIA 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO LT US GOVT ADM - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO REAL RTN BD AD - BOSTON FINAN 04-2526037	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO TOT RETURN ADM - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
RAINIER SM/MID CAP - US BANCORP FUN 39-0281260	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ROYCE TOT RET SER - BOSTON FINANCIA 04-2526037	0.45%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ROYCE VALUE PLUS SER - BOSTON FINAN 04-2526037	0.45%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
RS PARTNERS A - BOSTON FINANCIAL DA 04-2526037	0.55%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
RS SMALL CAP GRTH A - BOSTON FINANC 04-2526037	0.55%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TCW SELECT EQUITY N - US BANCORP FU 39-0281260	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TEMPLETON DEV MKTS A - FRANKLIN TEM 94-3167260	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TEMPLETON FOREIGN A - FRANKLIN TEMP 94-3167260	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TEMPLETON GROWTH A - FRANKLIN TEMPL 94-3167260	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TEMPLETON WORLD A - FRANKLIN TEMPLE 94-3167260	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TMPL FRGN SM CO A - FRANKLIN TEMPLE 94-3167260	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TMPL GLOBAL BOND A - FRANKLIN TEMPL 94-3167260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TOUCHSTN SC SEL GR Z - JPMORGAN CHA 13-3379014	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
VIRTUS MID-CAP VAL A - VP DISTRIBUT 06-0847856	0.50%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
VIRTUS SM-CAP CORE I - VP DISTRIBUT 06-0847856	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WA CORE BOND FI - BOSTON FINANCIAL 04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WA CORE PLUS BOND FI - BOSTON FINAN 04-2526037	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WFA C&B MDCP VAL INV - BOSTON FINAN 04-2526037	0.38%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WFA SM CAP VAL INV - BOSTON FINANCI 04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WFA SPL MIDCP VL INV - BOSTON FINAN 04-2526037	0.55%

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
LAUREN CORPORATION 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LAUREN CORPORATION

D Employer Identification Number (EIN)
58-1821154

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	1529822

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
LAUREN CORPORATION 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LAUREN CORPORATION

D Employer Identification Number (EIN)
58-1821154

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)	36412	6246
(2) Participant contributions	1b(2)	76245	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	519413	614515
(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)	651484	687166
(9) Value of interest in common/collective trusts	1c(9)	1095753	1529822
(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)	14123370	17748887
(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	16502677	20586636
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16502677	20586636

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)	946940	
	(B) Participants	2a(1)(B)	2155434	
	(C) Others (including rollovers)	2a(1)(C)	41889	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3144263
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	103	
	(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)	53481	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		53584
	(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)	323150	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		323150
	(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		50831
(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)		1998593
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5570421
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1467658	
(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)		1467658
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	18804	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		18804
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1486462
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		4083959
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: CONDLEY & COMPANY, LLP (2) EIN: 75-1056027

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
LAUREN CORPORATION 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LAUREN CORPORATION

D Employer Identification Number (EIN)
58-1821154

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): 04-6568107

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LAUREN CORPORATION 401(k)
AND PROFIT SHARING PLAN
Abilene, Texas

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

December 31, 2010

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

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December 31, 2010

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August 8, 2011

To the Plan Administrator and Plan Participants
of the Lauren Corporation 401(k)
and Profit Sharing Plan
Abilene, Texas

Independent Auditors' Report

We were engaged to audit the statements of net assets available for benefits of the Lauren Corporation 401(k) and Profit Sharing Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedules as of December 31, 2010 and 2009, as listed in the accompanying contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 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 4**, which was certified by Fidelity Management Trust Company, the custodian of the plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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 certifications from the custodian regarding the completeness and accuracy of the information summarized in **NOTE 4** that was provided to the Plan Administrator by the custodian as of and for the year ended December 31, 2010 and 2009.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary information taken as a whole. The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the current and former trustees, 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.

Condley and Company, L.L.P.
Certified Public Accountants

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2010	December 31, 2009
ASSETS		
Investments, at fair value	$ 19,893,224	$ 15,738,536
Receivables:		
Participant loans	687,166	651,484
Employer contribution	6,246	36,412
Participant contributions	0	76,244
TOTAL ASSETS	$ 20,586,636	$ 16,502,676
LIABILITIES AND NET ASSETS		
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	$ 20,586,636	$ 16,502,676
Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts	(12,439)	20,375
NET ASSETS AVAILABLE FOR BENEFITS	$ 20,574,197	$ 16,523,051

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

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2010

ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	1,998,593
Interest and dividends		394,752
Total Investment Income		2,393,345
Contributions:		
Participants		2,155,435
Employer		946,940
Rollovers		41,889
Total Contributions		3,144,264
Total Additions		5,537,609
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid		1,467,658
Administrative expenses		18,805
Total Deductions		1,486,463
NET INCREASE		4,051,146
NET ASSETS AT BEGINNING OF YEAR		16,523,051
NET ASSETS AT END OF YEAR	$	20,574,197

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

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

NOTE 1: PLAN DESCRIPTION

The following description of the Lauren Corporation 401(k) and Profit Sharing Plan (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 was established January 1, 1989, under the provisions of the Internal Revenue Service Code Section 401(a), as a defined contribution plan to benefit participating employees of Lauren Corporation and other related companies (the "Company"). The Plan provides eligible employees an opportunity to accumulate funds for retirement, death and disability benefits. Subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan has received a favorable opinion letter from the Internal Revenue Service.

Plan Administration

The Plan is administered by the Plan administrator who is appointed by the board of directors of the Company. The Plan's trustee, Fidelity Management Trust Company (the "Trustee), is responsible for the custody and management of the Plan's assets.

Eligibility to Participate

Employees become eligible to participate in wage deferrals upon attainment of age twenty-one (21). Employees become eligible for employer matching contributions upon attainment of age twenty-one (21) and when the employee has performed a minimum of 1,000 hours of service during a 12-consecutive-month period beginning with employees' employment commencement date and each anniversary thereof. The Plan entry date is the 1st of the next month after the participants hire date.

