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 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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

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.	10/15/2018	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

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	530
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)**	322
a(2) Total number of active participants at the end of the plan year	**6a(2)**	208
b Retired or separated participants receiving benefits	**6b**	3
c Other retired or separated participants entitled to future benefits	**6c**	188
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	399
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	399
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	300
h Number of participants who 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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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 disclosures on eligible indirect compensation

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	7990	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.
WESTCORE PLUS BOND FUND	REPUBLIC PLAZA 370 17TH STREET SUIT 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.
WESTCORE SMALL CAP VALUE DIVIDEND F	REPUBLIC PLAZA 370 17TH STREET SUIT DENVER, CO 80202	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 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 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.
WASATCH CORE GROWTH	505 WAKARA WAY SUITE 300 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.
THORNBURG INV INCOME BUILDER FUND C	2300 NORTH RIDGETOP RD SANTA FE, NM 87506	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.
THORNBURG INCOME BUILDER CL I	2300 NORTH RIDGETOP RD SANTA FE, NM 87506	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TCW TOTAL RETURN BOND CLASS N	865 SOUTH FIGUERA STREET 22ND FLOOR 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.
OPPENHEIMERSTEELPATHMLP SELECT 40 C	6801 SOUTH TUCSON WAY ENGLEWOOD, CO 80112	$16.50

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE SMALL CAP LEADER FD SERVICE C 745 FIFTH AVENUE SUITE 2400 NEW YORK, NY 10151	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 SMALL CAP FUND RETAIL 2905 MAPLE AVENUE 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 DALLAS, TX 75201	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 INCOME FUND CL 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.
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%

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 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.
JENSEN QUALITY GROWTH FD CL J	811 E. WISCONSIN AVE 8TH FLOOR 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.
HENNESSY GAS UTILITYINVESTOR CL	7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	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.
OAKMARK FUND INVESTOR CLASS	111 SOUTH WACKER DR. 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 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.
COHEN & STEERS PREF SECURITIES INC	280 PARK AVENUE 10TH FLOOR NEW YORK, NY 10017	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 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 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 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 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 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.
ARTISAN INTERNATL INVESTOR CLASS	875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	0.39%

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.
AMERICAN CENTURY EQUITY INCOME INV 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	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.
VRTS C MDCP VAL EQ I - VIRTUS FUND 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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	1414403

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1108401	1145885
(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)	631966	411888
(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)	676288	473365
(9) Value of interest in common/collective trusts	1c(9)	1233077	1414403
(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)	26998176	27836617
(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**	30647908	31282158
	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**	30647908	31282158

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)**	439738	
	(B) Participants	**2a(1)(B)**	876550	
	(C) Others (including rollovers)	**2a(1)(C)**	4074	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		1320362
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	5386	
	(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)**	35447	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		40833
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	14671	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	1836980	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		1851651
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	1157925	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	1163646	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-5721
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	38369	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		38369

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8635
(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)		2778065
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		6032194
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5389297	
(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)		5389297
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
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)	2147	
(4) Other	2i(4)	6500	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8647
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5397944
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		634250
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	0
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? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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 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): _____

---

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 H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2017

Description of transaction	*Amount on Schedule H, Part IV Line 4a*	*Lost Interest*
January 6, 2017 Participant Salary Deferral was not timely remitted to Plan.	$ 2,066	$ 2
January 20, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,636	2
February 3, 2017 Participant Salary Deferral was not timely remitted to Plan.	3,036	3
February 17, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,692	2
March 3, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,621	3
March 17, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,582	2
March 31, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,829	3
April 14, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,369	2
April 28, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,590	4
May 5, 2017 Participant Salary Deferral was not timely remitted to Plan.	49,817	35
May 12, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,607	2
May 22, 2017 Participant Salary Deferral was not timely remitted to Plan.	145	1
May 23, 2017 Participant Salary Deferral was not timely remitted to Plan.	78	1
May 26, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,651	2
June 9, 2017 Participant Salary Deferral was not timely remitted to Plan.	3,688	3
June 20, 2017 Participant Salary Deferral was not timely remitted to Plan.	551	2
June 23, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,415	4
July 7, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,636	2
July 21, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,495	2
August 4, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,491	2
August 18, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,719	2
September 1, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,911	3
September 15, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,310	2
September 29, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,310	2
October 13 2017 Participant Salary Deferral was not timely remitted to Plan.	3,504	3
October 27, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,364	2

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

SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONT.)

