Form 5500	Annual Return/Report of	Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed for employ and 4065 of the Employee Retirement Inco sections 6047(e), 6057(b), and 6058(a) of t				
Department of Labor Employee Benefits Security Administration	 Complete all entries the instructions to f 	in accordance with	2011		
Pension Benefit Guaranty Corporation			This Form is Open to Public Inspection		
Part I Annual Report Ider	tification Information	· · · · ·	•		
For calendar plan year 2011 or fiscal	olan year beginning 01/01/2011	and ending 12/31/2	2011		
A This return/report is for:	a multiemployer plan;	a multiple-employer plan; or			
	X a single-employer plan;	a DFE (specify)			
B This return/report is:	the first return/report;	the final return/report;			
	an amended return/report:	a short plan year return/report (less t	han 12 months).		
C If the plan is a collectively-bargain	ed plan, check here		_		
		—			
D Check box if filing under:	X Form 5558;	automatic extension;	the DFVC program;		
	special extension (enter description)				
Part II Basic Plan Inform	nation—enter all requested information				
1a Name of plan LEASE CRUTCHER LEWIS 401(K) S	ALARY DEFERRAL & RETIREMENT SAVIN	NGS PLAN	1b Three-digit plan number (PN) ►		
			1c Effective date of plan 05/01/1989		
2a Plan sponsor's name and addres W. LEASE LEWIS COMPANY	s, including room or suite number (Employer,	if for single-employer plan)	2b Employer Identification Number (EIN) 91-1322480		
			2c Sponsor's telephone number 206-689-0448		
107 SPRING STREET107 SPRING STREETSEATTLE, WA 98104SEATTLE, WA 98104			2d Business code (see instructions) 236200		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2012	THOMAS DILTS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
NEKE	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a	Plan administrator's name and address (if same as plan sponsor, enter "Same")	3b Ad	ministrator's EIN		
W	V. LEASE LEWIS COMPANY		91-1322480		
	7 SPRING STREET ATTLE, WA 98104		ministrator's telephone mber 206-689-0448		
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 the plan number from the last return/report:	and	4b EIN		
а	Sponsor's name		4c PN		
5	Total number of participants at the beginning of the plan year	5	217		
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		I		
а	Active participants	6a	127		
b	Retired or separated participants receiving benefits	6b	1		
С	Other retired or separated participants entitled to future benefits	6c	61		
d	Subtotal. Add lines 6a , 6b , and 6c	6d	189		
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0		
f	Total. Add lines 6d and 6e	6f	189		
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	170		
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0		
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7			

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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2K 2T 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)				Plan bene	efit	arrangement (check all that apply)
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	Х	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	Check a	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	tache	ed, and, wh	nere	e indicated, enter the number attached. (See instructions)
а	Pensio	n <u>S</u> cl	nedules	b	General	Sc	hedules
	(1)	×	R (Retirement Plan Information)		(1)	X	H (Financial Information)
	(2)	Π	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	\square	I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
			actuary		(4)	Х	C (Service Provider Information)
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)	Х	D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)

(SCHEDULE C Service Provider Information			
(Form 5500)		2011		
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section Retirement Income Security Act of 1974	2011		
Department of Labor Employee Benefits Security Administration	File as an attachment to Form	File as an attachment to Form 5500.		
Pension Benefit Guaranty Corporation For calendar plan year 2011 or fiscal pla	an year beginning 01/01/2011	and ending 12/31	Inspection.	
A Name of plan	ALARY DEFERRAL & RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN)	• 001	
C Plan sponsor's name as shown on li W. LEASE LEWIS COMPANY	ne 2a of Form 5500	D Employer Identification 91-1322480	on Number (EIN)	
Part I Service Provider Info	ormation (see instructions)			
or more in total compensation (i.e., n plan during the plan year. If a person	ordance with the instructions, to report the information re- noney or anything else of monetary value) in connectior n received only eligible indirect compensation for which include that person when completing the remainder of	with services rendered to the plan received the requ	the plan or the person's position with the	
 a Check "Yes" or "No" to indicate whet indirect compensation for which the p b If you answered line 1a "Yes," enter 	the receiving Only Eligible Indirect Compensate ther you are excluding a person from the remainder of the plan received the required disclosures (see instructions of the name and EIN or address of each person providing instation. Complete as many entries as needed (see inst	is Part because they recei for definitions and conditio g the required disclosures t	ns)Yes No	
4 \ _				
	ame and EIN or address of person who provided you dis	closures on eligible indired	ct compensation	
()	ame and EIN or address of person who provided you dis	closures on eligible indirec	ct compensation	
()	ame and EIN or address of person who provided you dis	closures on eligible indirec	ct compensation	
FID.INV.INST.OPS.CO. 04-2647786	ame and EIN or address of person who provided you dis		·	
FID.INV.INST.OPS.CO. 04-2647786			·	
FID.INV.INST.OPS.CO. 04-2647786 (b) Enter na		sclosure on eligible indirect	t compensation	
FID.INV.INST.OPS.CO. 04-2647786 (b) Enter na	ame and EIN or address of person who provided you di	sclosure on eligible indirect	t compensation	