Employee Contributions

Participants in the Plan may elect to have compensation deferred through payroll deductions. The maximum contribution amount for 2010 is $16,500. An added contribution up to $5,500 in salary deferral catch-up is allowed for those 50 or older, for a total possible contribution of $22,000.

Employer Contributions

Due to the election of a "safe harbor" designation, the Company is obligated to make a matching contribution to each participant's account regardless of the profitability of the employer during the Plan year. The Company is obligated to make a matching contribution on behalf of each participant equal to one hundred percent (100%) of the participant's salary deferral, but not in excess of four percent (4%) of the participant's compensation.

The employer shall have the right to make an additional discretionary contribution that will be paid at the end of the year. Forfeitures will first reduce employer contributions for the current Plan year and then will reduce employer contributions for the next Plan year.

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer matching contributions, as well as the participant's share of the Plan's income and any related administrative expenses. Allocations of income and expenses are based upon the proportion that each participant's account balance bears to the total of all participant account balances.

Forfeitures

At December 31, 2010 and 2009, forfeited non-vested accounts totaled $415 and $16,168, respectively. These accounts are used first to reduce employer-matching contributions.

Participant Loans

All participants may borrow from their accounts. The maximum amount of a loan is the lesser of:

a. $50,000 less the excess of the highest outstanding loan balance during the one year period ending on the day before the loan is made over the outstanding balance of Plan loans on the date the loan is made, or

b. One-half the present value of the "participant's" vested interest in their account. The interest rate for the loan is determined by the administrator by reviewing the interest rates charged for similar types of loans by other lenders. The maximum number of loans that a participant may have outstanding at one time is two.

Participant Accounts

Each participant's account is credited with the participant's contribution and the Company's matching contribution. Plan earnings are allocated based on participant account balances, as defined.

Payment of Benefits

On termination of service due to death, disability or retirement, or for any other reason a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Employee elective deferrals and after-tax employee contributions are always one hundred percent (100%) vested. Employer matching contributions are vested 100% and employer discretionary regular contributions, if any, are vested according to the following six -year schedule:

Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

Participant Investment Options

Participants may direct their salary deferral contributions to selected investments as made available and determined by the Plan administrator or if they choose, they can direct their salary deferral contributions to any investments traded by the Trustee. Participants may change their investment options at any time throughout the year via direct phone access, fax, or internet.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting. The preparation of the financial statements in conformity with generally accepted accounting principles requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

As described in Financial Accounting Standards Board Staff Position ASC 946-45/FSP AAG INV-1 and SOP 94-4-1, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined Contribution Health and Welfare and Pension Plans* (the FSP), investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate transactions permitted under the terms of the plan. The Plan invests in investment contracts through a collective trust. Contract value for this collective trust is based on the net asset value of the fund as reported by the investment advisor. As required by the FSP, the Statement of Net Assets Available for Benefits presents the fair value of the investment in the collective trust as well as the adjustment from fair value to contract value relating to investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Valuation of Investments 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 5** for further 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 in fair value of investments includes realized and unrealized gains and losses on investments held during the year.

Brokerage fees are added to the acquisition costs of the assets purchased and subtracted from the proceeds of assets sold.

Administrative Costs

Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan and are recorded in the accompanying statement of changes in net asset available for benefits as other expenses.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent Events

The Plan Administrator has evaluated subsequent events through August 8, 2011, that date the financial statements were available to be issued.

Recent Accounting Pronouncements

In September 2010, FASB issued an amendment, *Plan Accounting – Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans* (ASU 2010-25), which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment was effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented.

This amendment was adopted for the year ended December 31, 2010, and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new amendment. The adoption resulted in a reclassification of participant loans totaling $614,515 and $519,413 from investments to participant loans receivable as of December 31, 2010 and 2009, respectively. There was no impact to net assets as of December 31, 2010 or 2009, as a result of the adoption.

Other recent accounting pronouncements issued by the FASB (including its Emerging Issues Task Force) and the American Institute of Certified Public Accountants did not or are not believed by management to have a material impact on the Plan's present or future financial statements.

NOTE 3: INCOME TAX MATTERS

Effective November 1, 2004, the Plan adopted a non-standardized form of a prototype plan sponsored by Fidelity Management and Research Company. The prototype plan has received an opinion from the Internal Revenue Service as to the prototype plan's qualified status dated October 9, 2003. The prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

A determination letter does not, in and of itself, confirm qualified status. Determination letters provide evidence that the Plan, as submitted to the IRS, is designed in accordance with applicable IRC requirements. However, the Company must maintain the Plan in accordance with applicable IRC requirements and comply with certain operating tests to retain qualified status. The Plan has been amended since receiving the determination letter; however, the Plan administrator believes the Plan is designed and being operated in compliance with the applicable requirements of the IRC.

The Financial Accounting Standards Board issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2007.

NOTE 4: INFORMATION CERTIFIED AND PROVIDED BY FIDELITY MANAGEMENT TRUST COMPANY

The following is a summary of the Plan's asset information as of December 31, 2010 and 2009, and for the year ended December 31, 2010, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee and furnished by the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets as of December 31:

	2010	2009
Mutual funds	$ 17,748,887	$ 14,123,369
Fidelity Managed Income Portfolio at fair value	1,529,822	1,095,753
Adjustment from fair value to contract value	(12,439)	20,375
Common/Collective Trusts at contract value	1,517,383	1,116,128
Interest bearing cash	614,515	519,414
Participant notes receivable	687,166	651,484
Total	$ 20,567,951	$ 16,410,395

Fidelity also certified to the completeness and accuracy of $1,998,593 of net appreciation in fair value of investments and $394,752 of interest and dividends related to the aforementioned assets for the year ended December 31, 2010.

NOTE 5: FAIR VALUE MEASUREMENTS

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets 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 unobservable and significant to the fair value measurement.

The asset's 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.

All investments in the Statement of Net Assets are reported at fair value. The following tables set forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2010 and 2009. The following tables present separately those assets that represent 5% or more of the Plan's net assets.

