Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan; or
- ☒ 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:
- ☐ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
J. FLETCHER CREAMER & SON, INC. 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1996

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

J. FLETCHER CREAMER & SON, INC.

101 EAST BROADWAY
HACKENSACK, NJ 07601

2b Employer Identification Number (EIN) 21-0665029

2c Sponsor's telephone number 201-488-9800

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.	07/30/2012	ANDREW WOOD
	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 (if same as plan sponsor, enter "Same")
J. FLETCHER CREAMER & SON, INC.

101 EAST BROADWAY
HACKENSACK, NJ 07601

3b Administrator's EIN
21-0665029

3c Administrator's telephone number
201-488-9800

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	349
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	220
b	Retired or separated participants receiving benefits	**6b**	95
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	315
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	315
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	289
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)	X	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)	X	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)	X	7	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
J. FLETCHER CREAMER & SON, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J. FLETCHER CREAMER & SON, INC.

D Employer Identification Number (EIN)
21-0665029

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AURORA NATIONAL LIFE ASSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-4393176	61182	C31931032P	1	03/01/2011	02/28/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
28	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CAL-SURANCE BENEFIT PLAN
PO BOX 3459
TORRANCE, CA 90510

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
J. FLETCHER CREAMER & SON, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J. FLETCHER CREAMER & SON, INC.

D Employer Identification Number (EIN)
21-0665029

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	384169-01	197	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
7925	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HORNER TOWNSEND & KENT INC.
RE MICHAEL MCCLANE
105 FIELDCREST AVENUE, 5TH FLOOR
EDISON, NJ 08837

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7925			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
J. FLETCHER CREAMER & SON, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J. FLETCHER CREAMER & SON, INC.

D Employer Identification Number (EIN)
21-0665029

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE GUARDIAN LIFE INS. CO OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	3223813	11	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

C/O AGENCY DEPARTMENT
THE GUARDIAN LIFE INSURANCE COMPANY
7 HANOVER SQUARE
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	INSURANCE AGENT	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	30509
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add **b** and **c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
J. FLETCHER CREAMER & SON, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J. FLETCHER CREAMER & SON, INC.

D Employer Identification Number (EIN)
21-0665029

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE & ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-6256523	71153	VL9013420	4	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
M HOLDING SECURITIES

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAL-SURANCE BENEFIT PLANS
505 HIGHWAY 169 NO.
MINNEAPOLIS, MN 55441

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ING FINANCIAL PARTNERS

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

NEW WEST INSURANCE

PO BOS 5859
KETCHUM, ID 83340

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☒ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

COMMISSIONS

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
J. FLETCHER CREAMER & SON, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J. FLETCHER CREAMER & SON, INC.

D Employer Identification Number (EIN)
21-0665029

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	73871775	3	01/01/2011	01/01/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
528	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

STABILIZATION PLANS FOR BUSINESS
1025 WESTCHESTER AVENUE 2ND FLOOR
WHITE PLAINS, NY 10604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
528			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
J. FLETCHER CREAMER & SON, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J. FLETCHER CREAMER & SON, INC.

D Employer Identification Number (EIN)
21-0665029

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SECURITY LIFE OF DENVER INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0499703	68713	0005102536	1	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ING
BROADWAY
DENVER, CO 80203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
0			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
J. FLETCHER CREAMER & SON, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J. FLETCHER CREAMER & SON, INC.

D Employer Identification Number (EIN)
21-0665029

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

MET LIFE INVESTORS USA INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
54-0696644	61050	7780414	2	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BROKERAGE RESOURCES OF AMERICA LLC
4131 MONTGOMERGY BOULEVARD NE
ALBUQUERQUE, NM 87109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ASH BROKERAGE CORP
7609 W JEFFERSON BOULEVARD
FORT WAYNE, IN 46804

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
J. FLETCHER CREAMER & SON, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J. FLETCHER CREAMER & SON, INC.

D Employer Identification Number (EIN)
21-0665029

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).. . . . . ☐ 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

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

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

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

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)

HORNER TOWNSEND & KENT INC

600 DRESHER RD #C1C
HORSHAM, PA 19044

(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?
55	BROKER/ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	34183	Yes [ ] No [X]

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

SAX MACY FROMM & CO, PC

855 VALLEY ROAD
CLIFTON, NJ 07013

(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?
10	AUDITOR	30650	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PREFERRED PENSION PLANNING CORP.

991 ROUTE 22 WEST
BRIDGEWATER, NJ 08807

(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?
13	CONTRACT ADMIN	270	Yes [X] No [ ]	Yes [ ] No [X]	10000	Yes [ ] No [X]

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
HORNER TOWNSEND & KENT INC	55	34183

(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.
GREAT WEST LIFE & ANNUITY COMPANY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 84-0467907	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PREFERRED PENSION PLANNING CORP.	13	10000

(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.
GREAT WEST LIFE & ANNUITY COMPANY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 84-0467907	TPA ALLOWANCE PAYMENT

(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 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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
J. FLETCHER CREAMER & SON, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J. FLETCHER CREAMER & SON, INC.

D Employer Identification Number (EIN)
21-0665029

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)	498456	33500
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	512232	450350
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	23771809	22233684
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6491963	8682147
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	31274460	31399681
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	31274460	31399681

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)	649516	
(B) Participants	2a(1)(B)	1032277	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1681793
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	23299	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		23299
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	704851	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		704851
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1401791	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1401791
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1114931
d Total income. Add all **income** amounts in column (b) and enter total	2d		2123083
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1872844	
(2) To insurance carriers for the provision of benefits	2e(2)	92385	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1965229
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	32633	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		32633
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1997862
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		125221
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SAX MACY FROMM & CO., PC **(2)** EIN: 22-3177927

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
J. FLETCHER CREAMER & SON, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J. FLETCHER CREAMER & SON, INC.

D Employer Identification Number (EIN)
21-0665029

Part I Distributions

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

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

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

EIN(s): 84-0467907

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan
Financial Statements

Year Ended December 31, 2011

J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan

Index to Financial Statements

Year Ended December 31, 2011

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Knowledgeable People.
Excellent Results.