Year Ended December 31, 2017

Description of transaction	*Amount on Schedule H, Part IV Line 4a*	*Lost Interest*
November 10, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,474	2
November 24, 2017 Participant Salary Deferral was not timely remitted to Plan.	3,534	3
December 8, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,567	2
December 22, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,455	2
	$ 120,143	$ 102

The 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, 2017 and 2016

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

CONTENTS

December 31, 2017 and 2016

	Page
Financial Statements:	
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-13
Supplementary Information:	
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)	14
Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions	16

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October 15, 2018

The Plan Administrator
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, 2017 and 2016, the related statement of changes in net assets available for benefits for the year ended December 31, 2017, 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 3**, 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, 2017 and 2016, and for the year ended December 31, 2017, 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 H, Part IV, Line 4i–Schedule of Assets (Held at End of Year) as of December 31, 2017 and Schedule H, Part IV, Line 4j–Schedule of Delinquent Participant Contributions for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are 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 schedules.

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

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



Certified Public Accountants

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2017	December 31, 2016
ASSETS		
Investments, at fair value	$ 30,812,833	$ 29,968,592
Receivables:		
Notes receivable from participants	480,420	676,288
Employer contribution receivable	14,610	19,088
Employee contribution receivable	36,995	37,649
Total Receivables	532,025	733,025
TOTAL ASSETS	$ 31,344,858	$ 30,701,617
LIABILITIES AND NET ASSETS		
TOTAL LIABILITIES	$ -	$ -
NET ASSETS AVAILABLE FOR BENEFITS	$ 31,344,858	$ 30,701,617

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, 2017

ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	2,826,415
Interest and dividends		1,857,037
Interest income on notes receivable from participant		35,951
Total Investment Gain		4,719,403
Contributions:		
Participant		875,896
Employer		435,261
Rollover		4,074
Total Contributions		1,315,231
Total Additions		6,034,634
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants		5,382,746
Administrative expenses		8,647
Total Deductions		5,391,393
NET INCREASE		643,241
NET ASSETS AT BEGINNING OF YEAR		30,701,617
NET ASSETS AT END OF YEAR	$	31,344,858

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, 2017 and 2016

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 (collectively "Employer" or "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 may enter the Plan at the beginning of the next month after the eligibility requirements are met. Employees become eligible for employer matching contributions upon attainment of age twenty-one (21) and performing a minimum of one (1) year of service.

Employee Contributions

Participants in the Plan may elect to have compensation deferred through payroll deductions. The maximum contribution amount for 2017 is $18,000. An added contribution up to $6,000 in salary deferral catch-up is allowed for those 50 or older, for a total possible contribution of $24,000.

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. The discretionary contribution and the allocation thereof shall be unrelated to any employee contributions made hereunder. Forfeitures may be used to pay administrative expenses of the Plan or to reduce any employer contribution.

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 may be required to make an additional contribution with a special vesting schedule to non-key employees.

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.

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.

Forfeiture Accounts

At December 31, 2017 and 2016, forfeited non-vested accounts totaled $0 and $515, respectively. These accounts are used first to reduce employer-matching contributions; employer contributions were reduced by $1,134 from forfeited non-vested accounts during 2017.

Notes Receivable from Participants

All participants may borrow from their accounts a minimum of $1,000 up to a maximum of the lesser of one half (1/2) of their vested balance or $50,000 reduced by the higher outstanding loan balance in their account during the prior twelve month period and a maximum of two (2) loans outstanding at any given time. 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, 2017 or 2016. 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

On termination of service due to death, disability or retirement, or for any other reason a participant may request a distribution and will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Vesting

Employee elective deferrals and after-tax employee contributions are always one hundred percent (100%) vested. Employer matching contributions are vested 100%. The vesting schedule for any employer discretionary contributions, granted that at least one thousand (1,000) hours are worked during the plan year, is as follows:

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

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 fully terminate the Plan subject to the provisions of ERISA. In the event of a full Plan termination, participants will become one hundred percent (100%) vested in their accounts.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefit and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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. The Plan determines the Plan's valuation policies utilizing information provided by the investment advisor and trustee. See **NOTE 4** for discussion of fair value measurements.

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

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements and totaled $19,000 for the year ended December 31, 2017. Administrative functions are performed by officers or employees of the Company, but receive no compensation from the Plan. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board issued ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent).* The amendments in this Update remove 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. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of financial position. The amendments also remove 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. The amendments in this Update are effective for public business entities for fiscal years beginning after December 15, 2015. For all other entities, the amendments in this update are effective for fiscal years beginning after December 15, 2016. Upon adoption, the amendments shall be applied retrospectively to all periods presented. The Plan adopted this Update for the 2016 plan year.

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: INFORMATION CERTIFIED AND PROVIDED BY FIDELITY MANAGEMENT TRUST COMPANY, UNAUDITED

The following is a summary of the Plan's asset information as of December 31, 2017 and 2016, and for the year ended December 31, 2017, 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 investments 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:

	2017	2016
Investments at fair value:		
Mutual funds	$ 27,723,496	$ 26,971,325
Equities	411,888	631,971
Other investments	113,121	26,845
Common/collective trusts	1,418,443	1,230,050
Interest bearing cash	1,145,885	1,108,401
Total investments	$ 30,812,833	$ 29,968,592
Participant notes receivable	$ 480,420	$ 676,288

Fidelity Management Trust Company also certified to the completeness and accuracy of $2,826,415 of net appreciation in fair value of investments, $35,951 of loan interest and $1,857,037 of interest and dividends related to the aforementioned assets for the year ended December 31, 2017.

