Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2010

	, , , , , , , , , , , , , , , , , , , ,				Inis Form is Open to Public Inspection
Part I	Annual Report Iden	tification Information	1		
For caler	ndar plan year 2010 or fiscal p	olan year beginning 01/01	/2010	and ending 1	2/31/2010
A This	eturn/report is for:	a multiemployer pla	n; a multi	ole-employer plan; or	
		X a single-employer p	olan; a DFE	(specify)	
B This r	eturn/report is:	the first return/report	rt; the fina	l return/report;	
		an amended return	report; a short	plan year return/report (less than 12 months).
C If the	plan is a collectively-bargaine	ed plan, check here			
D Chec	k box if filing under:	Form 5558;	_	tic extension;	the DFVC program;
2 01100	K BOX II IIIIII g dildor.	special extension (e		,	
Part	II Rasic Plan Inform	nation—enter all requester	. ,		
	ne of plan	idilon ciner an requeste	u imonnation		1b Three-digit plan 001
	CRUTCHER LEWIS 401(K) S	ALARY DEFERRAL & RET	REMENT SAVINGS PLAN		number (PN) ▶
					1c Effective date of plan
20 Diam		/			05/01/1989 2b Employer Identification
	sponsor's name and address ress should include room or s	` . , .	mployer plan)		Number (EIN)
`	SE LEWIS COMPANY	,			91-1322480
					2c Sponsor's telephone
					number 206-689-0448
	RING STREET E, WA 98104		07 SPRING STREET		2d Business code (see
SEATTE	L, WA 90104	3	EATTLE, WA 98104	instructions)	
					236200
Caution	: A penalty for the late or in	complete filing of this retu	rn/report will be assesse	d unless reasonable ca	iuse is established.
					eport, including accompanying schedules,
statemer	nts and attachments, as well a	as the electronic version of the	his return/report, and to the	best of my knowledge a	nd belief, it is true, correct, and complete.
SIGN HERE	Filed with authorized/valid ele	ectronic signature.	08/23/2011	THOMAS DILTS	
HEKE	Signature of plan adminis	trator	Date	Enter name of individ	dual signing as plan administrator
SIGN HERE					
HEKE	Signature of employer/pla	n sponsor	Date	Enter name of individ	dual signing as employer or plan sponsor
SIGN HERE	_				
HERE		· · · · · · · · · · · · · · · · · · ·			

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "San LEASE LEWIS COMPANY	ne")		Iministrator's EIN 1322480	
	07 SPRING STREET SEATTLE, WA 98104			3c Administrator's telephone number 206-689-0448	
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	l and	4b EIN	
а	Sponsor's name			4c PN	
5	Total number of participants at the beginning of the plan year		5	245	
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b, 6c, and 6d).			
_	Active posticinents		60	141	
а	Active participants		. 6a	141	
b	Retired or separated participants receiving benefits		. 6b	0	
С	Other retired or separated participants entitled to future benefits		. 6c	76	
d	Subtotal. Add lines 6a , 6b , and 6c		. 6d	217	
_					
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	. 6e	0	
f	Total. Add lines 6d and 6e		. 6f	217	
g	Number of participants with account balances as of the end of the plan year		6	400	
	complete this item)		. 6g	198	
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h	0	
7	Enter the total number of employers obligated to contribute to the plan (only		7		
8a	If the plan provides pension benefits, enter the applicable pension feature co	odes from the List of Plan Characteristic Code	s in the	instructions:	
	2F 2G 2J 2K 2T 3D f the plan provides welfare benefits, enter the applicable welfare feature code				
9a	Plan funding arrangement (check all that apply) (1) Insurance	9b Plan benefit arrangement (check all that (1) Insurance	at apply)		
	(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3)	insurand	ce contracts	
	(3) Trust	(3) X Trust			
10	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are a	(4) General assets of the spattached, and, where indicated, enter the number		ched. (See instructions)	
_	Pension Schedules	b General Schedules	or anac	(200	
а	(1) R (Retirement Plan Information)	(1) X H (Financial Inform	nation)		
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) I (Financial Inform		Small Plan)	
	Purchase Plan Actuarial Information) - signed by the plan actuary	(3) A (Insurance Infor		action)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(4) X C (Service Provide X D (DFE/Participati			
	Information) - signed by the plan actuary	(6) G (Financial Trans	•	,	

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010	and ending 12/31/2010
A Name of plan LEASE CRUTCHER LEWIS 401(K) SALARY DEFERRAL & RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN)
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
W. LEASE LEWIS COMPANY	91-1322480
	ST TOLL ISS
Part I Service Provider Information (see instructions)	
Service Provider Information (see instructions)	
You must complete this Part, in accordance with the instructions, to report the information re or more in total compensation (i.e., money or anything else of monetary value) in connection plan during the plan year. If a person received only eligible indirect compensation for which answer line 1 but are not required to include that person when completing the remainder of the second s	with services rendered to the plan or the person's position with the the plan received the required disclosures, you are required to
1 Information on Persons Receiving Only Eligible Indirect Compensati	on
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of the	
indirect compensation for which the plan received the required disclosures (see instructions	for definitions and conditions)Yes No
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing received only eligible indirect compensation. Complete as many entries as needed (see inst	
(b) Enter name and EIN or address of person who provided you dis	closures on eligible indirect compensation
FIDELITY INVESTMENTS INST. OPS. CO.	
04.0647706	
04-2647786	
(b) Enter name and EIN or address of person who provided you dis	closure on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you dis-	closures on eligible indirect compensation
(-) ,	
(b) Enter name and EIN or address of person who provided you dis-	closures on eligible indirect compensation