Certified Public Accountants & Advisers

Independent Auditors' Report

To the Trustees of the
J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the **J. Fletcher Creamer & Son, Inc. 401(k) Profit Sharing Plan** (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended and the supplementary schedules of assets held at end of year and reportable transactions as of and for the year ended December 31, 2011. These financial statements and supplementary schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified or provided by Great West Life & Annuity Insurance Company, the custodian of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian regarding the completeness and accuracy of the information summarized in Note 4 that was provided to the Plan Administrator by the custodian as of and for the years ended December 31, 2011 and December 31, 2010.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sax Macy Fromm & Co., PC
Certified Public Accountants

Clifton, New Jersey
July 16, 2012

J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits

	December 31, 2011		December 31, 2010	
Assets:				
Investments at Fair Value:				
Shares of Registered Investment Companies:				
Vanguard International Value Portfolio Fund	$ 1,650,175		$ 2,009,660	
T. Rowe Price Real Estate Fund	697,396		656,412	
Goldman Sachs Mid Cap Value Fund	44,853		47,016	
American Funds Growth R4 Fund	2,768,080		3,266,195	
BlackRock Large Cap Value A Fund	---		2,372,109	
T. Rowe Price International Discovery Fund	804,399		989,308	
Fidelity Advisor Leverages Co STK Fund	2,201,029		2,512,954	
Neuberger Berman Partners Fund	2,180,523		2,334,228	
Loomis Sayles Bond Fund	417,648		264,939	
Goldman Sachs High Yield Fund	1,364,552		1,406,832	
Columbia Small Cap Value I Fund A	1,338,374		1,437,005	
Invesco Energy Inv	210,706		339,917	
Alger Small Cap Growth Institutional Fund I	144,100		21,093	
Columbia Acorn Fund A	160,356		18,363	
PIMCO Total Return Admin	5,388,727		5,404,202	
BlackRock Energy & Resources Portfolio A	354,179		422,307	
Diamond Hill Large Cap Fund A	2,508,587		17,154	
Value of Interest in Insurance Company Contract:				
Guaranteed Portfolio Fund	5,014,507		4,079,451	
Forfeitures	140,197		252,115	
Total Investments at Fair Value		$ 27,388,388		$ 27,851,260
At Estimated Fair Value:				
Cash surrender value of participants' life insurance		3,527,443		2,412,512
Total Investments		30,915,831		30,263,772
Receivables:				
Employer contributions	33,500		498,456	
Notes receivable from participants	450,350		512,232	
Total Receivables		483,850		1,010,688
Net Assets Available for Benefits		$ 31,399,681		$ 31,274,460

The Accompanying Notes are an Integral Part of these Financial Statements.

J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2011		Year Ended December 31, 2010	
Additions (Deductions) to Net Assets Attributed to Investment Income:				
Appreciation (depreciation) in fair value of investments	$ (1,401,791)		$ 2,254,528	
Dividend income	704,851		753,526	
Increase in cash surrender value of participants' life insurance	1,114,931		137,952	
Interest repaid from notes receivable	23,299		21,603	
Contributions:				
Participant	1,032,277		1,093,465	
Rollovers	---		15,259	
Employer - profit sharing	---		614,041	
Employer - forfeited accounts	177,501		143,627	
Employer - safe harbor	472,015		481,149	
Total Additions		$ 2,123,083		$ 5,515,150
Deductions From Net Assets Attributed to:				
Benefits paid directly to participants or beneficiaries	1,872,844		1,470,490	
Benefits paid to insurance carriers for the provision of benefits	92,385		93,233	
Administrative expenses	32,633		24,720	
Total Deductions		1,997,862		1,588,443
Net Increase in Net Assets		125,221		3,926,707
Net Assets Available for Benefits at Beginning of Year		31,274,460		27,347,753
Net Assets Available for Benefits at End of Year		$ 31,399,681		$ 31,274,460

The Accompanying Notes are an Integral Part of these Financial Statements.

J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan

Notes to Financial Statements

Note 1 – Summary of Plan Provisions:

The following brief description of the J. Fletcher Creamer & Son, Inc. 401(k) Profit Sharing Plan (the Plan), sponsored by J. Fletcher Creamer & Son, Inc. (the Company), is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. Description of Plan – The Plan is a defined contribution plan covering all employees of J. Fletcher Creamer & Son, Inc. and Creamer Management Corporation who have reached the age of twenty-one, are not covered by a collective bargaining agreement which provides for retirement benefits, and have completed three months of consecutive service having worked at least 83.3 hours in each such month. Employees who have reached the age of twenty-one are eligible to receive a profit sharing contribution upon completion of 1,000 hours of service. Employees who have reached the age of twenty-one are eligible to receive a safe harbor contribution upon completion of 1 year of consecutive employment and 1,000 hours of service. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA) and all the requirements of Sections 401(a) and 401(k) of the Internal Revenue Code.

B. Contributions – Pre-tax employee contributions are made pursuant to salary deferral agreements. The minimum percentage of compensation a participant may elect to defer is 1% and the maximum is 80%. The Company provides for a safe harbor contribution based on 3% of eligible compensation. The Plan provides for discretionary profit sharing contributions as determined by the Company.

   The Plan sponsor has elected to make discretionary profit sharing contributions in the amount of $-0- and $614,041 for the years ended December 31, 2011 and 2010, respectively.

C. Rollovers – The Plan allows participant employees to make rollover contributions of amounts received from other qualified approved retirement plans, provided they are made within 60 days of receipt of such amounts by an employee.

D. Notes Receivable From Participants – Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their vested account balance whichever is less. Loan terms can range from 1-5 years or some reasonable period in excess of 5 years if the loan is for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through weekly payroll deductions. The Plan allows only one outstanding loan.

Note 1 – Summary of Plan Provisions *(Continued)*:

E. Vesting – Participants are immediately vested in their voluntary contributions and employer safe harbor contributions plus actual earnings thereon. For the discretionary contribution, the Plan provides for participants to vest in their account balance as follows:

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

F. Participant Accounts – Each participant's account is credited with an allocation of (a) the participant's contributions, (b) the Company's contributions, (c) Plan earnings, (d) forfeitures of terminated participants' non-vested account and charged with an allocation of administrative expenses that are incurred by the Plan. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the amount that can be provided from the participant's vested account.

G. Forfeited Accounts – At December 31, 2011 and 2010 forfeited non-vested accounts which are invested in the Guaranteed Portfolio Fund, totaled $140,197 and $252,115 respectively. In 2011 and 2010 the Plan's trustees elected to reallocate forfeitures to participants in the same manner as employer profit sharing contributions in the amount of $95,000 and $126,000, respectively. In addition in 2010, the Plan's trustees elected to use $126,000 of forfeitures to offset the profit sharing contribution. These non-vested accounts are invested in the Guaranteed Portfolio Fund.

H. Benefits Upon Termination of Employment – At the time a participant is entitled to receive a distribution under the Plan, the administrator will direct the trustee to pay available benefits in a lump-sum distribution.

I. Reclassifications – Certain reclassifications have been made to the prior year amounts in order to conform to the current year presentation.

J. Investment – Upon enrollment in the Plan, a participant may direct employee contributions in varying percentage increments in any of the following investment options as of December 31, 2011:

Vanguard International Value Portfolio Fund – The Fund seeks to provide long-term capital appreciation. The Fund invests mainly in common stocks of companies located outside the United States that are considered by an advisor to be undervalued.

