# Form 5500

**Department of the Treasury**
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2014**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
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; include room or suite number (employer, if for a single-employer plan)
LAUREN CORPORATION

901 S. FIRST STREET
ABILENE, TX 79602

**2b** Employer Identification Number (EIN)
58-1821154

**2c** Plan 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. | 10/13/2015 | KEVIN PORTER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number (optional)

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

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 845 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 747 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 735 |
| **b** | Retired or separated participants receiving benefits | **6b** | 2 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 110 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 847 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 848 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 429 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

**a Pension Schedules**

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

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

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

**b General Schedules**

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2014**<br>**This Form is Open to Public Inspection.** |

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

**A** Name of plan
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 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

FIDELITY INVESTMENTS INSTITUTIONAL

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? |
|---|---|---|---|---|---|---|
| 37 60 64 65 71 | RECORDKEEPER | 11725 | 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 [ ] |

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| 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. |
|---|---|---|
| WASATCH CORE GROWTH | 505 WAKARA WAY 3RD FLOOR<br>SALT LAKE CITY, UT 84108 | 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. |
|---|---|---|
| SSGA CLARION REAL ESTATE | ONE LINCOLN ST. STATE STREET FINANC<br>BOSTON, MA 02111 | 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. |
|---|---|---|
| ROYCE 100 FUND SERVICE CLASS | 745 FIFTH AVENUE SUITE 2400<br>NEW YORK, NY 10151 | 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. |
|---|---|---|
| HODGES SMALL CAP FUND | 2905 MAPLE AVENUE<br>DALLAS, TX 75201 | 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. |
|---|---|---|
| HODGES FUND | 2905 MAPLE AVENUE<br>DALLAS, TX 75201 | 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. |
|---|---|---|
| PIMCO EMERGING MARKETS BOND FUND D | 1633 BROADWAY<br>NEW YORK, NY 10019 | 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. |
|---|---|---|
| MATTHEWS ASIAN GROWTH & INCOME FUND | 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111 | 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. |
|---|---|---|
| MATTHEWS PACIFIC TIGER FUND | 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111 | 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. |
|---|---|---|
| JENSEN QUALITY GROWTH FD CL J | 811 E. WISCONSIN AVE MILWAUKEE, WI 53202 | 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. |
|---|---|---|
| COHEN & STEERS REALTY SHARES | 280 PARK AVENUE 10TH FLOOR<br>NEW YORK, NY 10017 | 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 OPPORTUNITY FUND | 767 5TH AVENUE 49TH FLOOR<br>NEW YORK, NY 10153 | 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 FD | 767 5TH AVENUE 49TH FLOOR<br>NEW YORK, NY 10153 | 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. |
|---|---|---|
| BARON GROWTH | 767 5TH AVENUE 49TH FLOOR<br>NEW YORK, NY 10153 | 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 | 767 5TH AVENUE 49TH FLOOR<br>NEW YORK, NY 10153 | 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. |
|---|---|---|
| WEITZ PARTNERS VALUE | 1125 SOUTH 103RD STREET<br>OMAHA, NE 68124 | 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. |
|---|---|---|
| WEITZ VALUE | 1125 SOUTH 103RD STREET<br>OMAHA, NE 68124 | 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. |
|---|---|---|
| TCW TOTAL RETURN BOND CLASS N | 865 SOUTH FIGUERA STREET<br>LOS ANGELES, CA 90017 | 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. |
|---|---|---|
| RYDEX LARGE CAP VALUE H CLASS | 9601 BLACKWELL RD. STE. 500<br>ROCKVILLE, MD 20850 | 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. |
|---|---|
| PIMCO REAL ESTATE REAL RETURN STRAT 1633 BROADWAY NEW YORK, NY 10019 | 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. |
|---|---|
| HENNESSY GAS UTILITYINVESTOR CL 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945 | 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. |
|---|---|
| FORWARD FRONTIER STRATEGY FD INVEST 101 CALIFORNIA ST. SUITE 1600 SAN FRANCISCO, CA 94111 | 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 INTERNATL INVESTOR CLASS 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202 | 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. |
|---|---|
| PIMCO TOTAL RETURN CLASS D 1633 BROADWAY NEW YORK, NY 10019 | 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. |
|---|---|
| PIMCO INCOME FUND CL D 1633 BROADWAY NEW YORK, NY 10019 | 0.38% |

## 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 SAYLES BOND RETAIL SHARES | 399 BOYLSTON STREET 8TH FL<br>BOSTON, MA 02116 | 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 FUND I | 111 SOUTH WACKER DR.<br>CHICAGO, IL 60606 | 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. |
|---|---|---|
| HARBOR CAPITAL APPRECIATION INV CL | 111 S. WACKER DR 34TH FLOOR<br>CHICAGO, IL 60606 | 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. |
|---|---|---|
| WESTCORE PLUS BOND FUND | 1225 17TH STREET 26TH FLOOR<br>DENVER, CO 80202 | 0.30% |

| **(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. |
|---|---|---|
| THORNBURG INCOME BUILDER CL I | 2300 NORTH RIDGETOP RD<br>SANTA FE, NM 87506 | 0.10% |

| **(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 CONTRARIAN VALUE FUND CL A | 101 MUNSON ST. STE. 3<br>GREENFIELD, MA 01301 | 0.08% |