	Schedule C (Form 5500) 2010	Page 2-	
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
1	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	irect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	irect compensation

answered	d "yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in to	otal compensation
		(a) Enter name and EIN or	address (see instructions)		
FIDELITY 04-264778	INVESTMENTS INSTI		. ,	<u> </u>		
(b) Service Code(s)	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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 60	RECORDKEEPER	201	Yes 🖺 No 🗌	Yes 🖺 No 🗌	0	Yes X No
		(a) Enter name and EIN or	address (see instructions)	,	
(b) Service Code(s)	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? Yes No	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
			103 140	163 <u> </u> 160 <u> </u>		103 [] 110 []
		((a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employer 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

_	Schedule C (Form 5500) 2010			Page 4-		
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	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?	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 No	Yes No		Yes No No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	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?	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	(d) Enter direct compensation paid by the plan. If none,	(e) Did service provider receive indirect compensation? (sources	(f) Did indirect compensation include eligible indirect compensation, for which the	(g) Enter total indirect compensation received by service provider excluding	(h) Did the service provider give you a formula instead of

other than plan or plan

sponsor)

Yes No

plan received the required

disclosures?

Yes No

person known to be

a party-in-interest

enter -0-.

eligible indirect

compensation for which you answered "Yes" to element

(f). If none, enter -0-.

an amount or

estimated amount?

Yes No

Part I Service Provider Information (continued)	and the second s	
3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compor provides contract administrator, consulting, custodial, investment advisory, investment questions for (a) each source from whom the service provider received \$1,000 or more in provider gave you a formula used to determine the indirect compensation instead of an armany entries as needed to report the required information for each source.	management, broker, or recordkeepin indirect compensation and (b) each s	g services, answer the following ource for whom the service
(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	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
ABF LG CAP VAL INV - BOSTON FINANCI	0.40%	the mairect compensation.
06-0847856		
(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	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
ALLNZ NFJ SMCPVAL AD - BOSTON FINAN	U.35%	
04-2526037		
(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	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
COL/ACORN INTL Z - COLUMBIA MGT INV	0.35%	
04-3156901		

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Schedule C (Form 5500) 2010

Schedule C (Form 5500) 2010	Page 5-	
Part I Service Provider Information (continued)		
3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect cor or provides contract administrator, consulting, custodial, investment advisory, investme questions for (a) each source from whom the service provider received \$1,000 or more provider gave you a formula used to determine the indirect compensation instead of an many entries as needed to report the required information for each source.	nt management, broker, or recordk in indirect compensation and (b) ea	eeping services, answer the following ach source for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Code (see instructions	
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

RAINIER SM/MID CAP - US BANCORP FUN

39-0281260

ensation **FIDELIT** (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 BOND INST - BOSTON FINANCIAL 04-2526037 (a) Enter service provider name as it appears on line 2 (c) Enter amount of indirect (b) Service Codes (see instructions) 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. 0.25% PIMCO TOT RETURN ADM - BOSTON FINAN 04-2526037 (b) Service Codes (a) Enter service provider name as it appears on line 2 (c) Enter amount of indirect (see instructions) compensation FIDELITY INVESTMENTS INSTITUTIONAL (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.

0.35%

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- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	

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.

many chance as necessaria report and required amountainers for each econoci		
(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	formula used to determin for or the amount of	compensation, including any e the service provider's eligibility the indirect compensation.
THORNBURG INTL VAL I - BOSTON FINAN	0.25%	
04-2526037		
(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	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
VIRTUS REAL ESTATE A - BOSTON FINAN	0.50%	
04-2526037		
(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	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.

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Pa	art II Service Providers Who Fail or Refuse to P				
4	ovide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete is 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		

Schedule C (Form 5500) 2010	

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)			
а	Name:	·	b EIN:
С	Positio	n:	
d	Addres	s:	e Telephone:
Ex	planatior		
a	Name:		b EIN:
C	Positio	n:	D LIN.
d	Addres		e Telephone:
-	7.00.00	-	Total state of the
Ex	planatior		
_^	,		
а	Name:		b EIN:
С	Positio	n:	
d	Addres		e Telephone:
			·
Ex	planatior	:	
а	Name:		b EIN;
С	Positio	n:	
d	Addres	s:	e Telephone:
Ex	planatior	:	
			1.
<u>a</u>	Name:		b EIN;
<u>c</u>	Positio		
d	Addres	S:	e Telephone:
	nlonatic:		
ΕX	planatior		

SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

DFE/Participating Plan Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

A Name of plan LEASE CRUTCHER LEWIS 401(K)			B Three-digit plan number (PN)
C Plan or DFE sponsor's name as W. LEASE LEWIS COMPANY	shown on line 2a of Forn	n 5500	D Employer Identification Number (EIN) 91-1322480
		CTs, PSAs, and 103-12 IEs (to be co I to report all interests in DFEs)	mpleted by plans and DFEs)
a Name of MTIA, CCT, PSA, or 10	•	,	
b Name of sponsor of entity listed	in (a): FIDELITY MA	NAGEMENT TRUST COMPANY	
C EIN-PN 04-3022712-024	d Entity C code	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruct)	
a Name of MTIA, CCT, PSA, or 10	03-12 IE:		
b Name of sponsor of entity listed	in (a):		
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruct)	
a Name of MTIA, CCT, PSA, or 10	03-12 IE:		
b Name of sponsor of entity listed	in (a):		
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruct)	
a Name of MTIA, CCT, PSA, or 10	03-12 IE:		
b Name of sponsor of entity listed	in (a):		
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruct)	
a Name of MTIA, CCT, PSA, or 10	03-12 IE:		
b Name of sponsor of entity listed	in (a):		
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruct)	
a Name of MTIA, CCT, PSA, or 10	03-12 IE:		
b Name of sponsor of entity listed	in (a):		
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruct)	
a Name of MTIA, CCT, PSA, or 10	03-12 IE:		
b Name of sponsor of entity listed	in (a):		
O FINIDAL	d Entity	e Dollar value of interest in MTIA, CCT,	PSA, or

103-12 IE at end of year (see instructions)

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a Name of MTIA, CCT, PSA, or 103-	-12 IE:					
b Name of sponsor of entity listed in	b Name of sponsor of entity listed in (a):					
C EIN-PN	d Entity code	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	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	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	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	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	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	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	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	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	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				

3-	
	3-

Р	art II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
а	Plan nan			
b	Name of plan spo		С	EIN-PN
а	Plan nan	ne		
b	Name of plan spo		С	EIN-PN
а	Plan nar	ne		
b	Name of plan spo		С	EIN-PN
а	Plan nan	ne		
b 	Name of plan spo		С	EIN-PN
а	Plan nar	ne		
b 	Name of plan spo		С	EIN-PN
	Plan nar			
b 	Name of plan spo		С	EIN-PN
а	Plan nar	ne		
b 	Name of plan spo		С	EIN-PN
а	Plan nar	ne		
b 	Name of plan spo		С	EIN-PN
а	Plan nar	ne		
b	Name of plan spo		С	EIN-PN
а	Plan nan	ne		
b 	Name of plan spo		С	EIN-PN
а	Plan nan	ne		
b	Name of plan spo		С	EIN-PN
а	Plan nan	ne		
b	Name of plan spo		С	EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

1 chain benefit dualanty corporation			mspection	11
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010	and endi	ing 12/31/2010		
A Name of plan LEASE CRUTCHER LEWIS 401(K) SALARY DEFERRAL & RETIREMENT SAVINGS PLAN	В	Three-digit plan number (PN)	•	001
C Plan sponsor's name as shown on line 2a of Form 5500	D	Employer Identification	n Number (E	IN)
W. LEASE LEWIS COMPANY		91-1322480		
Part I Apart and Lightitus Otatament		_		-

Part I | Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	135827	115270
(2) Participant contributions	1b(2)	27167	24828
(3) Other	1b(3)		
C General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1971545	1620620
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	102977	83922
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13557479	13591711
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	15794995	15436351
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	15794995	15436351

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.

	(a) Amount	(b) Total
2a(1)(A)	450886	
2a(1)(B)	857327	
2a(1)(C)		
. 2a(2)		
2a(3)		1308213
2b(1)(A)	312	
. 2b(1)(B)		
2b(1)(C)		
2b(1)(D)		
2b(1)(E)		
2b(1)(F)		
2b(1)(G)		312
2b(2)(A)		
2b(2)(B)		
2b(2)(C)	279525	
2b(2)(D)		279525
2b(3)		
2b(4)(A)		
2b(4)(B)		
2b(4)(C)		
	2a(1)(B) 2a(1)(C) 2a(2) 2a(3) 2b(1)(A) 2b(1)(B) 2b(1)(C) 2b(1)(C) 2b(1)(E) 2b(1)(F) 2b(1)(G) 2b(2)(A) 2b(2)(B) 2b(2)(C) 2b(2)(D) 2b(3) 2b(4)(A) 2b(4)(B)	2a(1)(A) 450886 2a(1)(B) 857327 2a(1)(C) 2a(2) 2a(3) 2b(1)(A) 312 2b(1)(B) 2b(1)(C) 2b(1)(C) 2b(1)(C) 2b(1)(F) 2b(1)(F) 2b(1)(G) 2b(2)(A) 2b(2)(B) 2b(2)(C) 2b(2)(C) 2b(3) 2b(4)(A) 2b(4)(B) 2b(4)(B)