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large cap funds:				
Fidelity Contrafund[2]	$ 2,524,550	$ -	$ -	$ 2,524,550
Fidelity Diversified International fund[2]	1,239,064	-	-	1,239,064
Fidelity Freedom 2020[2]	1,345,859	-	-	1,345,859
All other large cap funds	6,995,642	-	-	6,995,642
Mid cap funds	2,279,303	-	-	2,279,303
Small cap funds	1,015,670	-	-	1,015,670
Fixed income funds	2,348,799	-	-	2,348,799
Common/collective trusts:				
Fidelity Managed Income Portfolio[2]	-	1,529,822	-	1,529,822
Cash and cash equivalents[1]	614,515	-	-	614,515
Total assets at fair value	$ 18,363,402	$ 1,529,822	$ 0	$ 19,893,224

[1] Based on nature and risks, Plan has determined presenting as a single class is appropriate
[2] Represents 5% or more of the Plan's assets as of December 31, 2010

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large cap funds:				
Fidelity Contrafund[2]	$ 2,174,916	$ -	$ -	$ 2,174,916
Fidelity Diversified International fund[2]	1,322,267	-	-	1,322,267
Fidelity Freedom 2020[2]	1,212,718	-	-	1,212,718
All other large cap funds	5,555,937	-	-	5,555,937
Mid cap funds	1,607,924	-	-	1,607,924
Small cap funds	705,735	-	-	705,735
Fixed income funds	1,543,872	-	-	1,543,872
Common/collective trusts:				
Fidelity Managed Income Portfolio[2]	-	1,095,753	-	1,095,753
Cash and cash equivalents[1]	519,414	-	-	519,414
Total assets at fair value	$ 14,642,783	$ 1,095,753	$ 0	$ 15,738,536

[1] Based on nature and risks, Plan has determined presenting as a single class is appropriate
[2] Represents 5% or more of the Plan's assets as of December 31, 2009

During 2010, the Plan's mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,998,593.

The following is a description of valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2010, and December 31, 2009.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end at the closing price reported on an active market.

Common/collective trusts: Valued at the net asset value ("NAV") per unit as of the close of business of the New York Stock Exchange. It is the policy of the portfolio to use its best efforts to maintain a stable NAV of $1.00 per unit; although there is no guarantee that the portfolio will be able to maintain this value.

Cash and cash equivalents: Valued at the net asset value ("NAV") of shares held by the Plan at year end at the closing price reported on an active market.

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

The following sets forth a description of the Plan's alternative investments as required by FASB amendment ASU 2009-12, "Investments in Certain Entities That Calculate Net Asset Value per Share":

	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/collective trusts	$1,529,822	$0	Immediate	None

Common/collective trusts includes an open-end commingled pool sponsored by Fidelity Management Trust Company. Investments in this category can be redeemed immediately at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this category has been estimated using the net asset per share of the investment.

NOTE 6: RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31,:

	2010	2009
Net assets available for benefits according to the financial statements	$ 20,574,197	$ 16,523,051
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	12,439	(20,375)
Net assets available for benefits according to the Form 5500	$ 20,586,636	$ 16,502,676

The following is a reconciliation of the increase in net assets available for benefits according to the financial statements to the Form 5500 for the year ended December 31, 2010:

Increase in net assets available for benefits according to the financial statements	$	4,051,146
Current year contract value adjustment		32,813
Increase in net assets available for benefits according to 5500	$	4,083,959

NOTE 7: PLAN TERMINATION

Although it has not expressed 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 one hundred percent (100%) vested in their accounts.

NOTE 8: RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company 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 amounted to $18,804 for the year ended December 31, 2010.

NOTE 9: RISKS AND UNCERTAINTIES

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

SUPPLEMENTARY INFORMATION

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

SCHEDULE OF ASSETS HELD AT YEAR END

December 31, 2010

	Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity*	*Cost*	*Current Value*
	Participant Loans			$ 687,166
	Interest Bearing Cash:			
*	Fidelity Retirement Money Market Portfolio	547,476 units		547,476
*	Fidelity Retirement Government Money Market	67,039 units		67,039
	Total Interest Bearing Cash			614,515
	Mutual Funds:			
	ABDN Global FX Inc. IS	2,502 units	❖	25,447
	ABF Balanced PA	106 units	❖	1,285
	ALL/BERN SMMDCP Value Fund A	650 units	❖	11,474
	American Century Ultra Inv	17 units	❖	376
	American Century Vista Fund	673 units	❖	11,254
	Ariel Appreciation	76 units	❖	3,202
	Ariel Fund	133 units	❖	6,443
	Artisan International	1,727 units	❖	37,470
	Artisan Mid Cap Value Fund	916 units	❖	18,403
	Baron Asset Fund	96 units	❖	5,280
	Baron Small Cap	54 units	❖	1,272
	Calvert Equity A	1 unit	❖	50
	Calvert Capital Accumulation A	3 units	❖	75
	Columbia Acorn Select Z	770 units	❖	22,130
	Columbia Cons High Yield Z	422 units	❖	3,315
	DWS Global Small Cap Growth S	323 units	❖	12,893
	DWS International S	197 units	❖	8,933
	DWS Strategic Val A	245 units	❖	8,021
*	Fidelity	152 units	❖	4,892
*	Fidelity Asset Manager 20%	124 units	❖	1,589
*	Fidelity Balanced Fund	4,227 units	❖	77,052
*	Fidelity Blue Chip Growth Fund	3,129 units	❖	141,912
*	Fidelity Blue Chip Value Fund	45 units	❖	486
*	Fidelity Canada Fund	8,354 units	❖	485,790
*	Fidelity Capital and Income Fund	9,115 units	❖	85,951
*	Fidelity Capital Appreciation Fund	7,631 units	❖	193,368
*	Fidelity Contrafund	37,274 units	❖	2,524,550
*	Fidelity Convertible Securities Fund	1,480 units	❖	37,674
*	Fidelity Disciplined Equity	217 units	❖	4,879
*	Fidelity Diversified International Fund	41,097 units	❖	1,239,064
*	Fidelity Dividend Growth Fund	15,744 units	❖	447,598
*	Fidelity Emerging Asia Fund	2,443 units	❖	74,819
*	Fidelity Emerging Markets	3,035 units	❖	79,976
*	Fidelity Equity Income Fund	11,212 units	❖	496,259
*	Fidelity Equity Income II Fund	221 units	❖	4,035
*	Fidelity Europe Fund	342 units	❖	10,710
*	Fidelity Exp and Multinational Fund	887 units	❖	19,337

The accompanying notes are an integral part of this schedule.