## 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 TOTAL RETURN INSTL<br>1633 BROADWAY<br>NEW YORK, NY 10019 | 0.03% |

| **(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 UNCONSTRAINED BD INSTL CLASS<br>1633 BROADWAY<br>NEW YORK, NY 10019 | 0.03% |

| **(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. |
|---|---|
| RDGWTH MID CAP VAL I - BOSTON FINA<br>P.O. BOX 8480<br>BOSTON, MA 02266 | 0.40% |

## 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

**2014**

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

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

**A** Name of plan
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: MIP CL 1

**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 | 1008224 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

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

**A** Name of plan
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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 1370 | 34456 |
| **(2)** Participant contributions | 1b(2) | 0 | 79095 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 789583 | 892606 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 1285404 | 891494 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 892146 | 687990 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 928407 | 1008224 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 25402105 | 28712077 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 29299015 | 32305942 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | 0 |
| **h** Operating payables | 1h | 0 | 0 |
| **i** Acquisition indebtedness | 1i | 0 | 0 |
| **j** Other liabilities | 1j | 0 | 0 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 29299015 | 32305942 |

## 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) | 1097292 | |
| **(B)** Participants | 2a(1)(B) | 2483415 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 205363 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 3786070 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 93 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 45435 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 45528 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 57105 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1878978 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1936083 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 2736785 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 2765863 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | -29078 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| **(B)** Other | 2b(5)(B) | -55052 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | -55052 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 10341 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 148898 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 5842790 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2827528 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 2827528 |
| f Corrective distributions (see instructions) | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | -998 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Investment advisory and management fees | 2i(3) | 0 | |
| (4) Other | 2i(4) | 9333 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 9333 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2835863 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 3006927 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (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 AND 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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

## Part V Trust Information (optional)

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2014**

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

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

**A** Name of plan
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**

**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 (include any prior year accumulated funding deficiency not waived) ..... **6a**

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*SCHEDULE OF ASSETS HELD AT YEAR END*

December 31, 2014

| *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 | | | $ 687,990 |
| **Interest Bearing Cash:** | | | |
| Fidelity Retirement Money Market Portfolio | 740,845 units | | 740,845 |
| Fidelity Cash Reserves | 151,761 units | | 151,761 |
| Total Interest Bearing Cash | | | 892,606 |
| **Equities:** | | | |
| Abattis Biceuticals Corp. | 2,300 units | ❖ | 337 |
| Altria Group, Inc. | 236.000 units | ❖ | 11,644 |
| American Electric Power Co., Inc. | 444.000 units | ❖ | 26,934 |
| American Transportation Holdings, Inc. | 1.000 units | ❖ | 0 |
| Apple Computer, Inc. | 501.000 units | ❖ | 55,292 |
| AT&T, Inc. | 1,385.000 units | ❖ | 46,527 |
| Bank of America Corp. | 42.000 units | ❖ | 743 |
| Canon, Inc. | 700.000 units | ❖ | 22,162 |
| Centurytel, Inc. | 300.000 units | ❖ | 11,874 |
| Coca Cola Co. | 1,147.000 units | ❖ | 48,428 |
| Cohen & Steers Quality Income Realty | 644.000 units | ❖ | 7,847 |
| Devon Energy Corp | 1,000.000 units | ❖ | 61,210 |
| DIRECTV | 50.000 units | ❖ | 4,335 |
| Dominion Resources, Inc. | 264.000 units | ❖ | 20,306 |
| Eastman Chemical Co. | 900.000 units | ❖ | 68,274 |
| Enerplus Corp. | 926.000 units | ❖ | 8,886 |
| Entergy Corp. | 300.000 units | ❖ | 26,244 |
| Fifth Street Financial Corp. | 11,768.000 units | ❖ | 94,262 |
| First Financial Bankshares, Inc. | 647.000 units | ❖ | 19,323 |
| Ford Motor Co. | 1,000.000 units | ❖ | 15,500 |
| Freeport McMoran, Inc. | 750.000 units | ❖ | 17,520 |
| General Electric Co. | 213.000 units | ❖ | 5,371 |
| General Moly Inc. | 2,000.000 units | ❖ | 1,140 |
| Goldcorp Inc. | 53.000 units | ❖ | 987 |
| Growlife, Inc. | 11,000.000 units | ❖ | 220 |
| Hercules Offshore, Inc. | 1,858.000 units | ❖ | 1,858 |
| Hewlett-Packard Co. | 500.000 units | ❖ | 20,065 |
| HollyFrontier Corp. | 1,635.000 units | ❖ | 61,284 |
| InvenSense, Inc | 1,474.000 units | ❖ | 23,967 |
| Ishares S&P US Preferred Stock Index | 1,000.000 units | ❖ | 39,440 |
| Johnson & Johnson | 66.000 units | ❖ | 6,892 |
| Mattel, Inc. | 500.000 units | ❖ | 15,473 |
| McDonalds Corp. | 103.000 units | ❖ | 9,696 |
| National Oilwell Varco, Inc. | 52.000 units | ❖ | 3,432 |
| Now, Inc. | 12.000 units | ❖ | 309 |
| Patterson UTI Energy, Inc. | 1,000.000 units | ❖ | 16,590 |
| PDL Biopharma, Inc. | 1,000.000 units | ❖ | 7,710 |
| Penn West Petroleum LTD | 257.000 units | ❖ | 534 |
| Pfizer, Inc. | 800.000 units | ❖ | 24,920 |
| Plug Power, Inc. | 457.000 units | ❖ | 1,371 |
| Procter & Gamble Co. | 47.000 units | ❖ | 4,237 |
| Rite Aid Corp. | 141.000 units | ❖ | 1,060 |
| Seventy Seven Energy, Inc. | 189.000 units | ❖ | 1,022 |
| Southern Co. | 417.000 units | ❖ | 20,489 |
| Spdr Gold TR Gold SHS | 35.000 units | ❖ | 3,975 |
| Telstra Corp ADR | 100.000 units | ❖ | 2,443 |
| Tortoise Energy Cap Corp. | 510.000 units | ❖ | 22,341 |
| United Technologies Corp | 200.000 units | ❖ | 23,000 |
| Yamana Gold, Inc. | | | 4,020 |
| Total Equities | | | 891,494 |