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		(a) Amount	(b) To	tal
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)			
(B) Other	2b(5)(B)			
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)			
(6) Net investment gain (loss) from common/collective trusts	2b(6)			3656
(7) Net investment gain (loss) from pooled separate accounts	2b(7)			
(8) Net investment gain (loss) from master trust investment accounts	2b(8)			
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)			
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)			1562556
C Other income	2c			
d Total income. Add all income amounts in column (b) and enter total	2d			3154262
Expenses				
e Benefit payment and payments to provide benefits:				
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3496435		
(2) To insurance carriers for the provision of benefits	2e(2)			
(3) Other	2e(3)			
(4) Total benefit payments. Add lines 2e(1) through (3)	0-(4)			3496435
f Corrective distributions (see instructions)				16187
g Certain deemed distributions of participant loans (see instructions)				
h Interest expense	O.L.			
i Administrative expenses: (1) Professional fees	0:/4)			
(2) Contract administrator fees	0:(0)			
(3) Investment advisory and management fees	2:/2)			
(4) Other	0:/4)	284		
(5) Total administrative expenses. Add lines 2i(1) through (4)	0:(5)			284
j Total expenses. Add all expense amounts in column (b) and enter total	2j			3512906
Net Income and Reconciliation	,			
k Net income (loss). Subtract line 2j from line 2d	2k			-358644
I Transfers of assets:				
	21(1)	_		
(1) To this plan	21(2)	_		
(2) From this plan	(-)			
Part III Accountant's Opinion				
3 Complete lines 3a through 3c if the opinion of an independent qualified public a attached.	accountant is atta	ched to this Form 5500. Comple	ete line 3d if an o	ppinion is not
\boldsymbol{a} The attached opinion of an independent qualified public accountant for this pla	n is (see instructi	ons):		
(1) Unqualified (2) Qualified (3) $^{\!$	Adverse			
b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103	3-8 and/or 103-12	!(d)?	X Yes	No
C Enter the name and EIN of the accountant (or accounting firm) below:				
(1) Name: MOSS ADAMS		(2) EIN: 91-0189318		
d The opinion of an independent qualified public accountant is not attached bec	ause:			
(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attacted	ched to the next F	Form 5500 pursuant to 29 CFR 2	2520.104-50.	

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Pa	art IV Compliance Question	ns						
4		Part IV. MTIAs, 103-12 IEs, and GIAs j and 4l. MTIAs also do not complete		4f, 4g,	4h, 4k, 4	m, 4n, or 5	j.	
	During the plan year:				Yes	No	Amo	unt
а	period described in 29 CFR 2510.	he plan any participant contributions w 3-102? Continue to answer "Yes" for a ons and DOL's Voluntary Fiduciary Co	ny prior year failures	4a		X		
b	close of the plan year or classified secured by participant's account b	d income obligations due the plan in o during the year as uncollectible? Disr alance. (Attach Schedule G (Form 55	egard participant loans 00) Part I if "Yes" is	4b		X		
С	Were any leases to which the plan	was a party in default or classified du (Form 5500) Part II if "Yes" is checker	ring the year as	4c		X		
d	reported on line 4a. Attach Schedu	ctions with any party-in-interest? (Do ule G (Form 5500) Part III if "Yes" is		4d		X		
е	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	4f		X		
~	•	e current value was neither readily de		41				
g	•	ndependent third party appraiser?		4g		X		
h	,	contributions whose value was neithe arket nor set by an independent third p	,	4h		X		
i	•	nvestment? (Attach schedule(s) of assurirements.)	-	4i	X			
j	value of plan assets? (Attach sche	ies of transactions in excess of 5% of edule of transactions if "Yes" is checke ments.)	d, and	4j		X		
k		tributed to participants or beneficiaries of the PBGC?		4k		X		
ı	Has the plan failed to provide any	benefit when due under the plan?		41		X		
m	If this is an individual account plan	, was there a blackout period? (See ir	structions and 29 CFR	4m		X		
n		the "Yes" box if you either provided the notice applied under 29 CFR 2520.10		4n		X		
5a		n been adopted during the plan year or a assets that reverted to the employer this y		Yes	No X	Amour	ıt:	
5b	If, during this plan year, any asset transferred. (See instructions.)	s or liabilities were transferred from thi	s plan to another plan(s)	, ident	fy the pla	n(s) to wh	ich assets or liabi	lities were
	5b(1) Name of plan(s)					5b(2) EIN	(s)	5b(3) PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

	· · · · · · · · · · · · · · · · · · ·				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and	ending 12	2/31/2010	1	
	Name of plan SE CRUTCHER LEWIS 401(K) SALARY DEFERRAL & RETIREMENT SAVINGS PLAN	B Three- plan r (PN)	digit number	001	
	Plan sponsor's name as shown on line 2a of Form 5500 EASE LEWIS COMPANY		yer Identifica	ation Number (EII	N)
		91-1	322400		
Pa	art I Distributions				
All	references to distributions relate only to payments of benefits during the plan year.				
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1		0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries du payors who paid the greatest dollar amounts of benefits):	ring the year (if more than	two, enter EINs	of the two
	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 th year.		3		
P	Funding Information (If the plan is not subject to the minimum funding requirements ERISA section 302, skip this Part)	of section of 4	112 of the Int	ternal Revenue C	ode or
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.			_	<u> </u>
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: Mor	nth	_ Day	Year	
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re	mainder of tl	his schedul	e.	
6	a Enter the minimum required contribution for this plan year		6a		
	b Enter the amount contributed by the employer to the plan for this plan year		6b		
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c		
	If you completed line 6c, skip lines 8 and 9.		I .		
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 pro automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator with the change?	agree	☐ Yes	□No	□ N/A
				<u> </u>	
Pa	art III Amendments				
9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.	ease	Decrease	Both	☐ No
Pa	rt IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975 skip this Part.	(e)(7) of the Ir	nternal Reve	nue Code,	
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to rep	ay any exemp	ot 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 (See instructions for definition of "back-to-back" loan.)			Yes	☐ No
	(Occ mandendia for definition of back to back loan.)				