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

SCHEDULE OF ASSETS HELD AT YEAR END (CONT'D)

December 31, 2010

	Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity*	*Cost*	*Current Value*
*	Fidelity Fifty	462 units	❖	8,137
*	Fidelity Focused High Income	28 units	❖	258
*	Fidelity Freedom 2000	11,751 units	❖	140,310
*	Fidelity Freedom 2005	41 units	❖	440
*	Fidelity Freedom 2010	13,999 units	❖	190,253
*	Fidelity Freedom 2015	24,961 units	❖	283,053
*	Fidelity Freedom 2020	97,597 units	❖	1,345,859
*	Fidelity Freedom 2025	22,887 units	❖	263,663
*	Fidelity Freedom 2030	61,200 units	❖	842,728
*	Fidelity Freedom 2035	13,746 units	❖	157,665
*	Fidelity Freedom 2040	58,316 units	❖	467,110
*	Fidelity Freedom 2045	7,508 units	❖	71,248
*	Fidelity Freedom 2050	25,037 units	❖	234,844
*	Fidelity Freedom Income	5,701 units	❖	64,305
*	Fidelity Ginnie Mae Fund	15,245 units	❖	174,856
*	Fidelity Global Balanced	481 units	❖	10,736
*	Fidelity Government Income Fund	19,771 units	❖	206,217
*	Fidelity Growth and Income Fund	15,570 units	❖	284,932
*	Fidelity Growth Company	1,870 units	❖	155,513
*	Fidelity Growth Strategies	1,192 units	❖	24,369
*	Fidelity Independence Fund	5,328 units	❖	129,726
*	Fidelity Inflat Prot Bond	4,192 units	❖	48,793
*	Fidelity Intermediate Bond Fund	75,682 units	❖	798,449
*	Fidelity Intermediate Government Income	2,072 units	❖	22,193
*	Fidelity International Cap. Apprec.	16 units	❖	207
*	Fidelity International Discovery	442 units	❖	14,589
*	Fidelity International Real Estate Fund	3,700 units	❖	34,710
*	Fidelity Institution SH International Government Fund	3,554 units	❖	35,827
*	Fidelity Investment Growth Bond	5,509 units	❖	40,709
*	Fidelity Japan Fund	97 units	❖	1,085
*	Fidelity Large Cap Growth Fund	152 units	❖	1,484
*	Fidelity Large Cap Stock	184 units	❖	3,246
*	Fidelity Large Cap Value Fund	5 units	❖	49
*	Fidelity Latin America Fund	9,234 units	❖	545,067
*	Fidelity Leveraged Company Stock	3,236 units	❖	91,964
*	Fidelity MGD Incorporated Port Fund	1,517,383 units	❖	1,529,822
*	Fidelity Mid Cap Growth Fund	5,064 units	❖	63,002
*	Fidelity Mid-Cap Stock	19,884 units	❖	573,646
*	Fidelity Mid Cap Value Fund	465 units	❖	7,413
*	Fidelity Nasdaq Composite Index	352 units	❖	12,400
*	Fidelity New Market Income Fund	6,920 units	❖	108,294
*	Fidelity OTC Portfolio Fund	1,317 units	❖	72,344
*	Fidelity Overseas Fund	64 units	❖	2,087
*	Fidelity Pacific Basin	1,821 units	❖	47,479
*	Fidelity Puritan	429 units	❖	7,676
*	Fidelity Real Estate Income Fund	4,632 units	❖	48,168
*	Fidelity Real Estate Investment Fund	32,212 units	❖	827,517

The accompanying notes are an integral part of this schedule.

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

SCHEDULE OF ASSETS HELD AT YEAR END (CONT'D)

December 31, 2010

	Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity*	*Cost*	*Current Value*
*	Fidelity Short Term Bond	101 units	❖	853
*	Fidelity Small Cap Discovery	38,622 units	❖	790,600
*	Fidelity Small Cap Growth Fund	2,538 units	❖	39,825
*	Fidelity Small Cap Stock	1,520 units	❖	29,794
*	Fidelity Small Cap Value Fund	463 units	❖	7,235
*	Fidelity Spartan 500 Index Fund Investor	5,291 units	❖	235,328
*	Fidelity Stock Selector	628 units	❖	16,176
*	Fidelity Strategies Dividend and Income Fund	1,454 units	❖	15,341
*	Fidelity Strategic Income	1,629 units	❖	18,063
*	Fidelity Telecom & Utility	3,576 units	❖	57,042
*	Fidelity Trend	54 units	❖	3,646
*	Fidelity US Bond Index Fund	2,016 units	❖	22,837
*	Fidelity Value	5,110 units	❖	351,003
*	Fidelity Value Strategies Fund	642 units	❖	17,882
	FKLN SMMIDCAP Growth A	19 units	❖	695
	Hartford Growth Y	473 units	❖	8,640
	Invesco Basic Value A	117 units	❖	2,469
	Invesco Constellation A	195 units	❖	4,532
	Invesco Mid Cap Core Equity A	2,638 units	❖	61,125
	JH Small Company A	138 units	❖	2,798
	Loomis Small Cap Value R	42 units	❖	1,116
	Managers Bond Fund	2,411 units	❖	61,746
	MSIF Capital Growth Fund P	379 units	❖	9,030
	MSIF Emerging Markets Fund P	1078 units	❖	28,625
	MSIF Mid Cap Growth P	437 units	❖	15,832
	Mutual Discovery A	2,059 units	❖	60,094
	Mutual Shares Class A	596 units	❖	12,296
	Nueberger Berman High Income Bond Inv.	2,483 units	❖	23,163
	Neuberger Berman International Trust	323 units	❖	6,143
	Neuberger Berman Partners Trust	93 units	❖	1,965
	Neuberger Berman Regency Trust	716 units	❖	9,699
	Neuberger Socially Resp Trust	274 units	❖	4,787
	Oakmark Equity & Income Fund	2,939 units	❖	81,530
	Oakmark Fund I	1,495 units	❖	61,757
	PIMCO Global Bond (Unhedged) Administration	3,872 units	❖	37,594
	PIMCO High Yield Administration	426 unts	❖	3,957
	PIMCO Low Duration Administration	1,562 units	❖	16,232
	PIMCO LT US Government Fund Administration	10,021 units	❖	105,619
	PIMCO Real Return Bond AD	4,118 units	❖	46,777
	PIMCO Total Return Fund (Adm. Class)	14,544 units	❖	157,807
	RS Partners A	843 units	❖	27,895
	Rainier Small/Mid Cap Equity Portfolio	885 units	❖	28,911
	Royce Value Plus Ser	811 units	❖	10,885
	SPTN Extended Market Index Fund	300 units	❖	11,466
	SPTN Total Market Index Fund	1,511 units	❖	55,042
	Templeton Developing Markets A	2,174 units	❖	55,511
	Templeton Foreign Fund A	1,123 units	❖	7,842
	Templeton Foreign Small Company A	1,359 units	❖	22,213