*e 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, 2014

| *Identify of Issuer, Borrower, Lessor, or Similar Party* | *Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity* | *Cost* | *Current Value* |
|---|---|---|---|
| **Other Investments:** | | | |
| American Capital Agency Corp. | 6.000 units | ❖ | 135 |
| Annaly Capital Management Inc. | 2,170.000 units | ❖ | 23,462 |
| Armour Residential REIT, Inc. | 640.000 units | ❖ | 2,355 |
| Blackstone Group LP | 800.000 units | ❖ | 27,064 |
| CYS Investment, Inc. | 1,317.000 units | ❖ | 11,487 |
| Fidelity Managed Income Portfolio | 993,487.000 units | ❖ | 1,008,224 |
| Northern Tier Energy LLC | 1,317.000 units | ❖ | 3,626 |
| Total Other Investments | | | 1,076,353 |
| **Mutual Funds:** | | | |
| Accessor Frontier Markets Fund | 535.000 units | ❖ | 5,428 |
| Artisan International | 2,514.000 units | ❖ | 75,327 |
| Baron Asset Fund | 1,196.000 units | ❖ | 76,270 |
| Baron Growth Fund | 1,571.000 units | ❖ | 113,526 |
| Baron I Opportunity | 2,510.000 units | ❖ | 45,724 |
| Baron Small Cap Fund | 384.000 units | ❖ | 12,797 |
| Cohen & Steers Realty Shares | 844.000 units | ❖ | 64,869 |
| Fidelity Blue Chip Growth | 1,023.000 units | ❖ | 70,023 |
| Fidelity Canada | 556.000 units | ❖ | 29,228 |
| Fidelity Capital Appreciation Fund | 18,499.000 units | ❖ | 666,520 |
| Fidelity Contrafund | 38,554.000 units | ❖ | 3,777,164 |
| Fidelity Diversified International Fund | 38,618.000 units | ❖ | 1,330,406 |
| Fidelity Dividend Growth Fund | 39,026.000 units | ❖ | 1,304,255 |
| Fidelity Equity Income Fund | 13,759.000 units | ❖ | 816,849 |
| Fidelity Freedom 2005 | 16,952.000 units | ❖ | 203,252 |
| Fidelity Freedom 2010 | 23,722.000 units | ❖ | 365,081 |
| Fidelity Freedom 2015 | 29,190.000 units | ❖ | 368,091 |
| Fidelity Freedom 2020 | 188,004.000 units | ❖ | 2,887,737 |
| Fidelity Freedom 2025 | 117,684.000 units | ❖ | 1,546,370 |
| Fidelity Freedom 2030 | 135,716.000 units | ❖ | 2,189,097 |
| Fidelity Freedom 2035 | 49,422.000 units | ❖ | 655,334 |
| Fidelity Freedom 2040 | 123,987.000 units | ❖ | 1,158,036 |
| Fidelity Freedom 2045 | 41,032.000 units | ❖ | 431,251 |
| Fidelity Freedom 2050 | 71,342.000 units | ❖ | 754,085 |
| Fidelity Freedom 2055 | 4,006.000 units | ❖ | 46,826 |
| Fidelity Freedom Income | 47,519.000 units | ❖ | 550,265 |
| Fidelity Growth Company | 1,643.000 units | ❖ | 216,702 |
| Fidelity Intermediate Bond Fund | 124,102.000 units | ❖ | 1,356,440 |
| Fidelity Latin America | 1,757.000 units | ❖ | 41,798 |
| Fidelity Low Priced Stock | 2,128.000 units | ❖ | 106,942 |
| Fidelity Mid Cap Stock | 27,361.000 units | ❖ | 1,050,419 |
| Fidelity OTC Port | 56.000 units | ❖ | 4,450 |
| Fidelity Real Estate Investment Fund | 35,177.000 units | ❖ | 1,436,970 |
| Fidelity Select Industrial Materials | 30.000 units | ❖ | 2,294 |
| Fidelity Small Cap Discovery | 54,390.000 units | ❖ | 1,636,584 |
| Fidelity Small Cap Growth | 4,160.000 units | ❖ | 76,583 |
| Fidelity Spartan 500 Index Adv. | 14,185.000 units | ❖ | 1,033,408 |
| Fidelity Utilities | 2,156.000 units | ❖ | 52,021 |
| Harbor Capital Appreciation Inv CL | 225.000 units | ❖ | 12,899 |
| Hennessy Gas Utility Investor CL | 300.000 units | ❖ | 9,152 |
| Hodges Fund | 3,125.000 units | ❖ | 119,468 |
| Hodges Small Cap Fund | 6,549.000 units | ❖ | 127,961 |
| Jensen Portfolio, Inc. | 2,293.000 units | ❖ | 92,069 |
| Loomis Sayles Bond Retail Shares | 3,435.000 units | ❖ | 50,699 |
| Matthews Asian Growth & Income Fund | 2,726.000 units | ❖ | 49,088 |
| Mathews Pacific Tiger Fund | 3,009.000 units | ❖ | 79,948 |
| OakMark Fund | 1,434.000 units | ❖ | 95,202 |