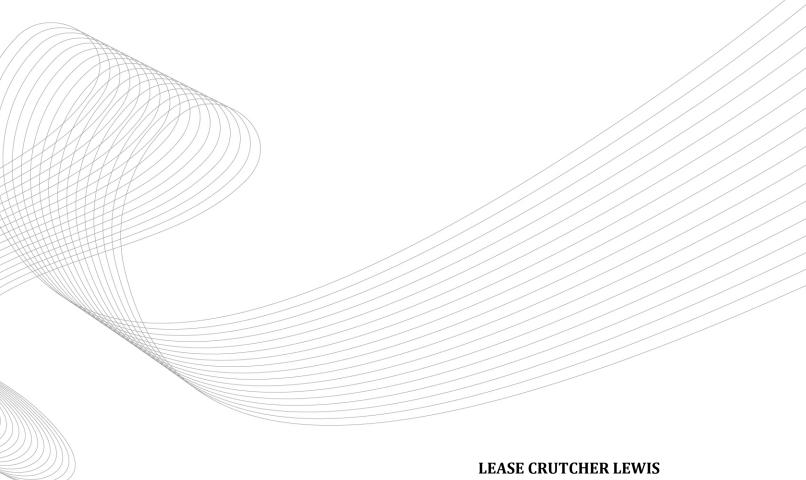
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Schedule R (Form 5500) 2010

Par	t V	V Additional Information for Multiemployer Defined Benefit Pension Plans							
13	Ente	er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in							
		ars). 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							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents)							
		(2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	a	Name of contributing employer							
	b	EIN C Dollar amount contributed by employer							
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	a	Name of contributing employer							
	b	EIN C Dollar amount contributed by employer							
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	a	Name of contributing employer							
	b 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							
1	е	Contribution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	a	Name of contributing amplayor							
	a b	Name of contributing employer EIN C Dollar amount contributed by employer							
	<u>บ</u> 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							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	_	No contribution and con							
	a b	Name of contributing employer 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							
,	e	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							

Page .

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	5 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							
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b					
17							
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benefi	t Pens	ion Plans				
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole of and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instruction to be included as an attachment	struction	s regarding supplemental				
19	If the total number of participants is 1,000 or more, complete items (a) through (c)						
	a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:% Other:% b Provide the average duration of the combined investment-grade and high-yield debt:						
	Effective duration Macaulay duration Modified duration Other (specify):						



LEASE CRUTCHER LEWIS 401(k) SALARY DEFERRAL AND RETIREMENT SAVINGS PLAN

Report of Independent Auditors and Financial Statements with Supplemental Schedule

December 31, 2010 and 2009

MOSS-ADAMS LLP

Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

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REPORT OF INDEPENDENT AUDITORS

To the Trustees Lease Crutcher Lewis 401(k) Salary Deferral and Retirement Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Lease Crutcher Lewis 401(k) Salary Deferral and Retirement Savings Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 investment information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Moss Adams LLP

Seattle, Washington August 22, 2011



LEASE CRUTCHER LEWIS 401(k) SALARY DEFERRAL AND RETIREMENT SAVINGS PLAN STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investments, at fair value		
Registered investment companies	\$ 15,212,331	\$ 15,529,025
Collective trust	83,922	102,977
Total investments, at fair value	15,296,253	15,632,002
Receivables		
Participant salary deferrals	24,828	27,167
Employer match contributions	115,270	135,828
Total contributions receivable	140,098	162,995
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT FAIR VALUE	15,436,351	15,794,997
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	(682)	1,914
NET ASSETS AVAILABLE FOR PLAN BENEFITS	\$ 15,435,669	\$ 15,796,911

LEASE CRUTCHER LEWIS 401(k) SALARY DEFERRAL AND RETIREMENT SAVINGS PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO: Investment income Net appreciation in fair value of investments Interest and dividends	\$ 1,562,555 280,897
Contributions	
Employer match contributions	450,886
Participant salary deferrals	857,327
Total additions	3,151,665
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: Benefits paid to participants	3,512,622
Administrative fees	285
Total deductions	3,512,907
NET CHANGE	(361,242)
NET ASSETS AVAILABLE FOR PLAN BENEFITS	
Beginning of year	15,796,911_
End of year	\$ 15,435,669

Note 1 - Description of Plan

The following description of the Lease Crutcher Lewis 401(k) Salary Deferral and Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement, as amended, for a more complete description of Plan provisions.