T. Rowe Price Real Estate Fund – The Fund seeks long-term growth through a combination of capital appreciation and current income. The fund normally invests at least 80% of its assets in the equity securities of real estate companies.

Goldman Sachs Mid Cap Value Fund – The Fund seeks long-term capital appreciation. The Fund normally invests at least 80% of its assets in equity securities, typically with market capitalizations within the range of the market capitalization of companies in the Russell Midcap Value Index.

Note 1 – Summary of Plan Provisions *(Continued)*:

American Funds Growth R4 Fund – The Fund seeks capital growth by investing in common stocks and seeks to invest in companies that appear to offer superior opportunities for growth of capital. It may also hold cash or money market instruments. The fund may invest up to 25% of its assets in securities of issuers domiciled outside the United States.

T. Rowe Price International Discovery Fund – The Fund seeks long-term growth of capital. The Fund expects to invest substantially all of its assets outside the U.S. and to diversify broadly among developed and emerging countries throughout the world.

Fidelity Advisor Leverages Co STK Fund – The Fund investment seeks capital appreciation. The Fund invests at least 80% of its assets in stock issued by both domestic and foreign issuers. It normally invests in common stocks of leveraged companies (companies that issue lower-quality debt and other companies with leveraged capital structures).

Neuberger Berman Partners Fund – The Fund seeks growth of capital. The Fund invests mainly in common stocks of mid- to large-capitalization companies. It seeks to reduce risk by diversifying among many companies and industries.

Loomis Sayles Bond Fund – The Fund seeks high total investment return through a combination of current income and capital appreciation. The Fund normally invests at least 80% of its assets in fixed-income securities.

Goldman Sachs High Yield Fund – The Fund seeks current income; capital appreciation is a secondary consideration. The Fund normally invests at least 80% of its assets in fixed-income securities that are non-investment grade securities.

Columbia Small Cap Value I Fund A – The Fund seeks long-term capital growth. The fund normally invests at least 80% of assets in common stocks issued by domestic companies with market capitalization equal to or less than the largest stock in the Russell 2000 Value Index at the time of purchase.

Invesco Energy Inv – The investments seeks capital growth. The Fund normally invests at least 80% of net assets in equity securities of companies engaged primarily in energy-related industries.

Alger Small Cap Growth Institutional Fund I – The Fund seeks long-term capital appreciation. The Fund focuses on small, fast-growing companies that offer innovative products, services, or technologies to a rapidly expanding marketplace. It normally invests at least 80% of its assets in securities of small capitalization companies.

Columbia Acorn Fund A – The Fund seeks long-term capital appreciation. The Fund normally invests a majority of its net assets in small and mid-sized companies with market capitalizations under $5 billion at the time of investment. It invests the majority of assets in U.S. companies, but also may invest up to 33% of total assets in foreign companies in developed markets and in emerging markets.

Note 1 – Summary of Plan Provisions *(Continued)*:

PIMCO Total Return Admin – The Fund seeks maximum total return. The Fund normally invests at least 65% of its assets in a diversified portfolio of Fixed Income Instruments of varying maturities, which may be represented by forwards or derivatives such as options, futures, contracts, or swap agreements. It invests primarily in investment grade debt securities, but may invest up to 10% of total assets in high-yield securities ("junk bonds").

BlackRock Energy & Resources Portfolio A – The Fund seeks long-term capital growth. The Fund invests at least 80% of total assets in securities of global energy and natural resource companies and companies in associated businesses, as well as utilities.

Diamond Hill Large Cap Fund A – The Fund seeks long-term capital appreciation. The Fund normally invests at least 80% of net assets in common stocks of US companies with large capitalization that the Adviser believes are undervalued. Large capitalization companies are companies with a market capitalization of $5 billion or greater or those market capitalizations of companies included in the Russell 1000 index. The management utilizes a two-step security selection process to find intrinsic value regardless of overall market conditions.

Guaranteed Portfolio Fund – The Fund provides a guarantee of principal and a guaranteed quarterly interest rate. The entire general account assets of Great West Life & Annuity Insurance Company back these guarantees. These assets are primarily investment grade quality, fixed income bonds.

The following investment option was held as of December 31, 2010:

BlackRock Large Cap Value A Fund – The Fund seeks long term capital growth. The Fund is a feeder fund that invests all of its assets in a master portfolio. The master fund invests at least 80% of its assets in equity securities of large cap companies, which, at the time of purchase, have a market capitalization equal to or greater than the top 80% of the Russell 1000 Value Index.

Note 2 – Summary of Significant Accounting Policies:

A. Investment Valuation and Income Recognition:

Investments are reported at fair value except for its investments in life insurance policies which are valued based on the policies' cash surrender value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

B. Notes Receivable from Participants:

Loans to participants are reported at their unpaid balances plus any accrued but unpaid interest.

Note 2 – Summary of Significant Accounting Policies (*Continued*):

C. Estimates:

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

D. Plan Expenses:

The Plan is sponsored by the employer. Personnel within the Company organization perform some administrative services for the Plan. The payroll and related overhead costs associated with these services are not included as Plan expenses. Certain administrative expenses of the Plan, including trustee fees, are paid out of the Plan's forfeiture account and investment management fees are deducted from the participant's accounts (See Note 9 for Party-in-interest Transactions).

E. Payment of Benefits:

Benefits are recorded when paid.

F. Accounting For Uncertainty In Income Taxes:

In accordance with guidance issued by the Financial Accounting Standards Board (FASB) on accounting for uncertainty in income taxes, management has evaluated the Plan's tax position and concluded that the Plan has maintained its tax exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2008.

G. Subsequent Events:

The Company has evaluated subsequent events through July 16, 2012, the date on which the financial statements were available to be issued.

Note 3 – Fair Value Measurement:

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 3 – Fair Value Measurement *(Continued)*:

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of inputs other than quoted prices that are observable for similar assets or liabilities in active markets; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

Level 1 – Fair Value Measurements:

The fair value of mutual funds is recorded at the net asset value ("NAV") of the shares held.

Level 2 – Fair Value Measurements:

The fair value of fixed annuities are recorded using the reported values for fixed annuity options based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider.