The accompanying notes are an integral part of this schedule.

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

SCHEDULE OF ASSETS HELD AT YEAR END (CONT'D)

December 31, 2010

Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity*	*Cost*	*Current Value*
Templeton Global Bond Fund A	26,318 units	❖	357,668
Templeton Growth Fund A	2,306 units	❖	41,015
Templeton World A	1,927 units	❖	28,602
Touchstn. Sc. Sel. Gr. Z	22 units	❖	217
Van Kampen Equity Income Fund A	1,519 units	❖	13,046
WFA Small Cap Val Inv	2,519 units	❖	82,037
WFA Special Mid Cap Value Fund I	143 units	❖	3,000
Total Mutual Funds			19,278,709
TOTAL INVESTMENTS			$ 20,580,390

***** *Represents a party in interest*

❖ *Cost omitted for participant directed investments*

The above information has been certified by Fidelity Management Trust Company, the Trustee, as complete and accurate

The accompanying notes are an integral part of this schedule.

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

SCHEDULE OF ASSETS HELD AT YEAR END

December 31, 2009

	Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity*	*Cost*	*Current Value*
	Participant Loans			$ 651,484
	Interest Bearing Cash:			
*	Fidelity Retirement Money Market Portfolio	461,231 units		461,231
*	Fidelity Retirement Government Money Market	58,183 units		58,183
	Total Interest Bearing Cash			519,414
	Mutual Funds:			
	ABDN Global FX Inc. IS	2,267 units	❖	24,186
	ABF Balanced PA	110 units	❖	1,225
	ABF Large Cap Value PA	24 units	❖	394
	AIM Basic Value A	70 units	❖	1,371
	AIM Constellation A	177 units	❖	3,582
	AIM Midcap Core Equity A	2,256 units	❖	47,258
	ALL/BERN SMMDCP Value Fund A	148 units	❖	2,063
	American Century Vista Fund	360 units	❖	4,856
	Ariel Appreciation	1 unit	❖	9
	Ariel Fund	103 units	❖	3,975
	Artisan International	2,410 units	❖	49,795
	Artisan Mid Cap Value Fund	352 units	❖	6,323
	Baron Asset Fund	88 units	❖	4,048
	Baron Small Cap	31 units	❖	590
	Columbia Acorn Select Z	670 units	❖	15,668
	Columbia Cons High Yield Z	793 units	❖	5,931
	DWS Global Opps S	296 units	❖	9,419
	DWS Strategic Val A	136 units	❖	3,984
*	Fidelity	203 units	❖	5,746
*	Fidelity Asset Manager 20%	44 units	❖	523
*	Fidelity Balanced Fund	3,556 units	❖	58,179
*	Fidelity Blue Chip Growth Fund	2,482 units	❖	94,205
*	Fidelity Blue Chip Value Fund	50 units	❖	502
*	Fidelity Canada Fund	7,468 units	❖	362,057
*	Fidelity Capital and Income Fund	4,618 units	❖	39,807
*	Fidelity Capital Appreciation Fund	6,481 units	❖	138,878
*	Fidelity Contrafund	37,318 units	❖	2,174,916
*	Fidelity Convertible Securities Fund	1,080 units	❖	23,553
*	Fidelity Disciplined Equity	143 units	❖	3,000
*	Fidelity Diversified International Fund	47,224 units	❖	1,322,267
*	Fidelity Dividend Growth Fund	12,167 units	❖	287,994
*	Fidelity Emerging Markets	2,936 units	❖	66,374
*	Fidelity Equity Income Fund	11,051 units	❖	432,555
*	Fidelity Equity Income II Fund	218 units	❖	3,555
*	Fidelity Europe Fund	348 units	❖	10,249
*	Fidelity Europe Capital Appreciation Fund	17 units	❖	298
*	Fidelity Exp and Multinational Fund	824 units	❖	16,170

The accompanying notes are an integral part of this schedule.