General - The Plan is a 401(k) salary deferral plan covering all eligible nonunion employees of Lease Crutcher Lewis, WA LLC and Lease Crutcher Lewis, LLC. The Plan sponsor is the parent company, W. Lease Lewis Company (together with the participating employers, the "Company") and serves as the plan administrator. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Eligibility - Employees of the Company are eligible to make salary deferral and Roth contributions to the Plan upon reaching age 18. Employees are eligible to receive employer matching contributions after completing one year of service in which at least 1,000 hours are worked.

Contributions - Participants may elect to contribute to the Plan up to 60% of eligible compensation. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Each year the Company makes non-discretionary matching contributions to the Plan. The Company matches 100% of employee contributions, up to 5% of eligible compensation deferred to the Plan.

Contributions are subject to regulatory limitations.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with fund-specific administrative expenses. Allocations are based on participant earnings or account balances, as defined. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are always 100% vested in their account balances.

Loans to Participants - The Plan does not permit loans to participants.

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

Basis of Accounting - The financial statements are prepared under the accrual method of accounting.

Note 1 - Description of Plan (Continued)

Use of Estimates - The preparation of financial statements requires the use of estimates and assumptions that may affect certain amounts and disclosures. Actual results could differ from those estimates.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - Investments are stated at fair value as certified by Fidelity Management Trust Company (the "Trustee"). If available, quoted market prices are used to value investments.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. Authoritative guidance requires the statements of net assets available for benefits to present the fair value of the investments, as well as the adjustment from fair value to contract value for fully benefit-responsive investment contracts. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Income Recognition - Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Payment of Benefits - Benefits are recorded when paid.

Expenses - Administrative expenses are paid by the Company and fund-specific expenses are passed through to the participants in the Plan.

Subsequent Events - Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements were available to be issued. The Plan has evaluated subsequent events through August 22, 2011, which is the date the financial statements were available to be issued.

Note 2 - Summary of Significant Accounting Policies (Continued)

Recent Accounting Pronouncements - In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2010-06, Fair Value Measurements and Disclosures (Topic 820) - Improving Disclosures about Fair Value Measurements. The new guidance requires additional disclosures about transfers between levels within the fair value hierarchy and clarifies existing disclosure requirements regarding classes of assets and liabilities measured at fair value. The new guidance requires the Plan to: (a) disclose separately the amounts of significant transfers into and out of each level of the fair value hierarchy and describe the reasons for those transfers, (b) the Plan's policy for determining when transfers between levels of the fair value hierarchy are recognized, and (c) present information about purchases, sales, issuances, and settlements on a gross basis in the reconciliation of the beginning and ending balance of Level 3 fair value measurements. The new guidance is effective for reporting periods beginning after December 15, 2009, except for the Level 3 reconciliation disclosures which are effective for reporting periods beginning after December 15, 2010. The Plan adopted this guidance on January 1, 2010. See Note 4.

Note 3 - Investments

Investments - Investments representing 5% or more of net assets available for benefits consist of the following as of December 31:

	2010	2009
Fidelity Contrafund Fidelity Retirement Money Market Fund	1,681,989 1,620,620	2,012,642 1,971,545
Fidelity Diversified International Fund	1,181,676	1,010,438
Fidelity Freedom 2015 Fund	\$ 1,178,056	\$ 1,520,997
Fidelity Freedom 2020 Fund	\$ 857,108	\$ 825,107
Fidelity Freedom 2030 Fund	\$ 855,225	*
Fidelity Low Price Stock Fund	\$ 787,120	\$ 918,753
Pimco Total Return ADM Fund	*	\$ 794,483

^{*} Investment did not represent 5% of Plan net assets at December 31 of the respective year.

Investment Contracts - The Fidelity Managed Income Portfolio (the "Portfolio") is designed to provide preservation of capital and returns that are consistent regardless of stock and bond market volatility. The Portfolio seeks to earn a high level of income consistent with those objectives. The Portfolio holds guaranteed investment contracts which typically have a fixed maturity. Each contract contains a provision that the issuer will, if required, repay principal at the stated contract value for the purpose of paying benefit payments (fully benefit-responsive).

The Portfolio is presented at fair value on the statements of net assets available for benefits. The adjustment from fair value to contract value is based on the contract value as reported by the Trustee (which represents contributions made under the contracts, plus earnings, less withdrawals and administrative expenses).

Note 4 - Fair Value Measurements

The Plan has adopted authoritative guidance on fair value measurements. The guidance defines fair value as the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date.

The Plan classified its investments based upon an established 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 are described below:

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly;

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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

Shares of registered investment company funds are valued at the net asset value ("NAV") of shares held by the Plan using quoted market prices.

Units held in the collective trust are valued using the net asset value of a collective investment fund. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The NAV of a collective investment fund is calculated based on a compilation of primarily observable market information. The number of units of the fund that are outstanding on the calculation date is derived from observable purchase and redemption activity in the fund. Accordingly, the unit value for a collective investment fund is classified within level 2 of the valuation hierarchy.