Level 3 – Fair Value Measurements:

The fair value of life insurance policies are recorded at the cash surrender value ("CSV") of the policy investment.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2011 and 2010, respectively:

	December 31, 2011			
	Total	Level 1	Level 2	Level 3
Equity Securities:				
Mutual Funds				
Equity Energy Funds	$ 564,885	$ 564,885	$ ---	$ ---
Foreign Large Value Funds	1,650,175	1,650,175	---	---
Foreign Small/Mid Growth Funds	804,399	804,399	---	---
High Yield Bond Funds	1,364,552	1,364,552	---	---
Intermediate-Term Bond Funds	5,388,727	5,388,727	---	---
Large Growth Funds	2,768,080	2,768,080	---	---
Large Value Funds	4,689,110	4,689,110	---	---
Mid-Cap Blend Funds	2,201,029	2,201,029	---	---
Mid-Cap Growth Funds	160,356	160,356	---	---
Mi-Cap Value Funds	44,853	44,853	---	---
Multisector Bond Funds	417,648	417,648	---	---
Real Estate Funds	697,396	697,396	---	---
Small Growth Funds	144,100	144,100	---	---
Small Value Funds	1,338,374	1,338,374	---	---
Fixed annuities	5,154,704	---	5,154,704	---
Life insurance policies	3,527,443	---	---	3,527,443
Total Assets	$ 30,915,831	$ 22,233,684	$5,154,704	$3,527,443

Note 3 – Fair Value Measurement *(Continued)*:

	December 31, 2010			
	Total	Level 1	Level 2	Level 3
Equity Securities:				
Mutual Funds				
Equity Energy Funds	$ 762,224	$ 762,224	$ ---	$ ---
Foreign Large Value Funds	2,009,660	2,009,660	---	---
Foreign Small/Mid Growth Funds	989,308	989,308	---	---
High Yield Bond Funds	1,406,832	1,406,832	---	---
Intermediate-Term Bond Funds	5,404,202	5,404,202	---	---
Large Growth Funds	3,266,195	3,266,195	---	---
Large Value Funds	4,723,491	4,723,491	---	---
Mid-Cap Blend Funds	2,512,954	2,512,954	---	---
Mid-Cap Growth Funds	18,363	18,363	---	---
Mi-Cap Value Funds	47,016	47,016	---	---
Multisector Bond Funds	264,939	264,939	---	---
Real Estate Funds	656,412	656,412	---	---
Small Growth Funds	21,093	21,093	---	---
Small Value Funds	1,437,005	1,437,005	---	---
Fixed annuities	4,331,566	---	4,331,566	---
Life insurance policies	2,412,512	---	---	2,412,512
Total Assets	$ 30,263,772	$ 23,519,694	$4,331,566	$2,412,512

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2011 and 2010 respectively:

	Year Ended December 31	
	2011	2010
Level 3 Assets:		
Balance, beginning of year	$ 2,412,512	$ 2,378,925
Increase in cash surrender value of participants' life insurance	1,114,931	137,952
Surrendered policies	---	(104,365)
Balance, End of Year	$ 3,527,443	$ 2,412,512

Note 4 – Information Certified by Custodian:

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Great West Life & Annuity Insurance Company, the custodian of the Plan, as complete and accurate, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplementary schedules:

Note 4 – Information Certified by Custodian *(Continued)*:

A. Investments held and certified by Great West Life & Annuity Insurance Company:

	December 31	
	2011	2010
Investments at Fair Value as Determined by Quoted Market Price:		
Vanguard International Value Portfolio Fund	$ 1,650,175	$ 2,009,660
American Funds Growth R4 Fund	2,768,080	3,266,195
BlackRock Large Cap Value A Fund	- - -	2,372,109
Fidelity Advisor Leverages Co STK Fund	2,201,029	2,512,954
Neuberger Berman Partners Fund	2,180,523	2,334,228
Goldman Sachs High Yield Fund	1,364,552	1,406,832
Columbia Small Cap Value I Fund A	1,338,374	1,437,005
PIMCO Total Return Admin	5,388,727	5,404,202
Diamond Hill Large Cap Fund A	2,508,587	17,154
Guaranteed Portfolio Fund	5,014,507	4,079,451
Other Investments	2,973,834	3,011,470
Total Investments	$ 27,388,388	$ 27,851,260

B. Investment income (loss) certified by Great West Life & Annuity Insurance Company:

	Year Ended December 31	
	2011	2010
Investment Income (Loss):		
Vanguard International Value Portfolio Fund	$ (278,039)	$ 132,063
American Funds Growth R4 Fund	(160,696)	346,974
BlackRock Large Cap Value A Fund	311,669	228,734
Fidelity Advisor Leverages Co STK Fund	(226,112)	509,246
Neuberger Berman Partners Fund	(254,566)	345,240
Goldman Sachs High Yield Fund	34,894	179,950
Columbia Small Cap Value I Fund A	(90,163)	305,344
PIMCO Total Return Admin	210,283	350,623
Diamond Hill Large Cap A	(140,355)	1,398
Guaranteed Portfolio Fund	93,354	97,038
Other Investments	(197,209)	511,444
Net Certifed Investment Income (Loss)	$ (696,940)	$ 3,008,054

Note 5 – Cash Surrender Value of Participants' Life Insurance:

The following represents the cash surrender value of the investments in life insurance policies at December 31, 2011 and 2010. Investments that represent 5% or more of the Plan's assets are separately identified.

A. Investments Held in Life Insurance Policies:

	December 31	
	2011	2010
Investments at Cash Surrender Value :		
Prudential insurance policies	$ 2,241,089	$ 1,157,245
Other investments	1,286,354	1,255,267
Total Investments	$ 3,527,443	$ 2,412,512

B. Net Appreciation in Cash Surrender Value:

	December 31	
	2011	2010
Appreciation In Cash Surrender Value of participants' life insurance	$ 1,114,931	$ 137,952

The Plan, up through July 31, 2011, allowed for a participant to elect having part of his or her account invested in life insurance. The life insurance insures the participant's life and/or the lives of others in whom the participant has an insurable interest and on whose life the participant elects to purchase such insurance. Any dividends or credits earned on insurance contracts are allocated to the participant's account. The premiums on the insurance contracts are charged to each participant's account. As of August 1, 2011 the Plan no longer provides for the purchase of life insurance.

Note 6 – Tax Exempt Status:

The Plan adopted a Volume Submitter Profit Sharing Plan sponsored by Preferred Pension Planning. The Volume Submitter Profit Sharing Plan has received an opinion letter dated March 31, 2008 from the Internal Revenue Service (IRS) as to the Volume Submitter Profit Sharing Plan's qualified status. The Volume Submitter Profit Sharing Plan opinion letter has been relied upon by this Plan. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code.

Note 7 – Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan termination, participants will become 100 percent vested in their accounts.

Note 8 – Risk 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 the investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the statements of net assets available for benefits.

Note 9 – Party-in-Interest Transactions:

Certain Plan investments are held by the custodian, Great West Life & Annuity Insurance Company. Any transactions involving Great West Retirement Services, the plan sponsor, the accountant involved with the plan, the third party administrator, and investment managers and advisor are therefore considered party-in-interest transactions. During the years ended December 31, 2011 and 2010, there was $32,633 and $24,720, respectively, paid by the Plan for accounting and third party administrative fees. In addition, there were indirect fees paid by the plan for investment management and advisory services for the years ended December 31, 2011 and 2010, respectively.