*e 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, 2014

| *Identify of Issuer, Borrower, Lessor, or Similar Party* | *Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity* | *Cost* | *Current Value* |
|---|---|---|---|
| Pimco Emerging Mkts Bond Class D | 3.000 units | ❖ | 35 |
| Pimco Income FD CL D | 2,737.000 units | ❖ | 33,751 |
| Pimco Real Estate Real Return CL D | 1,615.000 units | ❖ | 5,847 |
| Pimco Total Return | 3,353.000 units | ❖ | 35,740 |
| Pimco Total Return Class D | 2,767.000 units | ❖ | 29,495 |
| Pimco Unconstrained BD Instl Class | 2,668.000 units | ❖ | 29,832 |
| RDGWTH Mid Cap Val 1 | 72,628.000 units | ❖ | 994,274 |
| Royce 100 Fund Investment Class | 3,810.000 units | ❖ | 32,953 |
| Rydex Large Cap Value H CL | 71.000 units | ❖ | 10,548 |
| SSGA Tuckerman Active REIT | 350.000 units | ❖ | 5,834 |
| Steelpath MLP Select 40 Fund Class Y | 2,797.000 units | ❖ | 34,632 |
| TCW Galileo Total Return MBS CL N | 1,850.000 units | ❖ | 19,688 |
| Thornburg Income Builder CL I | 4,647.000 units | ❖ | 97,625 |
| Virtus Mid Cap Value Fund CL A | 491.000 units | ❖ | 17,944 |
| Wasatch Core Growth | 264.000 units | ❖ | 15,143 |
| Weitz Partners Value | 231.000 units | ❖ | 7,836 |
| Weitz Value | 686.000 units | ❖ | 31,084 |
| Westcore Plus Bond Fund | 4,284.000 units | ❖ | 46,779 |
| Total Mutual Funds | | | 28,643,948 |
| TOTAL INVESTMENTS | | | $ 32,192,391 |

*Represents a party in interest*

*Cost omitted for participant directed investments*

*e above information has been certified by Fidelity Management Trust Company, the Trustee, as mplete and accurate*

*e accompanying notes are an integral part of this schedule.*

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

*FINANCIAL STATEMENTS AND*
*INDEPENDENT AUDITORS' REPORT*

December 31, 2014 and 2013

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

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December 31, 2014 and 2013


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October 12, 2015

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

## Independent Auditors' Report

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Lauren Corporation 401(k) and Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

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

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

#### *Auditor's Responsibility*

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

#### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate.

#### *Disclaimer of Opinion*

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

***Other Matter***

The supplemental Schedule of Assets Held for Investment Purposes as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements, other than that derived from the information certified or provided by the custodian, 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, 2014 | December 31, 2013 |
|---|---|---|
| ASSETS | | |
| Investments, at fair value | $ 31,504,401 | $ 28,405,499 |
| Receivables: | | |
| Participant loans | 687,990 | 892,146 |
| Employer contribution receivable | 34,456 | 1,370 |
| Employee contribution receivable | 79,095 | 0 |
| TOTAL ASSETS | $ 32,305,942 | $ 29,299,015 |
| LIABILITIES AND NET ASSETS | | |
| NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE | $ 32,305,942 | $ 29,299,015 |
| Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts | (14,737) | (13,994) |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 32,291,205 | $ 29,285,021 |