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

SCHEDULE OF ASSETS HELD AT YEAR END (CONT'D)

December 31, 2009

	Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity*	*Cost*	*Current Value*
*	Fidelity Fifty	430 units	❖	6,466
*	Fidelity Focused Stock	453 units	❖	4,986
*	Fidelity Focused High Income	1 unit	❖	12
*	Fidelity Freedom 2000	11,358 units	❖	128,917
*	Fidelity Freedom 2005	27 units	❖	272
*	Fidelity Freedom 2010	13,628 units	❖	170,488
*	Fidelity Freedom 2015	9,733 units	❖	101,421
*	Fidelity Freedom 2020	96,631 units	❖	1,212,718
*	Fidelity Freedom 2025	18,057 units	❖	187,610
*	Fidelity Freedom 2030	51,319 units	❖	635,847
*	Fidelity Freedom 2035	11,426 units	❖	117,228
*	Fidelity Freedom 2040	57,168 units	❖	409,322
*	Fidelity Freedom 2045	2070 units	❖	17,535
*	Fidelity Freedom 2050	19,969 units	❖	166,740
*	Fidelity Freedom Income	4,959 units	❖	53,259
*	Fidelity Ginnie Mae Fund	14,156 units	❖	160,668
*	Fidelity Global Balanced	409 units	❖	8,217
*	Fidelity Government Income Fund	16,880 units	❖	175,380
*	Fidelity Growth and Income Fund	14,583 units	❖	234,198
*	Fidelity Growth Company	1,860 units	❖	128,303
*	Fidelity Growth Strategies	819 units	❖	13,319
*	Fidelity Independence Fund	6,352 units	❖	126,532
*	Fidelity Inflat Prot Bond	3,423 units	❖	38,371
*	Fidelity Intermediate Bond Fund	71,750 units	❖	728,268
*	Fidelity Intermediate Government Income	1,567 units	❖	16,735
*	Fidelity International Cap. Apprec.	1 unit	❖	9
*	Fidelity International Discovery	285 units	❖	8,641
*	Fidelity International Real Estate Fund	3,161 units	❖	27,813
*	Fidelity Institution SH International Government Fund	2,129 units	❖	21,355
*	Fidelity Investment Growth Bond	2,257 units	❖	15,888
*	Fidelity Japan Fund	97 units	❖	982
*	Fidelity Large Cap Growth Fund	164 units	❖	1,329
*	Fidelity Large Cap Stock	486 units	❖	7,292
*	Fidelity Latin America Fund	8,652 units	❖	448,595
*	Fidelity Leveraged Company Stock	3,513 units	❖	80,516
*	Fidelity MGD Incorporated Port Fund	1,116,128 units	❖	1,095,753
*	Fidelity Mid Cap Growth Fund	4,228 units	❖	42,026
*	Fidelity Mid-Cap Stock	18,823 units	❖	440,845
*	Fidelity Mid Cap Value Fund	566 units	❖	7,232
*	Fidelity Nasdaq Composite Index	350 units	❖	10,526
*	Fidelity New Market Income Fund	2,091 units	❖	31,425
*	Fidelity OTC Portfolio Fund	1,256 units	❖	57,439
*	Fidelity Overseas Fund	138 units	❖	4,256
*	Fidelity Pacific Basin	1,490 units	❖	30,251
*	Fidelity Puritan	342 units	❖	5,489
*	Fidelity Real Estate Income Fund	1008 units	❖	9,284
*	Fidelity Real Estate Investment Fund	28,500 units	❖	574,551
*	Fidelity Southeast Asia Fund	4,789 units	❖	121,785

The accompanying notes are an integral part of this schedule.

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

SCHEDULE OF ASSETS HELD AT YEAR END (CONT'D)

December 31, 2009

	Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity*	*Cost*	*Current Value*
*	Fidelity Short Term Bond	99 units	❖	822
*	Fidelity Smal Cap Discovery	32,680 units	❖	507,846
*	Fidelity Small Cap Growth Fund	1,824 units	❖	22,653
*	Fidelity Small Cap Stock	840 units	❖	13,391
*	Fidelity Small Cap Value Fund	273 units	❖	3,458
*	Fidelity Stock Selector	143 units	❖	3,105
*	Fidelity Strategies Dividend and Income Fund	641 units	❖	6,115
*	Fidelity Strategic Income	294 units	❖	3,180
*	Fidelity Telecom & Utility	2,354 units	❖	33,001
*	Fidelity Trend	80 units	❖	4,492
*	Fidelity US Bond Index Fund	1,249 units	❖	13,813
*	Fidelity Value	4,198 units	❖	239,025
*	Fidelity Value Strategies Fund	486 units	❖	10,735
	FKLN SMMIDCAP Growth A	6 units	❖	180
	Hartford Growth Y	266 units	❖	4,069
	JH Small Company A	216 units	❖	3,548
	Loomis Small Cap Value R	104 units	❖	2,202
	Managers Bond Fund	415 units	❖	10,074
	MSIF Capital Growth Fund p	1,851 units	❖	35,913
	MSIF Emerging Markets Fund P	2,491 units	❖	56,286
	MSIF Mid Cap Growth P	1,139 units	❖	31,100
	Mutual Discovery A	2,008 units	❖	53,658
	Mutual Shares Class A	532 units	❖	10,134
	Nueberger Berman High Income Bond Inv.	37 units	❖	331
	Neuberger Berman International Trust	278 units	❖	4,529
	Neuberger Berman Partners Trust	197 units	❖	3,620
	Neuberger Berman Regency Trust	655 units	❖	7,031
	Neuberger Socially Resp Trust	154 units	❖	2,199
	Oakmark Equity & Income Fund	7,804 units	❖	199,319
	Oakmark Fund I	113 units	❖	4,197
	PIMCO Global Bond (Unhedged) Administration	3,952 units	❖	37,225
	PIMCO High Yield Administration	73 units	❖	647
	PIMCO LT US Government Fund Administration	4,165 units	❖	44,438
	PIMCO Real Return Bond AD	2,979 units	❖	32,141
	PIMCO Total Return Fund (Adm. Class)	3,889 units	❖	42,002
	RS Partners A	677 units	❖	17,519
	Rainier Small/Mid Cap Equity Portfolio	960 units	❖	25,130
	Royce Value Plus Ser	2,455 units	❖	27,594
	Spartan US Equity Index Fund	4,919 units	❖	193,948
	SPTN Extended Market Index Fund	7 units	❖	211
	SPTN Total Market Index Fund	1,344 units	❖	42,445
	Templeton Developing Markets A	1,555 units	❖	34,272
	Templeton Foreign Fund A	691 units	❖	4,524
	Templeton Foreign Small Company A	661 units	❖	8,739

The accompanying notes are an integral part of this schedule.