Note 4 - Fair Value Measurements (Continued)

The following tables disclose by level the fair value hierarchy of the Plan's assets at fair value as of December 31:

	Investment Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Registered investment companies				
Fixed income funds	\$ 793,391	\$ -	\$ -	\$ 793,391
Blended benchmark funds	324,509	-	-	324,509
Growth funds	7,095,987	-	-	7,095,987
Lifecycle funds	5,377,824	-	-	5,377,824
Money market funds	1,620,620	-	-	1,620,620
Collective trust	- · · · · ·	83,922	-	83,922
	\$15,212,331	\$ 83,922	\$ -	\$15,296,253
	Investment	: Assets at Fair Va	alue as of Decemb	per 31, 2009
	Level 1	Level 2	Level 3	Total
Registered investment companies				
Fixed income funds	\$ 856,808	\$ -	\$ -	\$ 856,808
Blended benchmark funds	361,392	-	-	361,392
Growth funds	7,069,210	-	-	7,069,210
Lifecycle funds	5,270,070	-	-	5,270,070
Money market funds	1,971,545	-	-	1,971,545
Collective trust		102,977	<u> </u>	102,977
	\$15,529,025	\$ 102,977	\$ -	\$15,632,002

Note 5 - Tax Status

As of December 31, 2009, the Plan had adopted a prototype non-standardized safe harbor profit sharing plan (the Prototype). The Internal Revenue Service (IRS) had determined and informed the Prototype by an opinion letter dated October 9, 2003, that the Prototype was designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan had not applied for its own letter and it had been amended since the date of the opinion letter, the plan administrator believed that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Effective January 1, 2010, the Plan adopted a volume submitter prototype plan (the Volume Submitter Prototype). The IRS has determined and informed the Volume Submitter Prototype by an opinion letter dated March 31, 2008, that the Volume Submitter Prototype is designed in accordance with applicable sections of the IRC.

Note 5 - Tax Status (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

Note 7 - Information Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2010 and 2009.
- Adjustments from fair value to contract value for fully benefit-responsive investment contracts reflected on the accompanying statements of net assets available for benefits as of December 31, 2010 and 2009.
- Net appreciation in fair value of investments, dividends, and interest reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2010.
- Investments reflected on the supplemental schedule of assets (held at end of year).

Note 8 - Party-In-Interest Transactions

Plan investments include shares of registered investment company funds managed by Fidelity Investments. The Trustee is an affiliate of Fidelity Investments and, therefore, transactions with these entities qualify as exempt party-in-interest transactions.

Note 9 - Plan Termination

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan and discontinue its contributions at any time. If the Plan is terminated, amounts will be distributed in accordance with the Plan document.

Note 10 - Reconciliation to Form 5500

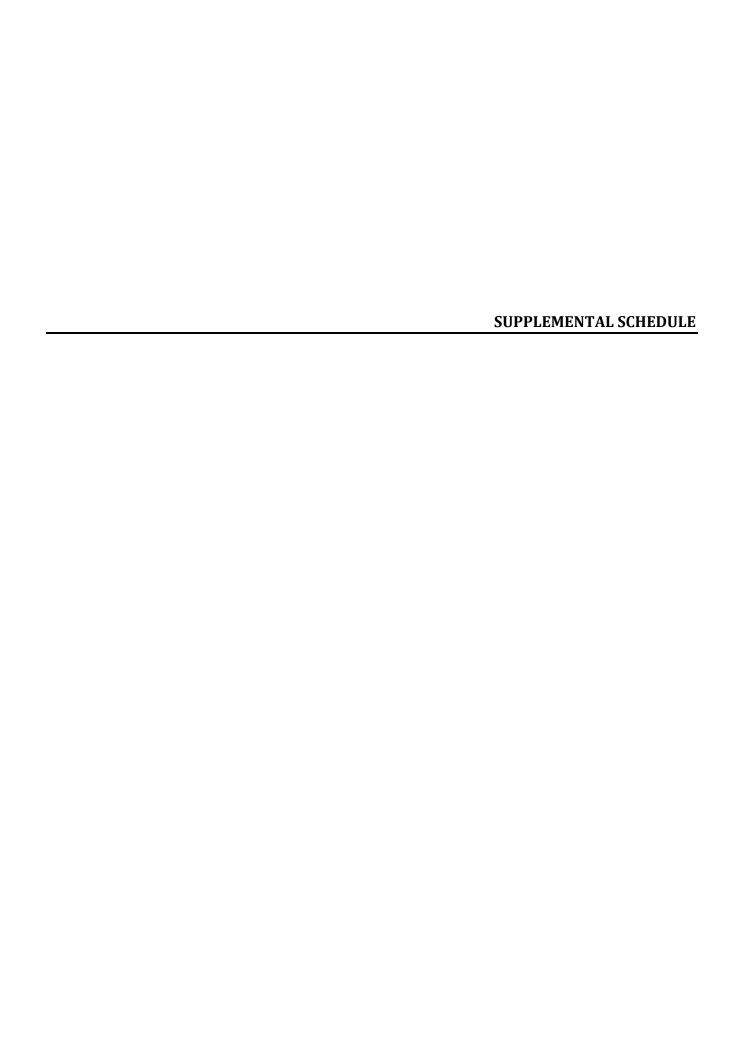
The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31:

	2010	2009
Net assets, at contract value, per the		
financial statements	\$ 15,435,669	\$ 15,796,911
Difference between contract value and		
fair value of Fidelity Managed Income Portfolio	682	(1,914)
Net assets, at fair value, per the Form 5500	\$ 15,436,351	\$ 15,794,997

The following is a reconciliation of the net change in plan assets per the financial statements to the Form 5500 for the year ended December 31, 2010:

Net change per the financial statements	\$ (361,242)
Less: Difference between contract value and	
fair value of Fidelity Managed Income Portfolio	 (2,596)
Net change per the Form 5500	\$ (358,646)

The Form 5500 has several items of income that differ from the amounts shown on the accompanying statement of changes in net assets available for benefits. These differences relate to classification only and have no effect on net assets available for benefits.