NOTE 4: FAIR VALUE MEASUREMENTS

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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, 2017, and December 31, 2016.

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.

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

Common/collective trusts: Valued using net asset value ("NAV") as a practical expedient for fair value calculated at the net asset value 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.

Other investments: 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.

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Equities	$ 411,888	$ -	$ -	$ 411,888
Mutual funds	27,723,496	-	-	27,723,496
Other investments	113,121	-	-	113,121
Interest bearing cash[1]	1,145,885	-	-	1,145,885
Total	$ 29,394,390	$ -	$ -	$ 29,394,390
Investments measured at net asset value per share practical expedient[2]				1,418,443
Total Investments at fair value				$ 30,812,833

[1] Based on nature and risks, Plan has determined presenting as a single class is appropriate

[2] In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of financial position.

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Equities	$ 631,971	$ -	$ -	$ 631,971
Mutual funds	26,971,325	-	-	26,971,325
Other investments	26,845	-	-	26,845
Interest bearing cash[1]	1,108,401	-	-	1,108,401
Total	$ 28,738,542	$ -	$ -	$ 28,738,542
Investments measured at net asset value per share practical expedient[2]				1,230,050
Total Investments at fair value				$ 29,968,592

[1] Based on nature and risks, Plan has determined presenting as a single class is appropriate

[2] In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of financial position.

The following tables summarize investments for which fair value is measured using the net asset value (NAV) per share practical expedient as of December 31, 2017 and 2016:

	2017			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/collective trusts[1]	$1,418,443	$0	Daily	Daily

1) The common/collective trust invests in a commingled pool sponsored by Fidelity Management Trust Company and seeks to preserve capital and achieve a competitive level of income over time. 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.

	2016			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/collective trusts[1]	$1,230,050	$0	Daily	Daily

1) The common/collective trust invests in a commingled pool sponsored by Fidelity Management Trust Company and seeks to preserve capital and achieve a competitive level of income over time. 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.

NOTE 5: PARTIES-IN-INTEREST

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 $8,647 for the year ended December 31, 2017. Additional investment fees paid to parties in interest are netted against investment returns.

NOTE 6: INCOME TAX MATTERS

Effective November 1, 2002, 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 amended, 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 not 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.

NOTE 7: SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through October 15, 2018, the date the financials were available to be issued.

NOTE 8: RISKS AND UNCERTAINTIES

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

NOTE 9: PROHIBITED TRANSACTIONS

During 2017, the Plan sponsor inadvertently failed to deposit approximately $120,143 of participant contributions and loan repayments within the required timeframe as stated by the United States Department of Labor regulations. The Plan sponsor reimbursed the plan for lost interest in the amount of $102. The Plan sponsor intends to file Form 5330 and pay the applicable excise tax, if any, to the IRS. The correction and any excise taxes, if applicable, will be made from the Plan sponsor's assets and not from assets of the Plan.

NOTE 10: 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,:

	2017	2016
Net assets available for benefits according to the financial statements	$ 31,344,858	$ 30,701,617
Difference in NAV practical expedient to fair value used on 5500	(4,040)	3,028
Notes receivable deemed distributed on 5500	(7,055)	-
Adjustment for receivables not recorded on 5500	(51,605)	(56,737)
Net assets available for benefits according to the Form 5500	$ 31,282,158	$ 30,647,908

Notes receivable from participants totaled $480,420 on the Statement of Net Assets Available for Benefits at December 31, 2017 and $473,365 on the Form 5500. The difference of $7,055 relates to notes receivable deemed distributed for purposes of the Form 5500, but not for the financial statements.

Investments totaled $30,812,833 on the Statement of Net Assets Available for Benefits at December 31, 2017 and $30,808,793 on the Form 5500. The difference of $4,040 relates to a difference in the value of common/collective trusts due to NAV being used as a practical expedient of fair value.