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

SCHEDULE OF ASSETS HELD AT YEAR END (CONT'D)

December 31, 2009

Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity*	*Cost*	*Current Value*
Templeton Global Bond Fund A	10,880 units	❖	138,398
Templeton Growth Fund A	1,812 units	❖	30,457
Templeton World A	1,474 units	❖	20,598
Touchstn. Sc. Sel. Gr. Z	1 unit	❖	9
Van Kampen Equity Income Fund A	1,448 units	❖	11,280
WFA C&B Mid Cap Val. Inv.	440 units	❖	5,927
WFA Small Cap Val Inv	3,580 units	❖	98,195
WFA Mid Cap Disciplined Investment	101 units	❖	1,798
Total Mutual Funds			15,219,122
TOTAL INVESTMENTS			$ 16,390,020

***** *Represents a party in interest*

❖ *Cost omitted for participant directed investments*

The above information has been certified by Fidelity Management Trust Company, the Trustee, as complete and accurate

The accompanying notes are an integral part of this schedule.

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► **For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.**

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

Number, street, and room or suite no. (If a P.O. box, see instructions)

City or town, state, and ZIP code

B **Filer's identifying number (see instructions).**

☐ Employer identification number (EIN).

☐ Social security number (SSN)

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
1				
2				
3				

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until ____/____/____ to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until ____/____/____ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ► **a**

b Enter the payment amount attached . . . . . ► **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► **c**

3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► **Date** ►

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

SCHEDULE OF ASSETS HELD AT YEAR END

December 31, 2010

	Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity*	*Cost*	*Current Value*
	Participant Loans			$ 687,166
	Interest Bearing Cash:			
*	Fidelity Retirement Money Market Portfolio	547,476 units		547,476
*	Fidelity Retirement Government Money Market	67,039 units		67,039
	Total Interest Bearing Cash			614,515
	Mutual Funds:			
	ABDN Global FX Inc. IS	2,502 units	❖	25,447
	ABF Balanced PA	106 units	❖	1,285
	ALL/BERN SMMDCP Value Fund A	650 units	❖	11,474
	American Century Ultra Inv	17 units	❖	376
	American Century Vista Fund	673 units	❖	11,254
	Ariel Appreciation	76 units	❖	3,202
	Ariel Fund	133 units	❖	6,443
	Artisan International	1,727 units	❖	37,470
	Artisan Mid Cap Value Fund	916 units	❖	18,403
	Baron Asset Fund	96 units	❖	5,280
	Baron Small Cap	54 units	❖	1,272
	Calvert Equity A	1 unit	❖	50
	Calvert Capital Accumulation A	3 units	❖	75
	Columbia Acorn Select Z	770 units	❖	22,130
	Columbia Cons High Yield Z	422 units	❖	3,315
	DWS Global Small Cap Growth S	323 units	❖	12,893
	DWS International S	197 units	❖	8,933
	DWS Strategic Val A	245 units	❖	8,021
*	Fidelity	152 units	❖	4,892
*	Fidelity Asset Manager 20%	124 units	❖	1,589
*	Fidelity Balanced Fund	4,227 units	❖	77,052
*	Fidelity Blue Chip Growth Fund	3,129 units	❖	141,912
*	Fidelity Blue Chip Value Fund	45 units	❖	486
*	Fidelity Canada Fund	8,354 units	❖	485,790
*	Fidelity Capital and Income Fund	9,115 units	❖	85,951
*	Fidelity Capital Appreciation Fund	7,631 units	❖	193,368
*	Fidelity Contrafund	37,274 units	❖	2,524,550
*	Fidelity Convertible Securities Fund	1,480 units	❖	37,674
*	Fidelity Disciplined Equity	217 units	❖	4,879
*	Fidelity Diversified International Fund	41,097 units	❖	1,239,064
*	Fidelity Dividend Growth Fund	15,744 units	❖	447,598
*	Fidelity Emerging Asia Fund	2,443 units	❖	74,819
*	Fidelity Emerging Markets	3,035 units	❖	79,976
*	Fidelity Equity Income Fund	11,212 units	❖	496,259
*	Fidelity Equity Income II Fund	221 units	❖	4,035
*	Fidelity Europe Fund	342 units	❖	10,710
*	Fidelity Exp and Multinational Fund	887 units	❖	19,337

The accompanying notes are an integral part of this schedule.

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

SCHEDULE OF ASSETS HELD AT YEAR END (CONT'D)

December 31, 2010

	Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity*	*Cost*	*Current Value*
*	Fidelity Fifty	462 units	❖	8,137
*	Fidelity Focused High Income	28 units	❖	258
*	Fidelity Freedom 2000	11,751 units	❖	140,310
*	Fidelity Freedom 2005	41 units	❖	440
*	Fidelity Freedom 2010	13,999 units	❖	190,253
*	Fidelity Freedom 2015	24,961 units	❖	283,053
*	Fidelity Freedom 2020	97,597 units	❖	1,345,859
*	Fidelity Freedom 2025	22,887 units	❖	263,663
*	Fidelity Freedom 2030	61,200 units	❖	842,728
*	Fidelity Freedom 2035	13,746 units	❖	157,665
*	Fidelity Freedom 2040	58,316 units	❖	467,110
*	Fidelity Freedom 2045	7,508 units	❖	71,248
*	Fidelity Freedom 2050	25,037 units	❖	234,844
*	Fidelity Freedom Income	5,701 units	❖	64,305
*	Fidelity Ginnie Mae Fund	15,245 units	❖	174,856
*	Fidelity Global Balanced	481 units	❖	10,736
*	Fidelity Government Income Fund	19,771 units	❖	206,217
*	Fidelity Growth and Income Fund	15,570 units	❖	284,932
*	Fidelity Growth Company	1,870 units	❖	155,513
*	Fidelity Growth Strategies	1,192 units	❖	24,369
*	Fidelity Independence Fund	5,328 units	❖	129,726
*	Fidelity Inflat Prot Bond	4,192 units	❖	48,793
*	Fidelity Intermediate Bond Fund	75,682 units	❖	798,449
*	Fidelity Intermediate Government Income	2,072 units	❖	22,193
*	Fidelity International Cap. Apprec.	16 units	❖	207
*	Fidelity International Discovery	442 units	❖	14,589
*	Fidelity International Real Estate Fund	3,700 units	❖	34,710
*	Fidelity Institution SH International Government Fund	3,554 units	❖	35,827
*	Fidelity Investment Growth Bond	5,509 units	❖	40,709
*	Fidelity Japan Fund	97 units	❖	1,085
*	Fidelity Large Cap Growth Fund	152 units	❖	1,484
*	Fidelity Large Cap Stock	184 units	❖	3,246
*	Fidelity Large Cap Value Fund	5 units	❖	49
*	Fidelity Latin America Fund	9,234 units	❖	545,067
*	Fidelity Leveraged Company Stock	3,236 units	❖	91,964
*	Fidelity MGD Incorporated Port Fund	1,517,383 units	❖	1,529,822
*	Fidelity Mid Cap Growth Fund	5,064 units	❖	63,002
*	Fidelity Mid-Cap Stock	19,884 units	❖	573,646
*	Fidelity Mid Cap Value Fund	465 units	❖	7,413
*	Fidelity Nasdaq Composite Index	352 units	❖	12,400
*	Fidelity New Market Income Fund	6,920 units	❖	108,294
*	Fidelity OTC Portfolio Fund	1,317 units	❖	72,344
*	Fidelity Overseas Fund	64 units	❖	2,087
*	Fidelity Pacific Basin	1,821 units	❖	47,479
*	Fidelity Puritan	429 units	❖	7,676
*	Fidelity Real Estate Income Fund	4,632 units	❖	48,168
*	Fidelity Real Estate Investment Fund	32,212 units	❖	827,517