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

(b) Enter name and EIN or address of person who provided you disclosures 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

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

(a) Enter name and EIN or address (see instructi
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FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,		(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			
64 65 60	RECORDKEEPER	133	Yes 🗙 No 🗌	Yes 🕅 No 🗌	0	Yes 🗙 No 🗌		
	(a) Enter name and EIN or address (see instructions)							

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions) (c) Enter amount of i compensatio		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	t compensation, including any e the service provider's eligibility the indirect compensation.	
ABF LG CAP VAL INV - STATE STREET B	0.40%		
04-1867445			
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation	
FIDELITY INVESTMENTS INSTITUTIONAL	60	0	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	t compensation, including any e the service provider's eligibility the indirect compensation.	
ALLNZ NFJ SMCPVAL AD - BOSTON FINAN	0.35%		
04-2526037			
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation	
FIDELITY INVESTMENTS INSTITUTIONAL	60	0	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.	
COL/ACORN INTL Z - COLUMBIA MGT INV P.O. BOX 8081 BOSTON, MA 02266-8081	0.40%		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0		
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.		
LOOMIS BOND INST - BOSTON FINANCIAL	0.20%			
04-2526037				
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0		
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.		
PIMCO TOT RETURN ADM - BOSTON FINAN	0.26%	0.26%		
04-2526037				
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0		
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.		
RAINIER SM/MID CAP - US BANCORP FUN	0.35%			
39-0281260				

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.

(see instructions)	(C) Enter amount of indirect compensation	
60	0	
formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.	
0.25%		
(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation	
60	0	
formula used to determine	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
0.50%		
(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation	
	compensation, including any	
for or the amount of	the indirect compensation.	
	60 (e) Describe the indirect formula used to determine for or the amount of 0.25% (b) Service Codes (see instructions) 60 (e) Describe the indirect formula used to determine for or the amount of 0.50% (b) Service Codes (see instructions) 60 (e) Describe the indirect formula used to determine for or the amount of 0.50% (b) Service Codes (see instructions) (b) Service Codes (see instructions) (c) Describe the indirect formula used to determine for or the amount of 0.50%	

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P	Part II Service Providers Who Fail or Refuse to Provide Information				
4	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 na	me 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 na	me 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 na	me 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 na	me and EIN or address of service provider (see instructions)	(b) Nature of Service	(C) Describe the information that the service provider failed or refused to provide	
	(a) Enter na	me and EIN or address of service provider (see	(b) Nature of	(C) Describe the information that the service provider failed or refused to	
		instructions)	Service Code(s)	provide	
	(a) Enter na	me 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	

Pa	rt III	Termination Information on Accountants and Enroller (complete as many entries as needed)	d Actuaries (see instructions)
а	Name		b EIN:
С	Positic	on:	
d Addre		SS:	e Telephone:
Exp	olanatio	n:	

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:
-		

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

SCHEDULE D	DFE/Participating Plan Information			OMB No. 1210-0110	
(Form 5500) Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).			2011	
Department of Labor		File as an attachment to Form 5500.			
Employee Benefits Security Administration				This Form is Open to Public Inspection.	
For calendar plan year 2011 or fiscal p	olan year beginning	01/01/2011 and	_	31/2011	
A Name of plan LEASE CRUTCHER LEWIS 401(K) SA	ALARY DEFERRAL &	RETIREMENT SAVINGS PLAN	B Three-digit plan numb	er (PN)	
C Plan or DFE sponsor's name as sho W. LEASE LEWIS COMPANY	own on line 2a of Form	n 5500	D Employer Id 91-132248	lentification Number (EIN) 0	
		Ts, PSAs, and 103-12 IEs (to be co to report all interests in DFEs)	mpleted by pla	ans and DFEs)	
a Name of MTIA, CCT, PSA, or 103-	12 IE: FID MGD INC	PORT			
b Name of sponsor of entity listed in	(a): FIDELITY MAI	NAGEMENT TRUST COMPANY			
C EIN-PN 04-3022712-024	d Entity C code	e Dollar value of interest in MTIA, CCT, P 12 IE at end of year (see instructions)	SA, or 103	117467	
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
b Name of sponsor of entity listed in	(a):				
c EIN-PN d Entity code e Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)					
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
b Name of sponsor of entity listed in	(a):				
C EIN-PN	N-PN d Entity code e Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in	(a):				
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, P 12 IE at end of year (see instructions)	SA, or 103-		
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
b Name of sponsor of entity listed in	(a):				
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, P 12 IE at end of year (see instructions)	SA, or 103-		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in	(a):				
C EIN-PN	c EIN-PN d Entity code e Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, P 12 IE at end of year (see instructions)	SA, or 103-		