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, 2017:

Increase in net assets available for benefits according to the financial statements	$	643,241
Com./Coll. trust gain due to NAV valuation		(7,067)
Adjustment for contributions receivable not recorded on 5500		5,131
Adjustment for notes receivable deemed distributed on 5500		(6,551)
Interest on delinquent notes receivable		(504)
Increase in net assets available for benefits according to the Form 5500	$	634,250
Net appreciation in fair value of investments according to the financial statements	$	2,826,415
Interest income on delinquent notes receivable		(7,067)
Net appreciation in fair value of investments according to the Form 5500	$	2,819,348
Employer contributions according to the financial statements	$	435,261
Prior year contributions receivable		19,088
Current year contributions receivable		(14,610)
Other Miscellaneous		(1)
Employer contributions according to the Form 5500	$	439,738
Participant contributions according to the financial statements	$	875,896
Prior year contributions receivable		37,649
Current year contributions receivable		(36,995)
Participant contributions according to the Form 5500	$	876,550
Interest income on notes receivable from participants according to the financial statements	$	35,951
Interest income on delinquent notes receivable		(504)
Interest income on notes receivable from participants according to the Form 5500	$	35,447
Distributions according to the financial statements	$	5,382,746
Deemed loans incorrectly shown as distributions in prior year		6,551
Distributions according to the Form 5500	$	5,389,297

NOTE 11: PARTIAL PLAN TERMINATION

In 2016, the Company downsized its operations which resulted in a partial plan termination. Vesting for the affected participants was not affected as all contributions to the plan were already immediately vested upon deposit into the plan.

SUPPLEMENTARY INFORMATION

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

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

December 31, 2017

	Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity*	*Cost*	*Current Value*
	Interest Bearing Cash:			
*	Fidelity Management Trust Company	Fidelity Government Money Market (860,860 units)	❖	860,860
*	Fidelity Management Trust Company	Fidelity Cash Reserves (285,025 units)	❖	285,025
	Total Interest Bearing Cash			1,145,885
	Equities:			
	Abattis Biceuticals Corp.	Abattis Biceuticals Corp. (2,300 units)	❖	1,009
	Altria Group, Inc.	Altria Group, Inc. (265 units)	❖	18,895
	American Electric Power Co., Inc.	American Electric Power Co., Inc. (494 units)	❖	36,353
	Andeavor	Andeavor (65 units)	❖	7,454
	Apple Computer, Inc.	Apple Computer, Inc. (307 units)	❖	51,885
	AT&T, Inc.	AT&T, Inc. (1,915 units)	❖	74,458
	Bank of America Corp.	Bank of America Corp. (13 units)	❖	379
	California Water Svc Grp Hldg Co.	California Water Svc Grp Hldg Co. (207 units)	❖	9,403
	Coca Cola Co.	Coca Cola Co. (713 units)	❖	32,724
	Dominion Resources, Inc.	Dominion Resources, Inc. (150 units)	❖	12,159
	Enerplus Corp.	Enerplus Corp. (800 units)	❖	7,832
	First Financial Bankshares, Inc.	First Financial Bankshares, Inc. (685 units)	❖	30,870
	General Electric Co.	General Electric Co. (732 units)	❖	12,774
	Goldcorp, Inc.	Goldcorp, Inc. (56 units)	❖	709
	Growlife, Inc.	Growlife, Inc. (11,000 units)	❖	362
	HollyFrontier Corp.	HollyFrontier Corp. (121 units)	❖	6,218
	Jaguar Health, Inc.	Jaguar Health, Inc. (2,200 units)	❖	307
	Johnson & Johnson	Johnson & Johnson (72 units)	❖	10,003
	McDonalds Corp.	McDonalds Corp. (113 units)	❖	19,476
	National Oilwell Varco, Inc.	National Oilwell Varco, Inc. (56 units)	❖	2,019
	Now, Inc.	Now, Inc. (12 units)	❖	132
	Seadrill LTD	Seadrill LTD (80 units)	❖	18
	Southern Co.	Southern Co. (300 units)	❖	14,427
	Transocean LTD	Transocean LTD (38 units)	❖	401
	Visa, Inc.	Visa, Inc. (450 units)	❖	51,255
	Wal-Mart stores, Inc	Wal-Mart stores, Inc (105 units)	❖	10,366
	Total Equities			411,888
	Other Investments:			
	Annaly Capital Management, Inc.	Annaly Capital Management, Inc. (800 units)	❖	9,512
	Armour Residential REIT, Inc.	Armour Residential REIT, Inc. (1,119 units)	❖	28,782
	CYS Investment, Inc.	CYS Investment, Inc. (800 units)	❖	6,424
	Nuveen Quality Preferred Income Fund	Nuveen Quality Preferred Income Fund 2 (4,586 units)	❖	46,780
	SPDR Gold Shares	SPDR Gold TR Gold Shares (85 units)	❖	10,510
	Tortoise Energy Inftrastructure Corp	Tortoise Energy Inftrastructure Corp (374 units)	❖	10,876
	Whitestone REIT	Whitestone REIT CL B Shs Ben Int (16 units)	❖	237
	Total Other Investments			113,121
	Common/Collective Trusts			
*	Fidelity Management Trust Company	Managed Income Portfolio Class 1 (1,418,443 units)	❖	1,414,403
	Total Common/Collective Trusts			1,414,403
	Mutual Funds:			
	American Century Capital Portfolios, Inc.	American Century Equity Income (1,400 units)	❖	12,473
	Artisan Funds, Inc.	Artisan International (1,915 units)	❖	63,814
	Baron Investment Funds Trust	Baron Asset Fund (1,498 units)	❖	102,109
	Baron Investment Funds Trust	Baron Growth Fund (1,744 units)	❖	118,005
	Baron Investment Funds Trust	Baron I Opportunity (2,047 units)	❖	34,801
	Baron Investment Funds Trust	Baron Small Cap Fund (515 units)	❖	14,593
	Cohen & Steers	Cohen & Steers Pref Securities & Income A (476 units)	❖	6,730
	Cohen & Steers	Cohen & Steers Realty Shares (1,143 units)	❖	73,624