*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, 2014

| | | |
|---|---|---|
| ADDITIONS: | | |
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | $ | 64,448 |
| Interest and dividends | | 1,946,220 |
| Total Investment Income | | 2,010,668 |
| Interest income on notes receivable from participants | | 45,435 |
| Contributions: | | |
| Participants | | 2,483,414 |
| Employer | | 1,097,292 |
| Rollovers | | 205,363 |
| Total Contributions | | 3,786,069 |
| Total Additions | | 5,842,172 |
| DEDUCTIONS: | | |
| Deductions from net assets attributed to: | | |
| Benefits paid | | 2,826,530 |
| Administrative expenses | | 9,458 |
| Total Deductions | | 2,835,988 |
| NET INCREASE | | 3,006,184 |
| NET ASSETS AT BEGINNING OF YEAR | | 29,285,021 |
| NET ASSETS AT END OF YEAR | $ | 32,291,205 |

*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, 2014 and 2013

## 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 2014 is $17,500. 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 $23,000.

Participants may roll over amounts representing distributions from other qualified defined contribution plans.

### 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.

The Plan, as required by the Internal Revenue Code, includes special rules in years that the Plan is determined to be a "Top Heavy Plan". The Plan becomes a "Top Heavy Plan" when it allocates more than sixty percent (60%) of the contributions or benefits to "Key Employees". "Key Employees" are generally owners, officers, shareholders or highly compensated individuals. If the Plan becomes top heavy in any year, the Company is required to allocate three percent (3%) of applicable compensation for each employee to his or her participant account.

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.

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.

Forfeitures

At December 31, 2014 and 2013, forfeited non-vested accounts totaled $0 and $0, 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.

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.

As described in Financial Accounting Standards Board Staff Position ASC 962/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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

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 October 12, 2015, the date the financial statements were available to be issued.

Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board issued ASU 2015-07, Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent). The amendment removed the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The amendment also removed the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. The amendment is effective for fiscal years beginning after December 15, 2016 and is not expected to have a significant effect on the Plan's financial statements.

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.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that is more likely than would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. 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 2012.

## 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, 2014 and 2013, and for the year ended December 31, 2014, 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:

| | 2014 | 2013 |
|---|---|---|
| Mutual funds | $ 28,643,948 | $ 25,316,055 |
| Equities | 891,494 | 1,285,404 |
| Other investments | 68,129 | 86,050 |
| Fidelity Managed Income Portfolio at fair value | 1,008,224 | 928,407 |
| Adjustment from fair value to contract value | (14,737) | (13,994) |
| Common/Collective Trusts at contract value | 993,487 | 914,413 |
| Interest bearing cash | 892,606 | 789,583 |
| Participant notes receivable | 687,990 | 892,146 |
| Total | $ 32,177,654 | $ 29,283,651 |

Fidelity also certified to the completeness and accuracy of $64,448 of net appreciation in fair value of investments, $45,435 of loan interest and $1,946,220 of interest and dividends related to the aforementioned assets for the year ended December 31, 2014.

## 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* — Quoted prices for identical assets and liabilities traded in active exchange markets.

*Level 2* — Observable inputs other than Level 1 including quoted prices for similar assets or liabilities, quoted prices in less active markets, or other observable inputs that can be corroborated by observable market data.

*Level 3* — Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation; also includes observable inputs for nonbinding single dealer quotes not corroborated by observable market data.

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, 2014 and 2013. The following tables present separately those assets that represent 5% or more of the Plan's net assets.

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, 2014, and December 31, 2013.

*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 stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

*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.

*Interest bearing cash*: 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.

| | Assets at Fair Value as of December 31, 2014 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Equities: | | | | |
| Basic materials | $ 277,117 | $ - | $ - | $ 277,117 |
| Consumer goods | 172,736 | - | - | 172,736 |
| Financial | 161,615 | - | - | 161,615 |
| Healthcare | 31,812 | - | - | 31,812 |
| Industrial goods | 28,371 | - | - | 28,371 |
| Services | 15,091 | - | - | 15,091 |
| Technology | 94,373 | - | - | 94,373 |
| Utilities | 93,973 | - | - | 93,973 |
| Other | 16,406 | - | - | 16,406 |
| Mutual funds: | | | | |
| Large cap funds: | | | | |
| Fidelity Contrafund[2] | 3,777,164 | - | - | 3,777,164 |
| Fidelity Freedom 2020[2] | 2,887,737 | - | - | 2,887,737 |
| Fidelity Freedom 2030[2] | 2,189,097 | | | 2,189,097 |
| All other large cap funds | 12,318,300 | - | - | 12,318,300 |

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mid cap funds | 4,040,051 | - | - | 4,040,051 |
| Small cap funds: | | | | |
| Fidelity Small Cap Discovery[2] | 1,636,584 | - | - | 1,636,584 |
| All other small cap funds | 372,108 | - | - | 372,108 |
| Fixed income funds | 1,422,907 | - | - | 1,422,907 |
| Other Investments: | | | | |
| Real estate investment trusts | 64,503 | - | - | 64,503 |
| Partnerships | 3,626 | - | - | 3,626 |
| Other | 0 | - | - | 0 |
| Common/collective trusts: | | | | |
| Fidelity Managed Income Portfolio | - | 1,008,224 | - | 1,008,224 |
| Interest bearing cash[1] | 892,606 | - | - | 892,606 |
| Total assets at fair value | $ 30,496,177 | $ 1,008,224 | $ 0 | $ 31,504,401 |