Supplementary Information

J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan

Supplementary Information – Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2011

ID #21-0665029 - Plan #002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost of acquisition	(e) Current value
*	Great West Life Insurance & Annuity Insurance Company			
	Vanguard International Value Portfolio Fund	Mutual Funds	**	$ 1,650,175
	T. Rowe Price Real Estate Fund	Mutual Funds	**	697,396
	Goldman Sachs Mid Cap Value Fund	Mutual Funds	**	44,853
	American Funds Growth R4 Fund	Mutual Funds	**	2,768,080
	T. Rowe Price International Discovery Fund	Mutual Funds	**	804,399
	Fidelity Advisor Leverages Co STK Fund	Mutual Funds	**	2,201,029
	Neuberger Berman Partners Fund	Mutual Funds	**	2,180,523
	Loomis Sayles Bond Fund	Mutual Funds	**	417,648
	Goldman Sachs High Yield Fund	Mutual Funds	**	1,364,552
	Columbia Small Cap Value I Fund A	Mutual Funds	**	1,338,374
	Invesco Energy Inv	Mutual Funds	**	210,706
	Alger Small Cap Growth Institutional Fund I	Mutual Funds	**	144,100
	Columbia Acorn Fund A	Mutual Funds	**	160,356
	PIMCO Total Return Admin	Mutual Funds	**	5,388,727
	BlackRock Energy & Resources Portfolio A	Mutual Funds	**	354,179
	Diamond Hill Large Cap Fund A	Mutual Funds	**	2,508,587
	Guaranteed Portfolio Fund	Fixed Annuities	**	5,014,507
	Forfeitures	Fixed Annuities	**	140,197
	The Guardian Life Insurance Company	Cash surrender value of participants' life insurance	**	781,912
	Security Life of Denver, ING Services	Cash surrender value of participants' life insurance	**	271,097
	Aurora National Life Insurance Company	Cash surrender value of participants' life insurance	**	35,648
	Prudential Life Insurance Company	Cash surrender value of participants' life insurance	**	2,241,089
	Hartford Life and Annuity Insurance Company	Cash surrender value of participants' life insurance	**	197,697
	Total Investments			30,915,831
	Notes Receivable from Participants	4.25%-9.25%, matures through March 2030 collateral - participant accounts		450,350
	Total			$ 31,366,181

* Party-in-Interest

** Cost information not required to be reported pursuant to Labor Regulations 29 CAR 2520.103-11

See Independent Auditors' Report.

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J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan

Supplementary Information – Schedule H, Line 4j
Schedule of Reportable Transactions
December 31, 2011

ID #21-0665029
Plan #002

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(I) Net Gain (Loss)
None	N/A	$ ---	$ ---	$ ---	$ ---	$ ---	$ ---	$ ---

See Independent Auditors' Report.

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J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan
Financial Statements

Year Ended December 31, 2011

J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan

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Year Ended December 31, 2011

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Knowledgeable People.
Excellent Results.

Certified Public Accountants & Advisers

Independent Auditors' Report

To the Trustees of the
J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the **J. Fletcher Creamer & Son, Inc. 401(k) Profit Sharing Plan** (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended and the supplementary schedules of assets held at end of year and reportable transactions as of and for the year ended December 31, 2011. These financial statements and supplementary schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified or provided by Great West Life & Annuity Insurance Company, the custodian of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian regarding the completeness and accuracy of the information summarized in Note 4 that was provided to the Plan Administrator by the custodian as of and for the years ended December 31, 2011 and December 31, 2010.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sax Macy Fromm & Co., PC
Certified Public Accountants

Clifton, New Jersey
July 16, 2012

J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits

	December 31, 2011		December 31, 2010	
Assets:				
Investments at Fair Value:				
Shares of Registered Investment Companies:				
Vanguard International Value Portfolio Fund	$ 1,650,175		$ 2,009,660	
T. Rowe Price Real Estate Fund	697,396		656,412	
Goldman Sachs Mid Cap Value Fund	44,853		47,016	
American Funds Growth R4 Fund	2,768,080		3,266,195	
BlackRock Large Cap Value A Fund	---		2,372,109	
T. Rowe Price International Discovery Fund	804,399		989,308	
Fidelity Advisor Leverages Co STK Fund	2,201,029		2,512,954	
Neuberger Berman Partners Fund	2,180,523		2,334,228	
Loomis Sayles Bond Fund	417,648		264,939	
Goldman Sachs High Yield Fund	1,364,552		1,406,832	
Columbia Small Cap Value I Fund A	1,338,374		1,437,005	
Invesco Energy Inv	210,706		339,917	
Alger Small Cap Growth Institutional Fund I	144,100		21,093	
Columbia Acorn Fund A	160,356		18,363	
PIMCO Total Return Admin	5,388,727		5,404,202	
BlackRock Energy & Resources Portfolio A	354,179		422,307	
Diamond Hill Large Cap Fund A	2,508,587		17,154	
Value of Interest in Insurance Company Contract:				
Guaranteed Portfolio Fund	5,014,507		4,079,451	
Forfeitures	140,197		252,115	
Total Investments at Fair Value		$ 27,388,388		$ 27,851,260
At Estimated Fair Value:				
Cash surrender value of participants' life insurance		3,527,443		2,412,512
Total Investments		30,915,831		30,263,772
Receivables:				
Employer contributions	33,500		498,456	
Notes receivable from participants	450,350		512,232	
Total Receivables		483,850		1,010,688
Net Assets Available for Benefits		$ 31,399,681		$ 31,274,460

The Accompanying Notes are an Integral Part of these Financial Statements.

J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2011		Year Ended December 31, 2010	
Additions (Deductions) to Net Assets Attributed to Investment Income:				
Appreciation (depreciation) in fair value of investments	$ (1,401,791)		$ 2,254,528	
Dividend income	704,851		753,526	
Increase in cash surrender value of participants' life insurance	1,114,931		137,952	
Interest repaid from notes receivable	23,299		21,603	
Contributions:				
Participant	1,032,277		1,093,465	
Rollovers	---		15,259	
Employer - profit sharing	---		614,041	
Employer - forfeited accounts	177,501		143,627	
Employer - safe harbor	472,015		481,149	
Total Additions		$ 2,123,083		$ 5,515,150
Deductions From Net Assets Attributed to:				
Benefits paid directly to participants or beneficiaries	1,872,844		1,470,490	
Benefits paid to insurance carriers for the provision of benefits	92,385		93,233	
Administrative expenses	32,633		24,720	
Total Deductions		1,997,862		1,588,443
Net Increase in Net Assets		125,221		3,926,707
Net Assets Available for Benefits at Beginning of Year		31,274,460		27,347,753
Net Assets Available for Benefits at End of Year		$ 31,399,681		$ 31,274,460

The Accompanying Notes are an Integral Part of these Financial Statements.