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

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

December 31, 2017

	Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity*	*Cost*	*Current Value*
*	Fidelity Management Trust Company	Fidelity Blue Chip Growth (1,205 units)	❖	105,793
*	Fidelity Management Trust Company	Fidelity Canada (587 units)	❖	32,081
*	Fidelity Management Trust Company	Fidelity Capital Appreciation Fund (13,722 units)	❖	483,015
*	Fidelity Management Trust Company	Fidelity Contrafund (33,107 units)	❖	4,054,600
*	Fidelity Management Trust Company	Fidelity Diversified International Fund (28,807 units)	❖	1,152,857
*	Fidelity Management Trust Company	Fidelity Dividend Growth Fund (23,098 units)	❖	758,321
*	Fidelity Management Trust Company	Fidelity Equity Income Fund (5,538 units)	❖	336,082
*	Fidelity Management Trust Company	Fidelity Freedom Income K (8,994 units)	❖	105,767
*	Fidelity Management Trust Company	Fidelity Freedom 2005 K (4,415 units)	❖	55,360
*	Fidelity Management Trust Company	Fidelity Freedom 2010 K (41,766 units)	❖	669,923
*	Fidelity Management Trust Company	Fidelity Freedom 2015 K (44,256 units)	❖	591,263
*	Fidelity Management Trust Company	Fidelity Freedom 2020 K (105,812 units)	❖	1,751,191
*	Fidelity Management Trust Company	Fidelity Freedom 2025 K (95,406 units)	❖	1,371,932
*	Fidelity Management Trust Company	Fidelity Freedom 2030 K (142,655 units)	❖	2,572,072
*	Fidelity Management Trust Company	Fidelity Freedom 2035 K (70,274 units)	❖	1,068,865
*	Fidelity Management Trust Company	Fidelity Freedom 2040 K (108,824 units)	❖	1,163,325
*	Fidelity Management Trust Company	Fidelity Freedom K 2045 (49,667 units)	❖	601,468
*	Fidelity Management Trust Company	Fidelity Freedom K 2050 (67,163 units)	❖	817,374
*	Fidelity Management Trust Company	Fidelity Freedom K 2055 (22,874 units)	❖	313,829
*	Fidelity Management Trust Company	Fidelity Freedom K 2060 (4,530 units)	❖	55,358
*	Fidelity Management Trust Company	Fidelity Growth Company (1,896 units)	❖	338,774
*	Fidelity Management Trust Company	Fidelity Intermediate Bond Fund (115,777 units)	❖	1,250,392
*	Fidelity Management Trust Company	Fidelity Low Priced Stock (2,068 units)	❖	112,745
*	Fidelity Management Trust Company	Fidelity Mid Cap Stock (38,127 units)	❖	1,457,210
*	Fidelity Management Trust Company	Fidelity Real Estate Investment (24,314 units)	❖	1,016,320
*	Fidelity Management Trust Company	Fidelity Select Defense & Aerospace (558 units)	❖	93,142
*	Fidelity Management Trust Company	Fidelity Small Cap Discovery (55,046 units)	❖	1,646,416
*	Fidelity Management Trust Company	Fidelity Small Cap Growth (5,236 units)	❖	129,496
*	Fidelity Management Trust Company	Fidelity Spartan 500 Index (12,250 units)	❖	1,144,745
*	Fidelity Management Trust Company	Fidelity Utilities (2,164 units)	❖	56,537
	Harbor Funds	Harbor Capital Appreciation Inv. CL (189 units)	❖	12,628
	Hennessy Funds Trust	Hennessy Gas Utility Investor CL (339 units)	❖	9,985
	U.S. Bancorp Fund Services	Hodges Fund (2,818 units)	❖	139,661
	U.S. Bancorp Fund Services	Hodges Small Cap Fund (6,366 units)	❖	123,364
	Jensen Portfolio, Inc.	Jensen Portfolio, Inc. (2,069 units)	❖	96,515
	Loomis Sayles Funds I	Loomis Sayles Bond Retail Shares (3,998 units)	❖	54,735
	Four Embarcadero Center	Matthews Asian Growth & Income Fund (2,855 units)	❖	49,843
	Four Embarcadero Center	Mathews Pacific Tiger Fund (2,691 units)	❖	85,201
	Harris Associates LP	OakMark Fund (1,237 units)	❖	104,315
	PIMCO Investments LLC	PIMCO GNMA Institutional (7,147 units)	❖	78,833
	PIMCO Investments LLC	PIMCO Income FD CL D (6,218 units)	❖	77,172
	PIMCO Investments LLC	PIMCO Total Return (3,782 units)	❖	38,846
	Virtus Asset Trust	Virtus Ceredex Mid-Cap Value Equity I (64,261 units)	❖	813,544
	The Royce Funds	Royce 100 Fund Investment Class (4,316 units)	❖	28,446
	Steelpath MLP Funds Trust	Steelpath MLP Select 40 Fund Class Y (2,081 units)	❖	18,106
	TWC	TCW Galileo Total Return MBS CL N (2,022 units)	❖	20,683
	Thornburg Investment Trust	Thornburg Inv. Income Builder Fund CL A (1,026 units)	❖	22,506
	Thornburg Investment Trust	Thornburg Income Builder CL I (5,304 units)	❖	117,228
	Wasatch Funds Trust	Wasatch Core Growth (172 units)	❖	11,737
	Weitz Funds	Weitz Partners Value (305 units)	❖	9,589
	Weitz Funds	Weitz Value (301 units)	❖	12,846
	Alps Fund Services, Inc.	Westcore Small Cap Value Fund (1,013 units)	❖	10,816
	Alps Fund Services, Inc.	Westcore Plus Bond Fund (5,088 units)	❖	54,495
	Total Mutual Funds			27,723,496
*	Participants	Loans (interest rates of 6.25-6.50%, maturity of 1-7 years)		$ 473,365
	TOTAL INVESTMENTS			$ 31,282,158