The accompanying notes are an integral part of this schedule.

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

SCHEDULE OF ASSETS HELD AT YEAR END (CONT'D)

December 31, 2010

	Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity*	*Cost*	*Current Value*
*	Fidelity Short Term Bond	101 units	❖	853
*	Fidelity Small Cap Discovery	38,622 units	❖	790,600
*	Fidelity Small Cap Growth Fund	2,538 units	❖	39,825
*	Fidelity Small Cap Stock	1,520 units	❖	29,794
*	Fidelity Small Cap Value Fund	463 units	❖	7,235
*	Fidelity Spartan 500 Index Fund Investor	5,291 units	❖	235,328
*	Fidelity Stock Selector	628 units	❖	16,176
*	Fidelity Strategies Dividend and Income Fund	1,454 units	❖	15,341
*	Fidelity Strategic Income	1,629 units	❖	18,063
*	Fidelity Telecom & Utility	3,576 units	❖	57,042
*	Fidelity Trend	54 units	❖	3,646
*	Fidelity US Bond Index Fund	2,016 units	❖	22,837
*	Fidelity Value	5,110 units	❖	351,003
*	Fidelity Value Strategies Fund	642 units	❖	17,882
	FKLN SMMIDCAP Growth A	19 units	❖	695
	Hartford Growth Y	473 units	❖	8,640
	Invesco Basic Value A	117 units	❖	2,469
	Invesco Constellation A	195 units	❖	4,532
	Invesco Mid Cap Core Equity A	2,638 units	❖	61,125
	JH Small Company A	138 units	❖	2,798
	Loomis Small Cap Value R	42 units	❖	1,116
	Managers Bond Fund	2,411 units	❖	61,746
	MSIF Capital Growth Fund P	379 units	❖	9,030
	MSIF Emerging Markets Fund P	1078 units	❖	28,625
	MSIF Mid Cap Growth P	437 units	❖	15,832
	Mutual Discovery A	2,059 units	❖	60,094
	Mutual Shares Class A	596 units	❖	12,296
	Nueberger Berman High Income Bond Inv.	2,483 units	❖	23,163
	Neuberger Berman International Trust	323 units	❖	6,143
	Neuberger Berman Partners Trust	93 units	❖	1,965
	Neuberger Berman Regency Trust	716 units	❖	9,699
	Neuberger Socially Resp Trust	274 units	❖	4,787
	Oakmark Equity & Income Fund	2,939 units	❖	81,530
	Oakmark Fund I	1,495 units	❖	61,757
	PIMCO Global Bond (Unhedged) Administration	3,872 units	❖	37,594
	PIMCO High Yield Administration	426 unts	❖	3,957
	PIMCO Low Duration Administration	1,562 units	❖	16,232
	PIMCO LT US Government Fund Administration	10,021 units	❖	105,619
	PIMCO Real Return Bond AD	4,118 units	❖	46,777
	PIMCO Total Return Fund (Adm. Class)	14,544 units	❖	157,807
	RS Partners A	843 units	❖	27,895
	Rainier Small/Mid Cap Equity Portfolio	885 units	❖	28,911
	Royce Value Plus Ser	811 units	❖	10,885
	SPTN Extended Market Index Fund	300 units	❖	11,466
	SPTN Total Market Index Fund	1,511 units	❖	55,042
	Templeton Developing Markets A	2,174 units	❖	55,511
	Templeton Foreign Fund A	1,123 units	❖	7,842
	Templeton Foreign Small Company A	1,359 units	❖	22,213

The accompanying notes are an integral part of this schedule.

LAUREN CORPORATION 401(k) AND PROFIT SHARING PLAN
Abilene, Texas

SCHEDULE OF ASSETS HELD AT YEAR END (CONT'D)

December 31, 2010

Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity*	*Cost*	*Current Value*
Templeton Global Bond Fund A	26,318 units	❖	357,668
Templeton Growth Fund A	2,306 units	❖	41,015
Templeton World A	1,927 units	❖	28,602
Touchstn. Sc. Sel. Gr. Z	22 units	❖	217
Van Kampen Equity Income Fund A	1,519 units	❖	13,046
WFA Small Cap Val Inv	2,519 units	❖	82,037
WFA Special Mid Cap Value Fund I	143 units	❖	3,000
Total Mutual Funds			19,278,709
TOTAL INVESTMENTS			$ 20,580,390

* *Represents a party in interest*

❖ *Cost omitted for participant directed investments*

The above information has been certified by Fidelity Management Trust Company, the Trustee, as complete and accurate

The accompanying notes are an integral part of this schedule.