[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, 2014

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $64,448 as follows:

| | |
|---|---|
| Equities | $ (84,451) |
| Mutual funds | 143,672 |
| Other investments | 5,227 |
| Total Investment Appreciation | $ 64,448 |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

| | Assets at Fair Value as of December 31, 2013 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Equities: | | | | |
| Basic materials | $ 478,991 | $ - | $ - | $ 478,991 |
| Consumer goods | 105,387 | - | - | 105,387 |
| Financial | 102,973 | - | - | 102,973 |
| Healthcare | 82,722 | - | - | 82,722 |
| Industrial goods | 136,610 | - | - | 136,610 |
| Services | 4,743 | - | - | 4,743 |
| Technology | 206,455 | - | - | 206,455 |
| Utilities | 149,650 | - | - | 149,650 |
| Other | 17,873 | - | - | 17,873 |
| Mutual funds: | | | | |
| Large cap funds: | | | | |
| Fidelity Contrafund[2] | 3,362,858 | - | - | 3,362,858 |
| Fidelity Freedom 2020[2] | 2,686,131 | - | - | 2,686,131 |
| Fidelity Freedom 2030[2] | 1,830,235 | | | 1,830,235 |
| All other large cap funds | 10,807,892 | - | - | 10,807,892 |
| Mid cap funds | 3,406,886 | - | - | 3,406,886 |

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Small cap funds: | | | | |
| Fidelity Small Cap Discovery[2] | 1,583,677 | - | - | 1,583,677 |
| All other small cap funds | 253,082 | - | - | 253,082 |
| Fixed income funds | 1,385,294 | - | - | 1,385,294 |
| Other Investments: | | | | |
| Real estate investment trusts | 66,058 | - | - | 66,058 |
| Partnerships | 7,060 | - | - | 7,060 |
| Other | 12,932 | - | - | 12,932 |
| Common/collective trusts: | | | | |
| Fidelity Managed Income Portfolio | - | 928,407 | - | 928,407 |
| Interest bearing cash[1] | 789,583 | - | - | 789,583 |
| Total assets at fair value | $ 27,477,092 | $ 928,407 | $ 0 | $ 28,405,499 |

[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, 2013

Because the guaranteed investment contract held in the collective trust is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Fidelity Management Trust Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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 | $1,008,224 | $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,:

| | 2014 | 2013 |
|---|---|---|
| Net assets available for benefits according to the financial statements | $ 32,291,205 | $ 29,285,021 |
| Adjustment from contract value to fair value for fully benefit-responsive investment contracts | 14,737 | 13,994 |
| Net assets available for benefits according to the Form 5500 | $ 32,305,942 | $ 29,299,015 |

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, 2014:

| | |
|---|---|
| Increase in net assets available for benefits according to the financial statements | $ 3,006,184 |
| Current year contract value adjustment | 743 |
| Increase in net assets available for benefits according to 5500 | $ 3,006,927 |