* *Represents a party in interest*

❖ *Cost omitted for participant directed investments*

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

The accompanying notes are an integral part of this schedule.

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

SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2017

Description of transaction	*Amount on Schedule H, Part IV Line 4a*	*Lost Interest*
January 6, 2017 Participant Salary Deferral was not timely remitted to Plan.	$ 2,066	$ 2
January 20, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,636	2
February 3, 2017 Participant Salary Deferral was not timely remitted to Plan.	3,036	3
February 17, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,692	2
March 3, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,621	3
March 17, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,582	2
March 31, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,829	3
April 14, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,369	2
April 28, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,590	4
May 5, 2017 Participant Salary Deferral was not timely remitted to Plan.	49,817	35
May 12, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,607	2
May 22, 2017 Participant Salary Deferral was not timely remitted to Plan.	145	1
May 23, 2017 Participant Salary Deferral was not timely remitted to Plan.	78	1
May 26, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,651	2
June 9, 2017 Participant Salary Deferral was not timely remitted to Plan.	3,688	3
June 20, 2017 Participant Salary Deferral was not timely remitted to Plan.	551	2
June 23, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,415	4
July 7, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,636	2
July 21, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,495	2
August 4, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,491	2
August 18, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,719	2
September 1, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,911	3
September 15, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,310	2
September 29, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,310	2
October 13 2017 Participant Salary Deferral was not timely remitted to Plan.	3,504	3
October 27, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,364	2

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

SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONT.)

Year Ended December 31, 2017

Description of transaction	*Amount on Schedule H, Part IV Line 4a*	*Lost Interest*
November 10, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,474	2
November 24, 2017 Participant Salary Deferral was not timely remitted to Plan.	3,534	3
December 8, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,567	2
December 22, 2017 Participant Salary Deferral was not timely remitted to Plan.	2,455	2
	$ 120,143	$ 102

The accompanying notes are an integral part of this schedule.