LEASE CRUTCHER LEWIS 401(k) SALARY DEFERRAL AND RETIREMENT SAVINGS PLAN

EIN: 91-2086553

PLAN #: 001

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

DECEMBER 31, 2010

		(c)		
	(b)	Description of investment, including		(e)
	Identity of issuer, borrower,	maturity date, rate of interest,	(d)	Current
<u>(a)</u>	lessor or similar party	collateral, par or maturity value	Cost	value
*	Fidelity Contrafund	Registered Investment Company	**	\$ 1,681,989
*	Fidelity Retirement Money Market Fund	Registered Investment Company	**	1,620,620
*	Fidelity Diversified International Fund	Registered Investment Company	**	1,181,676
*	Fidelity Freedom 2015 Fund	Registered Investment Company	**	1,178,056
*	Fidelity Freedom 2020 Fund	Registered Investment Company	**	857,108
*	Fidelity Freedom 2030 Fund	Registered Investment Company	**	855,225
*	Fidelity Low Price Stock Fund	Registered Investment Company	**	787,120
*	Fidelity Freedom 2025 Fund	Registered Investment Company	**	720,335
*	Fidelity Freedom 2035 Fund	Registered Investment Company	**	713,325
	PIMCO Total Return ADM Fund	Registered Investment Company	**	644,766
*	Spartan 500 Index Fund	Registered Investment Company	**	570,272
	Allianz NFJ Smcpval AD Fund	Registered Investment Company	**	566,054
*	Fidelity Freedom 2040 Fund	Registered Investment Company	**	453,842
	Rainier Small Mid Cap Fund	Registered Investment Company	**	411,794
	Thornburg International Value Fund	Registered Investment Company	**	406,124
*	Fidelity Value Fund	Registered Investment Company	**	395,486
*	Fidelity Export and Multinational Fund	Registered Investment Company	**	382,220
*	Fidelity Puritan Fund	Registered Investment Company	**	324,509
*	Fidelity Stock Select Small Cap Fund	Registered Investment Company	**	280,341
*	Fidelity Freedom 2045 Fund	Registered Investment Company	**	226,216
*	Fidelity Freedom 2050 Fund	Registered Investment Company	**	180,157
	American Beacon Large Cap Value Plan	Registered Investment Company	**	167,680
	Loomis Bond Institutional Fund	Registered Investment Company	**	148,626
	Columbia Acorn International Fund	Registered Investment Company	**	146,272
*	Fidelity Freedom 2010 Fund	Registered Investment Company	**	128,723
	Virtus Real Estate A	Registered Investment Company	**	95,744
*	Fidelity Managed Income Portfolio	Collective Trust	** ^	83,240
*	Fidelity Freedom 2005 Fund	Registered Investment Company	**	57,076
	DFA International Small Cap	Registered Investment Company	**	23,215
*	Fidelity Freedom Income Fund	Registered Investment Company	**	6,067
*	Fidelity Freedom 2000 Fund	Registered Investment Company	**	1,693
	-	-		· · · · · · · · · · · · · · · · · · ·
				\$ 15,295,571

^{*} Indicates party-in-interest.

^{**} Information is not required as investments are participant directed.

[^] Represents contract value

LEASE CRUTCHER LEWIS 401(k) SALARY DEFERRAL AND RETIREMENT SAVINGS PLAN

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DECEMBER 31, 2010

		(c)		
	(b)	Description of investment, including		(e)
	Identity of issuer, borrower,	maturity date, rate of interest,	(d)	Current
(a)	lessor or similar party	collateral, par or maturity value	Cost	value
ale.	Filling Co., Co.			
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*	Fidelity Diversified International Fund	Registered Investment Company	**	1,181,676
*	Fidelity Freedom 2015 Fund	Registered Investment Company	**	1,178,056
*	Fidelity Freedom 2020 Fund	Registered Investment Company	**	857,108
*	Fidelity Freedom 2030 Fund	Registered Investment Company	**	855,225
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*	Fidelity Export and Multinational Fund	Registered Investment Company	**	382,220
*	Fidelity Puritan Fund	Registered Investment Company	**	324,509
*	Fidelity Stock Select Small Cap Fund	Registered Investment Company	**	280,341
*	Fidelity Freedom 2045 Fund	Registered Investment Company	**	226,216
*	Fidelity Freedom 2050 Fund	Registered Investment Company	**	180,157
	American Beacon Large Cap Value Plan	Registered Investment Company	**	167,680
	Loomis Bond Institutional Fund	Registered Investment Company	**	148,626
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				\$ 15,295,571

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^{**} Information is not required as investments are participant directed.

[^] Represents contract value