**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 $9,458 for the year ended December 31, 2014.

**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, 2014

| *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 | | | | | $ 687,990 |
| **Interest Bearing Cash:** | | | | | |
| Fidelity Retirement Money Market Portfolio | 740,845 | units | | | 740,845 |
| Fidelity Cash Reserves | 151,761 | units | | | 151,761 |
| Total Interest Bearing Cash | | | | | 892,606 |
| **Equities:** | | | | | |
| Abattis Biceuticals Corp. | 2,300 | units | ❖ | | 337 |
| Altria Group, Inc. | 236.000 | units | ❖ | | 11,644 |
| American Electric Power Co., Inc. | 444.000 | units | ❖ | | 26,934 |
| American Transportation Holdings, Inc. | 1.000 | units | ❖ | | 0 |
| Apple Computer, Inc. | 501.000 | units | ❖ | | 55,292 |
| AT&T, Inc. | 1,385.000 | units | ❖ | | 46,527 |
| Bank of America Corp. | 42.000 | units | ❖ | | 743 |
| Canon, Inc. | 700.000 | units | ❖ | | 22,162 |
| Centurytel, Inc. | 300.000 | units | ❖ | | 11,874 |
| Coca Cola Co. | 1,147.000 | units | ❖ | | 48,428 |
| Cohen & Steers Quality Income Realty | 644.000 | units | ❖ | | 7,847 |
| Devon Energy Corp | 1,000.000 | units | ❖ | | 61,210 |
| DIRECTV | 50.000 | units | ❖ | | 4,335 |
| Dominion Resources, Inc. | 264.000 | units | ❖ | | 20,306 |
| Eastman Chemical Co. | 900.000 | units | ❖ | | 68,274 |
| Enerplus Corp. | 926.000 | units | ❖ | | 8,886 |
| Entergy Corp. | 300.000 | units | ❖ | | 26,244 |
| Fifth Street Financial Corp. | 11,768.000 | units | ❖ | | 94,262 |
| First Financial Bankshares, Inc. | 647.000 | units | ❖ | | 19,323 |
| Ford Motor Co. | 1,000.000 | units | ❖ | | 15,500 |
| Freeport McMoran, Inc. | 750.000 | units | ❖ | | 17,520 |
| General Electric Co. | 213.000 | units | ❖ | | 5,371 |
| General Moly Inc. | 2,000.000 | units | ❖ | | 1,140 |
| Goldcorp Inc. | 53.000 | units | ❖ | | 987 |
| Growlife, Inc. | 11,000.000 | units | ❖ | | 220 |
| Hercules Offshore, Inc. | 1,858.000 | units | ❖ | | 1,858 |
| Hewlett-Packard Co. | 500.000 | units | ❖ | | 20,065 |
| HollyFrontier Corp. | 1,635.000 | units | ❖ | | 61,284 |
| InvenSense, Inc | 1,474.000 | units | ❖ | | 23,967 |
| Ishares S&P US Preferred Stock Index | 1,000.000 | units | ❖ | | 39,440 |
| Johnson & Johnson | 66.000 | units | ❖ | | 6,892 |
| Mattel, Inc. | 500.000 | units | ❖ | | 15,473 |
| McDonalds Corp. | 103.000 | units | ❖ | | 9,696 |
| National Oilwell Varco, Inc. | 52.000 | units | ❖ | | 3,432 |
| Now, Inc. | 12.000 | units | ❖ | | 309 |
| Patterson UTI Energy, Inc. | 1,000.000 | units | ❖ | | 16,590 |
| PDL Biopharma, Inc. | 1,000.000 | units | ❖ | | 7,710 |
| Penn West Petroleum LTD | 257.000 | units | ❖ | | 534 |
| Pfizer, Inc. | 800.000 | units | ❖ | | 24,920 |
| Plug Power, Inc. | 457.000 | units | ❖ | | 1,371 |
| Procter & Gamble Co. | 47.000 | units | ❖ | | 4,237 |
| Rite Aid Corp. | 141.000 | units | ❖ | | 1,060 |
| Seventy Seven Energy, Inc. | 189.000 | units | ❖ | | 1,022 |
| Southern Co. | 417.000 | units | ❖ | | 20,489 |
| Spdr Gold TR Gold SHS | 35.000 | units | ❖ | | 3,975 |
| Telstra Corp ADR | 100.000 | units | ❖ | | 2,443 |
| Tortoise Energy Cap Corp. | 510.000 | units | ❖ | | 22,341 |
| United Technologies Corp | 200.000 | units | ❖ | | 23,000 |
| Yamana Gold, Inc. | | | | | 4,020 |
| Total Equities | | | | | 891,494 |