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

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

December 31, 2017

	Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity*	*Cost*	*Current Value*
	Interest Bearing Cash:			
*	Fidelity Management Trust Company	Fidelity Government Money Market (860,860 units)	❖	860,860
*	Fidelity Management Trust Company	Fidelity Cash Reserves (285,025 units)	❖	285,025
	Total Interest Bearing Cash			1,145,885
	Equities:			
	Abattis Biceuticals Corp.	Abattis Biceuticals Corp. (2,300 units)	❖	1,009
	Altria Group, Inc.	Altria Group, Inc. (265 units)	❖	18,895
	American Electric Power Co., Inc.	American Electric Power Co., Inc. (494 units)	❖	36,353
	Andeavor	Andeavor (65 units)	❖	7,454
	Apple Computer, Inc.	Apple Computer, Inc. (307 units)	❖	51,885
	AT&T, Inc.	AT&T, Inc. (1,915 units)	❖	74,458
	Bank of America Corp.	Bank of America Corp. (13 units)	❖	379
	California Water Svc Grp Hldg Co.	California Water Svc Grp Hldg Co. (207 units)	❖	9,403
	Coca Cola Co.	Coca Cola Co. (713 units)	❖	32,724
	Dominion Resources, Inc.	Dominion Resources, Inc. (150 units)	❖	12,159
	Enerplus Corp.	Enerplus Corp. (800 units)	❖	7,832
	First Financial Bankshares, Inc.	First Financial Bankshares, Inc. (685 units)	❖	30,870
	General Electric Co.	General Electric Co. (732 units)	❖	12,774
	Goldcorp, Inc.	Goldcorp, Inc. (56 units)	❖	709
	Growlife, Inc.	Growlife, Inc. (11,000 units)	❖	362
	HollyFrontier Corp.	HollyFrontier Corp. (121 units)	❖	6,218
	Jaguar Health, Inc.	Jaguar Health, Inc. (2,200 units)	❖	307
	Johnson & Johnson	Johnson & Johnson (72 units)	❖	10,003
	McDonalds Corp.	McDonalds Corp. (113 units)	❖	19,476
	National Oilwell Varco, Inc.	National Oilwell Varco, Inc. (56 units)	❖	2,019
	Now, Inc.	Now, Inc. (12 units)	❖	132
	Seadrill LTD	Seadrill LTD (80 units)	❖	18
	Southern Co.	Southern Co. (300 units)	❖	14,427
	Transocean LTD	Transocean LTD (38 units)	❖	401
	Visa, Inc.	Visa, Inc. (450 units)	❖	51,255
	Wal-Mart stores, Inc	Wal-Mart stores, Inc (105 units)	❖	10,366
	Total Equities			411,888
	Other Investments:			
	Annaly Capital Management, Inc.	Annaly Capital Management, Inc. (800 units)	❖	9,512
	Armour Residential REIT, Inc.	Armour Residential REIT, Inc. (1,119 units)	❖	28,782
	CYS Investment, Inc.	CYS Investment, Inc. (800 units)	❖	6,424
	Nuveen Quality Preferred Income Fund	Nuveen Quality Preferred Income Fund 2 (4,586 units)	❖	46,780
	SPDR Gold Shares	SPDR Gold TR Gold Shares (85 units)	❖	10,510
	Tortoise Energy Inftrastructure Corp	Tortoise Energy Inftrastructure Corp (374 units)	❖	10,876
	Whitestone REIT	Whitestone REIT CL B Shs Ben Int (16 units)	❖	237
	Total Other Investments			113,121
	Common/Collective Trusts			
*	Fidelity Management Trust Company	Managed Income Portfolio Class 1 (1,418,443 units)	❖	1,414,403
	Total Common/Collective Trusts			1,414,403
	Mutual Funds:			
	American Century Capital Portfolios, Inc.	American Century Equity Income (1,400 units)	❖	12,473
	Artisan Funds, Inc.	Artisan International (1,915 units)	❖	63,814
	Baron Investment Funds Trust	Baron Asset Fund (1,498 units)	❖	102,109
	Baron Investment Funds Trust	Baron Growth Fund (1,744 units)	❖	118,005
	Baron Investment Funds Trust	Baron I Opportunity (2,047 units)	❖	34,801
	Baron Investment Funds Trust	Baron Small Cap Fund (515 units)	❖	14,593
	Cohen & Steers	Cohen & Steers Pref Securities & Income A (476 units)	❖	6,730
	Cohen & Steers	Cohen & Steers Realty Shares (1,143 units)	❖	73,624