J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan

Notes to Financial Statements

Note 1 – Summary of Plan Provisions:

The following brief description of the J. Fletcher Creamer & Son, Inc. 401(k) Profit Sharing Plan (the Plan), sponsored by J. Fletcher Creamer & Son, Inc. (the Company), is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. Description of Plan – The Plan is a defined contribution plan covering all employees of J. Fletcher Creamer & Son, Inc. and Creamer Management Corporation who have reached the age of twenty-one, are not covered by a collective bargaining agreement which provides for retirement benefits, and have completed three months of consecutive service having worked at least 83.3 hours in each such month. Employees who have reached the age of twenty-one are eligible to receive a profit sharing contribution upon completion of 1,000 hours of service. Employees who have reached the age of twenty-one are eligible to receive a safe harbor contribution upon completion of 1 year of consecutive employment and 1,000 hours of service. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA) and all the requirements of Sections 401(a) and 401(k) of the Internal Revenue Code.

B. Contributions – Pre-tax employee contributions are made pursuant to salary deferral agreements. The minimum percentage of compensation a participant may elect to defer is 1% and the maximum is 80%. The Company provides for a safe harbor contribution based on 3% of eligible compensation. The Plan provides for discretionary profit sharing contributions as determined by the Company.

   The Plan sponsor has elected to make discretionary profit sharing contributions in the amount of $-0- and $614,041 for the years ended December 31, 2011 and 2010, respectively.

C. Rollovers – The Plan allows participant employees to make rollover contributions of amounts received from other qualified approved retirement plans, provided they are made within 60 days of receipt of such amounts by an employee.

D. Notes Receivable From Participants – Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their vested account balance whichever is less. Loan terms can range from 1-5 years or some reasonable period in excess of 5 years if the loan is for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through weekly payroll deductions. The Plan allows only one outstanding loan.

Note 1 – Summary of Plan Provisions *(Continued)*:

E. Vesting – Participants are immediately vested in their voluntary contributions and employer safe harbor contributions plus actual earnings thereon. For the discretionary contribution, the Plan provides for participants to vest in their account balance as follows:

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

F. Participant Accounts – Each participant's account is credited with an allocation of (a) the participant's contributions, (b) the Company's contributions, (c) Plan earnings, (d) forfeitures of terminated participants' non-vested account and charged with an allocation of administrative expenses that are incurred by the Plan. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the amount that can be provided from the participant's vested account.

G. Forfeited Accounts – At December 31, 2011 and 2010 forfeited non-vested accounts which are invested in the Guaranteed Portfolio Fund, totaled $140,197 and $252,115 respectively. In 2011 and 2010 the Plan's trustees elected to reallocate forfeitures to participants in the same manner as employer profit sharing contributions in the amount of $95,000 and $126,000, respectively. In addition in 2010, the Plan's trustees elected to use $126,000 of forfeitures to offset the profit sharing contribution. These non-vested accounts are invested in the Guaranteed Portfolio Fund.

H. Benefits Upon Termination of Employment – At the time a participant is entitled to receive a distribution under the Plan, the administrator will direct the trustee to pay available benefits in a lump-sum distribution.

I. Reclassifications – Certain reclassifications have been made to the prior year amounts in order to conform to the current year presentation.

J. Investment – Upon enrollment in the Plan, a participant may direct employee contributions in varying percentage increments in any of the following investment options as of December 31, 2011:

Vanguard International Value Portfolio Fund – The Fund seeks to provide long-term capital appreciation. The Fund invests mainly in common stocks of companies located outside the United States that are considered by an advisor to be undervalued.

T. Rowe Price Real Estate Fund – The Fund seeks long-term growth through a combination of capital appreciation and current income. The fund normally invests at least 80% of its assets in the equity securities of real estate companies.

Goldman Sachs Mid Cap Value Fund – The Fund seeks long-term capital appreciation. The Fund normally invests at least 80% of its assets in equity securities, typically with market capitalizations within the range of the market capitalization of companies in the Russell Midcap Value Index.

Note 1 – Summary of Plan Provisions *(Continued)*:

American Funds Growth R4 Fund – The Fund seeks capital growth by investing in common stocks and seeks to invest in companies that appear to offer superior opportunities for growth of capital. It may also hold cash or money market instruments. The fund may invest up to 25% of its assets in securities of issuers domiciled outside the United States.

T. Rowe Price International Discovery Fund – The Fund seeks long-term growth of capital. The Fund expects to invest substantially all of its assets outside the U.S. and to diversify broadly among developed and emerging countries throughout the world.

Fidelity Advisor Leverages Co STK Fund – The Fund investment seeks capital appreciation. The Fund invests at least 80% of its assets in stock issued by both domestic and foreign issuers. It normally invests in common stocks of leveraged companies (companies that issue lower-quality debt and other companies with leveraged capital structures).

Neuberger Berman Partners Fund – The Fund seeks growth of capital. The Fund invests mainly in common stocks of mid- to large-capitalization companies. It seeks to reduce risk by diversifying among many companies and industries.

Loomis Sayles Bond Fund – The Fund seeks high total investment return through a combination of current income and capital appreciation. The Fund normally invests at least 80% of its assets in fixed-income securities.

Goldman Sachs High Yield Fund – The Fund seeks current income; capital appreciation is a secondary consideration. The Fund normally invests at least 80% of its assets in fixed-income securities that are non-investment grade securities.

Columbia Small Cap Value I Fund A – The Fund seeks long-term capital growth. The fund normally invests at least 80% of assets in common stocks issued by domestic companies with market capitalization equal to or less than the largest stock in the Russell 2000 Value Index at the time of purchase.

Invesco Energy Inv – The investments seeks capital growth. The Fund normally invests at least 80% of net assets in equity securities of companies engaged primarily in energy-related industries.

Alger Small Cap Growth Institutional Fund I – The Fund seeks long-term capital appreciation. The Fund focuses on small, fast-growing companies that offer innovative products, services, or technologies to a rapidly expanding marketplace. It normally invests at least 80% of its assets in securities of small capitalization companies.

Columbia Acorn Fund A – The Fund seeks long-term capital appreciation. The Fund normally invests a majority of its net assets in small and mid-sized companies with market capitalizations under $5 billion at the time of investment. It invests the majority of assets in U.S. companies, but also may invest up to 33% of total assets in foreign companies in developed markets and in emerging markets.