*e 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, 2014

| *Identify of Issuer, Borrower, Lessor, or Similar Party* | *Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity* | *Cost* | *Current Value* |
|---|---|---|---|
| **Other Investments:** | | | |
| American Capital Agency Corp. | 6.000 units | ❖ | 135 |
| Annaly Capital Management Inc. | 2,170.000 units | ❖ | 23,462 |
| Armour Residential REIT, Inc. | 640.000 units | ❖ | 2,355 |
| Blackstone Group LP | 800.000 units | ❖ | 27,064 |
| CYS Investment, Inc. | 1,317.000 units | ❖ | 11,487 |
| Fidelity Managed Income Portfolio | 993,487.000 units | ❖ | 1,008,224 |
| Northern Tier Energy LLC | 1,317.000 units | ❖ | 3,626 |
| Total Other Investments | | | 1,076,353 |
| **Mutual Funds:** | | | |
| Accessor Frontier Markets Fund | 535.000 units | ❖ | 5,428 |
| Artisan International | 2,514.000 units | ❖ | 75,327 |
| Baron Asset Fund | 1,196.000 units | ❖ | 76,270 |
| Baron Growth Fund | 1,571.000 units | ❖ | 113,526 |
| Baron I Opportunity | 2,510.000 units | ❖ | 45,724 |
| Baron Small Cap Fund | 384.000 units | ❖ | 12,797 |
| Cohen & Steers Realty Shares | 844.000 units | ❖ | 64,869 |
| Fidelity Blue Chip Growth | 1,023.000 units | ❖ | 70,023 |
| Fidelity Canada | 556.000 units | ❖ | 29,228 |
| Fidelity Capital Appreciation Fund | 18,499.000 units | ❖ | 666,520 |
| Fidelity Contrafund | 38,554.000 units | ❖ | 3,777,164 |
| Fidelity Diversified International Fund | 38,618.000 units | ❖ | 1,330,406 |
| Fidelity Dividend Growth Fund | 39,026.000 units | ❖ | 1,304,255 |
| Fidelity Equity Income Fund | 13,759.000 units | ❖ | 816,849 |
| Fidelity Freedom 2005 | 16,952.000 units | ❖ | 203,252 |
| Fidelity Freedom 2010 | 23,722.000 units | ❖ | 365,081 |
| Fidelity Freedom 2015 | 29,190.000 units | ❖ | 368,091 |
| Fidelity Freedom 2020 | 188,004.000 units | ❖ | 2,887,737 |
| Fidelity Freedom 2025 | 117,684.000 units | ❖ | 1,546,370 |
| Fidelity Freedom 2030 | 135,716.000 units | ❖ | 2,189,097 |
| Fidelity Freedom 2035 | 49,422.000 units | ❖ | 655,334 |
| Fidelity Freedom 2040 | 123,987.000 units | ❖ | 1,158,036 |
| Fidelity Freedom 2045 | 41,032.000 units | ❖ | 431,251 |
| Fidelity Freedom 2050 | 71,342.000 units | ❖ | 754,085 |
| Fidelity Freedom 2055 | 4,006.000 units | ❖ | 46,826 |
| Fidelity Freedom Income | 47,519.000 units | ❖ | 550,265 |
| Fidelity Growth Company | 1,643.000 units | ❖ | 216,702 |
| Fidelity Intermediate Bond Fund | 124,102.000 units | ❖ | 1,356,440 |
| Fidelity Latin America | 1,757.000 units | ❖ | 41,798 |
| Fidelity Low Priced Stock | 2,128.000 units | ❖ | 106,942 |
| Fidelity Mid Cap Stock | 27,361.000 units | ❖ | 1,050,419 |
| Fidelity OTC Port | 56.000 units | ❖ | 4,450 |
| Fidelity Real Estate Investment Fund | 35,177.000 units | ❖ | 1,436,970 |
| Fidelity Select Industrial Materials | 30.000 units | ❖ | 2,294 |
| Fidelity Small Cap Discovery | 54,390.000 units | ❖ | 1,636,584 |
| Fidelity Small Cap Growth | 4,160.000 units | ❖ | 76,583 |
| Fidelity Spartan 500 Index Adv. | 14,185.000 units | ❖ | 1,033,408 |
| Fidelity Utilities | 2,156.000 units | ❖ | 52,021 |
| Harbor Capital Appreciation Inv CL | 225.000 units | ❖ | 12,899 |
| Hennessy Gas Utility Investor CL | 300.000 units | ❖ | 9,152 |
| Hodges Fund | 3,125.000 units | ❖ | 119,468 |
| Hodges Small Cap Fund | 6,549.000 units | ❖ | 127,961 |
| Jensen Portfolio, Inc. | 2,293.000 units | ❖ | 92,069 |
| Loomis Sayles Bond Retail Shares | 3,435.000 units | ❖ | 50,699 |
| Matthews Asian Growth & Income Fund | 2,726.000 units | ❖ | 49,088 |
| Mathews Pacific Tiger Fund | 3,009.000 units | ❖ | 79,948 |
| OakMark Fund | 1,434.000 units | ❖ | 95,202 |

*e 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, 2014

| *Identify of Issuer, Borrower, Lessor, or Similar Party* | *Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity* | *Cost* | *Current Value* |
|---|---|---|---|
| Pimco Emerging Mkts Bond Class D | 3.000 units | ❖ | 35 |
| Pimco Income FD CL D | 2,737.000 units | ❖ | 33,751 |
| Pimco Real Estate Real Return CL D | 1,615.000 units | ❖ | 5,847 |
| Pimco Total Return | 3,353.000 units | ❖ | 35,740 |
| Pimco Total Return Class D | 2,767.000 units | ❖ | 29,495 |
| Pimco Unconstrained BD Instl Class | 2,668.000 units | ❖ | 29,832 |
| RDGWTH Mid Cap Val 1 | 72,628.000 units | ❖ | 994,274 |
| Royce 100 Fund Investment Class | 3,810.000 units | ❖ | 32,953 |
| Rydex Large Cap Value H CL | 71.000 units | ❖ | 10,548 |
| SSGA Tuckerman Active REIT | 350.000 units | ❖ | 5,834 |
| Steelpath MLP Select 40 Fund Class Y | 2,797.000 units | ❖ | 34,632 |
| TCW Galileo Total Return MBS CL N | 1,850.000 units | ❖ | 19,688 |
| Thornburg Income Builder CL I | 4,647.000 units | ❖ | 97,625 |
| Virtus Mid Cap Value Fund CL A | 491.000 units | ❖ | 17,944 |
| Wasatch Core Growth | 264.000 units | ❖ | 15,143 |
| Weitz Partners Value | 231.000 units | ❖ | 7,836 |
| Weitz Value | 686.000 units | ❖ | 31,084 |
| Westcore Plus Bond Fund | 4,284.000 units | ❖ | 46,779 |
| Total Mutual Funds | | | 28,643,948 |
| TOTAL INVESTMENTS | | | $ 32,192,391 |

*Represents a party in interest*

*Cost omitted for participant directed investments*

*e above information has been certified by Fidelity Management Trust Company, the Trustee, as mplete and accurate*

*e accompanying notes are an integral part of this schedule.*