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

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

December 31, 2017

	Identify of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity*	*Cost*	*Current Value*
*	Fidelity Management Trust Company	Fidelity Blue Chip Growth (1,205 units)	❖	105,793
*	Fidelity Management Trust Company	Fidelity Canada (587 units)	❖	32,081
*	Fidelity Management Trust Company	Fidelity Capital Appreciation Fund (13,722 units)	❖	483,015
*	Fidelity Management Trust Company	Fidelity Contrafund (33,107 units)	❖	4,054,600
*	Fidelity Management Trust Company	Fidelity Diversified International Fund (28,807 units)	❖	1,152,857
*	Fidelity Management Trust Company	Fidelity Dividend Growth Fund (23,098 units)	❖	758,321
*	Fidelity Management Trust Company	Fidelity Equity Income Fund (5,538 units)	❖	336,082
*	Fidelity Management Trust Company	Fidelity Freedom Income K (8,994 units)	❖	105,767
*	Fidelity Management Trust Company	Fidelity Freedom 2005 K (4,415 units)	❖	55,360
*	Fidelity Management Trust Company	Fidelity Freedom 2010 K (41,766 units)	❖	669,923
*	Fidelity Management Trust Company	Fidelity Freedom 2015 K (44,256 units)	❖	591,263
*	Fidelity Management Trust Company	Fidelity Freedom 2020 K (105,812 units)	❖	1,751,191
*	Fidelity Management Trust Company	Fidelity Freedom 2025 K (95,406 units)	❖	1,371,932
*	Fidelity Management Trust Company	Fidelity Freedom 2030 K (142,655 units)	❖	2,572,072
*	Fidelity Management Trust Company	Fidelity Freedom 2035 K (70,274 units)	❖	1,068,865
*	Fidelity Management Trust Company	Fidelity Freedom 2040 K (108,824 units)	❖	1,163,325
*	Fidelity Management Trust Company	Fidelity Freedom K 2045 (49,667 units)	❖	601,468
*	Fidelity Management Trust Company	Fidelity Freedom K 2050 (67,163 units)	❖	817,374
*	Fidelity Management Trust Company	Fidelity Freedom K 2055 (22,874 units)	❖	313,829
*	Fidelity Management Trust Company	Fidelity Freedom K 2060 (4,530 units)	❖	55,358
*	Fidelity Management Trust Company	Fidelity Growth Company (1,896 units)	❖	338,774
*	Fidelity Management Trust Company	Fidelity Intermediate Bond Fund (115,777 units)	❖	1,250,392
*	Fidelity Management Trust Company	Fidelity Low Priced Stock (2,068 units)	❖	112,745
*	Fidelity Management Trust Company	Fidelity Mid Cap Stock (38,127 units)	❖	1,457,210
*	Fidelity Management Trust Company	Fidelity Real Estate Investment (24,314 units)	❖	1,016,320
*	Fidelity Management Trust Company	Fidelity Select Defense & Aerospace (558 units)	❖	93,142
*	Fidelity Management Trust Company	Fidelity Small Cap Discovery (55,046 units)	❖	1,646,416
*	Fidelity Management Trust Company	Fidelity Small Cap Growth (5,236 units)	❖	129,496
*	Fidelity Management Trust Company	Fidelity Spartan 500 Index (12,250 units)	❖	1,144,745
*	Fidelity Management Trust Company	Fidelity Utilities (2,164 units)	❖	56,537
	Harbor Funds	Harbor Capital Appreciation Inv. CL (189 units)	❖	12,628
	Hennessy Funds Trust	Hennessy Gas Utility Investor CL (339 units)	❖	9,985
	U.S. Bancorp Fund Services	Hodges Fund (2,818 units)	❖	139,661
	U.S. Bancorp Fund Services	Hodges Small Cap Fund (6,366 units)	❖	123,364
	Jensen Portfolio, Inc.	Jensen Portfolio, Inc. (2,069 units)	❖	96,515
	Loomis Sayles Funds I	Loomis Sayles Bond Retail Shares (3,998 units)	❖	54,735
	Four Embarcadero Center	Matthews Asian Growth & Income Fund (2,855 units)	❖	49,843
	Four Embarcadero Center	Mathews Pacific Tiger Fund (2,691 units)	❖	85,201
	Harris Associates LP	OakMark Fund (1,237 units)	❖	104,315
	PIMCO Investments LLC	PIMCO GNMA Institutional (7,147 units)	❖	78,833
	PIMCO Investments LLC	PIMCO Income FD CL D (6,218 units)	❖	77,172
	PIMCO Investments LLC	PIMCO Total Return (3,782 units)	❖	38,846
	Virtus Asset Trust	Virtus Ceredex Mid-Cap Value Equity I (64,261 units)	❖	813,544
	The Royce Funds	Royce 100 Fund Investment Class (4,316 units)	❖	28,446
	Steelpath MLP Funds Trust	Steelpath MLP Select 40 Fund Class Y (2,081 units)	❖	18,106
	TWC	TCW Galileo Total Return MBS CL N (2,022 units)	❖	20,683
	Thornburg Investment Trust	Thornburg Inv. Income Builder Fund CL A (1,026 units)	❖	22,506
	Thornburg Investment Trust	Thornburg Income Builder CL I (5,304 units)	❖	117,228
	Wasatch Funds Trust	Wasatch Core Growth (172 units)	❖	11,737
	Weitz Funds	Weitz Partners Value (305 units)	❖	9,589
	Weitz Funds	Weitz Value (301 units)	❖	12,846
	Alps Fund Services, Inc.	Westcore Small Cap Value Fund (1,013 units)	❖	10,816
	Alps Fund Services, Inc.	Westcore Plus Bond Fund (5,088 units)	❖	54,495
	Total Mutual Funds			27,723,496
*	Participants	Loans (interest rates of 6.25-6.50%, maturity of 1-7 years)		$ 473,365
	TOTAL INVESTMENTS			$ 31,282,158

* *Represents a party in interest*

❖ *Cost omitted for participant directed investments*

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

The accompanying notes are an integral part of this schedule.