Note 1 – Summary of Plan Provisions *(Continued)*:

PIMCO Total Return Admin – The Fund seeks maximum total return. The Fund normally invests at least 65% of its assets in a diversified portfolio of Fixed Income Instruments of varying maturities, which may be represented by forwards or derivatives such as options, futures, contracts, or swap agreements. It invests primarily in investment grade debt securities, but may invest up to 10% of total assets in high-yield securities ("junk bonds").

BlackRock Energy & Resources Portfolio A – The Fund seeks long-term capital growth. The Fund invests at least 80% of total assets in securities of global energy and natural resource companies and companies in associated businesses, as well as utilities.

Diamond Hill Large Cap Fund A – The Fund seeks long-term capital appreciation. The Fund normally invests at least 80% of net assets in common stocks of US companies with large capitalization that the Adviser believes are undervalued. Large capitalization companies are companies with a market capitalization of $5 billion or greater or those market capitalizations of companies included in the Russell 1000 index. The management utilizes a two-step security selection process to find intrinsic value regardless of overall market conditions.

Guaranteed Portfolio Fund – The Fund provides a guarantee of principal and a guaranteed quarterly interest rate. The entire general account assets of Great West Life & Annuity Insurance Company back these guarantees. These assets are primarily investment grade quality, fixed income bonds.

The following investment option was held as of December 31, 2010:

BlackRock Large Cap Value A Fund – The Fund seeks long term capital growth. The Fund is a feeder fund that invests all of its assets in a master portfolio. The master fund invests at least 80% of its assets in equity securities of large cap companies, which, at the time of purchase, have a market capitalization equal to or greater than the top 80% of the Russell 1000 Value Index.

Note 2 – Summary of Significant Accounting Policies:

A. Investment Valuation and Income Recognition:

Investments are reported at fair value except for its investments in life insurance policies which are valued based on the policies' cash surrender value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

B. Notes Receivable from Participants:

Loans to participants are reported at their unpaid balances plus any accrued but unpaid interest.

Note 2 – Summary of Significant Accounting Policies (*Continued*):

C. Estimates:

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

D. Plan Expenses:

The Plan is sponsored by the employer. Personnel within the Company organization perform some administrative services for the Plan. The payroll and related overhead costs associated with these services are not included as Plan expenses. Certain administrative expenses of the Plan, including trustee fees, are paid out of the Plan's forfeiture account and investment management fees are deducted from the participant's accounts (See Note 9 for Party-in-interest Transactions).

E. Payment of Benefits:

Benefits are recorded when paid.

F. Accounting For Uncertainty In Income Taxes:

In accordance with guidance issued by the Financial Accounting Standards Board (FASB) on accounting for uncertainty in income taxes, management has evaluated the Plan's tax position and concluded that the Plan has maintained its tax exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2008.

G. Subsequent Events:

The Company has evaluated subsequent events through July 16, 2012, the date on which the financial statements were available to be issued.

Note 3 – Fair Value Measurement:

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 3 – Fair Value Measurement *(Continued)*:

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of inputs other than quoted prices that are observable for similar assets or liabilities in active markets; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

Level 1 – Fair Value Measurements:

The fair value of mutual funds is recorded at the net asset value ("NAV") of the shares held.

Level 2 – Fair Value Measurements:

The fair value of fixed annuities are recorded using the reported values for fixed annuity options based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider.

Level 3 – Fair Value Measurements:

The fair value of life insurance policies are recorded at the cash surrender value ("CSV") of the policy investment.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2011 and 2010, respectively:

	December 31, 2011			
	Total	Level 1	Level 2	Level 3
Equity Securities:				
Mutual Funds				
Equity Energy Funds	$ 564,885	$ 564,885	$ ---	$ ---
Foreign Large Value Funds	1,650,175	1,650,175	---	---
Foreign Small/Mid Growth Funds	804,399	804,399	---	---
High Yield Bond Funds	1,364,552	1,364,552	---	---
Intermediate-Term Bond Funds	5,388,727	5,388,727	---	---
Large Growth Funds	2,768,080	2,768,080	---	---
Large Value Funds	4,689,110	4,689,110	---	---
Mid-Cap Blend Funds	2,201,029	2,201,029	---	---
Mid-Cap Growth Funds	160,356	160,356	---	---
Mi-Cap Value Funds	44,853	44,853	---	---
Multisector Bond Funds	417,648	417,648	---	---
Real Estate Funds	697,396	697,396	---	---
Small Growth Funds	144,100	144,100	---	---
Small Value Funds	1,338,374	1,338,374	---	---
Fixed annuities	5,154,704	---	5,154,704	---
Life insurance policies	3,527,443	---	---	3,527,443
Total Assets	$ 30,915,831	$ 22,233,684	$5,154,704	$3,527,443

Note 3 – Fair Value Measurement *(Continued)*:

	December 31, 2010			
	Total	Level 1	Level 2	Level 3
Equity Securities:				
Mutual Funds				
Equity Energy Funds	$ 762,224	$ 762,224	$ ---	$ ---
Foreign Large Value Funds	2,009,660	2,009,660	---	---
Foreign Small/Mid Growth Funds	989,308	989,308	---	---
High Yield Bond Funds	1,406,832	1,406,832	---	---
Intermediate-Term Bond Funds	5,404,202	5,404,202	---	---
Large Growth Funds	3,266,195	3,266,195	---	---
Large Value Funds	4,723,491	4,723,491	---	---
Mid-Cap Blend Funds	2,512,954	2,512,954	---	---
Mid-Cap Growth Funds	18,363	18,363	---	---
Mi-Cap Value Funds	47,016	47,016	---	---
Multisector Bond Funds	264,939	264,939	---	---
Real Estate Funds	656,412	656,412	---	---
Small Growth Funds	21,093	21,093	---	---
Small Value Funds	1,437,005	1,437,005	---	---
Fixed annuities	4,331,566	---	4,331,566	---
Life insurance policies	2,412,512	---	---	2,412,512
Total Assets	$ 30,263,772	$ 23,519,694	$4,331,566	$2,412,512

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2011 and 2010 respectively:

	Year Ended December 31	
	2011	2010
Level 3 Assets:		
Balance, beginning of year	$ 2,412,512	$ 2,378,925
Increase in cash surrender value of participants' life insurance	1,114,931	137,952
Surrendered policies	---	(104,365)
Balance, End of Year	$ 3,527,443	$ 2,412,512

Note 4 – Information Certified by Custodian:

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Great West Life & Annuity Insurance Company, the custodian of the Plan, as complete and accurate, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplementary schedules:

Note 4 – Information Certified by Custodian *(Continued)*:

A. Investments held and certified by Great West Life & Annuity Insurance Company:

	December 31	
	2011	2010
Investments at Fair Value as Determined by Quoted Market Price:		
Vanguard International Value Portfolio Fund	$ 1,650,175	$ 2,009,660
American Funds Growth R4 Fund	2,768,080	3,266,195
BlackRock Large Cap Value A Fund	- - -	2,372,109
Fidelity Advisor Leverages Co STK Fund	2,201,029	2,512,954
Neuberger Berman Partners Fund	2,180,523	2,334,228
Goldman Sachs High Yield Fund	1,364,552	1,406,832
Columbia Small Cap Value I Fund A	1,338,374	1,437,005
PIMCO Total Return Admin	5,388,727	5,404,202
Diamond Hill Large Cap Fund A	2,508,587	17,154
Guaranteed Portfolio Fund	5,014,507	4,079,451
Other Investments	2,973,834	3,011,470
Total Investments	$ 27,388,388	$ 27,851,260

B. Investment income (loss) certified by Great West Life & Annuity Insurance Company:

	Year Ended December 31	
	2011	2010
Investment Income (Loss):		
Vanguard International Value Portfolio Fund	$ (278,039)	$ 132,063
American Funds Growth R4 Fund	(160,696)	346,974
BlackRock Large Cap Value A Fund	311,669	228,734
Fidelity Advisor Leverages Co STK Fund	(226,112)	509,246
Neuberger Berman Partners Fund	(254,566)	345,240
Goldman Sachs High Yield Fund	34,894	179,950
Columbia Small Cap Value I Fund A	(90,163)	305,344
PIMCO Total Return Admin	210,283	350,623
Diamond Hill Large Cap A	(140,355)	1,398
Guaranteed Portfolio Fund	93,354	97,038
Other Investments	(197,209)	511,444
Net Certifed Investment Income (Loss)	$ (696,940)	$ 3,008,054

Note 5 – Cash Surrender Value of Participants' Life Insurance:

The following represents the cash surrender value of the investments in life insurance policies at December 31, 2011 and 2010. Investments that represent 5% or more of the Plan's assets are separately identified.

A. Investments Held in Life Insurance Policies:

	December 31	
	2011	2010
Investments at Cash Surrender Value :		
Prudential insurance policies	$ 2,241,089	$ 1,157,245
Other investments	1,286,354	1,255,267
Total Investments	$ 3,527,443	$ 2,412,512

B. Net Appreciation in Cash Surrender Value:

	December 31	
	2011	2010
Appreciation In Cash Surrender Value of participants' life insurance	$ 1,114,931	$ 137,952

The Plan, up through July 31, 2011, allowed for a participant to elect having part of his or her account invested in life insurance. The life insurance insures the participant's life and/or the lives of others in whom the participant has an insurable interest and on whose life the participant elects to purchase such insurance. Any dividends or credits earned on insurance contracts are allocated to the participant's account. The premiums on the insurance contracts are charged to each participant's account. As of August 1, 2011 the Plan no longer provides for the purchase of life insurance.

Note 6 – Tax Exempt Status:

The Plan adopted a Volume Submitter Profit Sharing Plan sponsored by Preferred Pension Planning. The Volume Submitter Profit Sharing Plan has received an opinion letter dated March 31, 2008 from the Internal Revenue Service (IRS) as to the Volume Submitter Profit Sharing Plan's qualified status. The Volume Submitter Profit Sharing Plan opinion letter has been relied upon by this Plan. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code.

Note 7 – Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan termination, participants will become 100 percent vested in their accounts.

Note 8 – Risk 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 the investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the statements of net assets available for benefits.

Note 9 – Party-in-Interest Transactions:

Certain Plan investments are held by the custodian, Great West Life & Annuity Insurance Company. Any transactions involving Great West Retirement Services, the plan sponsor, the accountant involved with the plan, the third party administrator, and investment managers and advisor are therefore considered party-in-interest transactions. During the years ended December 31, 2011 and 2010, there was $32,633 and $24,720, respectively, paid by the Plan for accounting and third party administrative fees. In addition, there were indirect fees paid by the plan for investment management and advisory services for the years ended December 31, 2011 and 2010, respectively.

Supplementary Information

J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan

Supplementary Information – Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2011

ID #21-0665029 - Plan #002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost of acquisition	(e) Current value
*	Great West Life Insurance & Annuity Insurance Company			
	Vanguard International Value Portfolio Fund	Mutual Funds	**	$ 1,650,175
	T. Rowe Price Real Estate Fund	Mutual Funds	**	697,396
	Goldman Sachs Mid Cap Value Fund	Mutual Funds	**	44,853
	American Funds Growth R4 Fund	Mutual Funds	**	2,768,080
	T. Rowe Price International Discovery Fund	Mutual Funds	**	804,399
	Fidelity Advisor Leverages Co STK Fund	Mutual Funds	**	2,201,029
	Neuberger Berman Partners Fund	Mutual Funds	**	2,180,523
	Loomis Sayles Bond Fund	Mutual Funds	**	417,648
	Goldman Sachs High Yield Fund	Mutual Funds	**	1,364,552
	Columbia Small Cap Value I Fund A	Mutual Funds	**	1,338,374
	Invesco Energy Inv	Mutual Funds	**	210,706
	Alger Small Cap Growth Institutional Fund I	Mutual Funds	**	144,100
	Columbia Acorn Fund A	Mutual Funds	**	160,356
	PIMCO Total Return Admin	Mutual Funds	**	5,388,727
	BlackRock Energy & Resources Portfolio A	Mutual Funds	**	354,179
	Diamond Hill Large Cap Fund A	Mutual Funds	**	2,508,587
	Guaranteed Portfolio Fund	Fixed Annuities	**	5,014,507
	Forfeitures	Fixed Annuities	**	140,197
	The Guardian Life Insurance Company	Cash surrender value of participants' life insurance	**	781,912
	Security Life of Denver, ING Services	Cash surrender value of participants' life insurance	**	271,097
	Aurora National Life Insurance Company	Cash surrender value of participants' life insurance	**	35,648
	Prudential Life Insurance Company	Cash surrender value of participants' life insurance	**	2,241,089
	Hartford Life and Annuity Insurance Company	Cash surrender value of participants' life insurance	**	197,697
	Total Investments			30,915,831
	Notes Receivable from Participants	4.25%-9.25%, matures through March 2030 collateral - participant accounts		450,350
	Total			$ 31,366,181

* Party-in-Interest

** Cost information not required to be reported pursuant to Labor Regulations 29 CAR 2520.103-11

See Independent Auditors' Report.

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J. Fletcher Creamer & Son, Inc.
401(k) Profit Sharing Plan

Supplementary Information – Schedule H, Line 4j
Schedule of Reportable Transactions
December 31, 2011

ID #21-0665029
Plan #002

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(I) Net Gain (Loss)
None	N/A	$ ---	$ ---	$ ---	$ ---	$ ---	$ ---	$ ---

See Independent Auditors' Report.

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