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

Schedule D (Form 5500) 20	011	Page 2 - 1		
a Name of MTIA, CCT, PSA, or 103-12 IE:				
b Name of sponsor of entity listed in (a):				
C EIN-PN	d Entity code	 Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	 Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	 Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	 Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	 Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	 Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 		
a Name of MTIA, CCT, PSA, or 103-12 IE:				
b Name of sponsor of entity listed in (a):				
C EIN-PN	d Entity code	 Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 		
a Name of MTIA, CCT, PSA, or 103-12 IE:				
b Name of sponsor of entity listed in (a):				
C EIN-PN	d Entity code	 e Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 		
a Name of MTIA, CCT, PSA, or 103-12 IE:				
b Name of sponsor of entity listed in (a):				
C EIN-PN	d Entity	e Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)		

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Ρ	art II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)	
а	Plan na		
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
	Name o		C EIN-PN
	plan spo		
	Plan na Name o		C EIN-PN
	plan spo		
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
-	Plan na		
	Name o		C EIN-PN
	plan spo	nsor	
	Plan na		
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na		
	Name o		C EIN-PN
-	plan spo		
	Plan na Name o		C EIN-PN
~	plan spo		
	Plan na		
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN

SCHEDULE H Financial Information						OMB No. 1210-0110			
(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor 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).						2011			
Employee Benefits Security Administration Pension Benefit Guaranty Corporation						This	Form is Ope Inspection		
For calendar plan year 2011 or fiscal plan	an year beginning 01/01/2011		and e	endin	g <u>12/3</u> 1	/2011			
A Name of plan				В	Three-di	git			
LEASE CRUTCHER LEWIS 401(K) SA	LARY DEFERRAL & RETIREMENT SAVIN	NGS PLAIN			plan nun	ber (PN)	•	001	
				D	F	Liles CC and	· · · · · · · · · · · · · · · · · · ·		
C Plan sponsor's name as shown on li W. LEASE LEWIS COMPANY	ne 2a of Form 5500			D	Employer	Identificat	ion Number (EIN)	
W. LEASE LEWIS COMPANY					91-132248	30			
Part I Asset and Liability S	Statement								
the value of the plan's interest in a c lines 1c(9) through 1c(14). Do not e benefit at a future date. Round off a and 1i. CCTs, PSAs, and 103-12 IE	bilities at the beginning and end of the plan commingled fund containing the assets of m nter the value of that portion of an insuranc amounts to the nearest dollar. MTIAs, Co s also do not complete lines 1d and 1e. See	nore than one e contract wh CTs, PSAs, a	plan on a ich guaran nd 103-12	line-k itees,	y-line bas during thi	is unless tl s plan yea	he value is re r, to pay a sp	portable on ecific dollar	
As	sets		(a) B	eginn	ing of Yea	r	(b) End	of Year	
a Total noninterest-bearing cash		1a							
b Receivables (less allowance for dou	ubtful accounts):								
(1) Employer contributions		1b(1)			1	15270		97194	
(2) Participant contributions		1b(2)				24828		25775	
(3) Other		1b(3)							
	money market accounts & certificates	1c(1)			16	20620		1592304	
(2) U.S. Government securities		1c(2)							
(3) Corporate debt instruments (of	her than employer securities):								
(A) Preferred		1c(3)(A)							
(B) All other		1c(3)(B)							
(4) Corporate stocks (other than e	mployer securities):								
(A) Preferred		1c(4)(A)							
(B) Common		1c(4)(B)							
(5) Partnership/joint venture intere	sts	1c(5)							
(6) Real estate (other than employ	er real property)	1c(6)							
(7) Loans (other than to participan	ts)	1c(7)							
(8) Participant loans		1c(8)							
(9) Value of interest in common/co	Ilective trusts	1c(9)				83922		117467	
(10) Value of interest in pooled sep	arate accounts	1c(10)							
. ,	t investment accounts	1c(11)							
	estment entities	1c(12)							
(13) Value of interest in registered i funds)	nvestment companies (e.g., mutual	1c(13)			135	91711		13245582	
	e company general account (unallocated	1c(14)							
(15) Other		1c(15)							

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1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	15436351	15078322
	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)	11	15436351	15078322

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)	380248	
(B) Participants	2a(1)(B)	756751	
(C) Others (including rollovers)	2a(1)(C)	1016	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1138015
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	164	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		164
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	334528	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		334528
(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)		

2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate				(a) Amount	(b) Total
Ci Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B). 2b(6) (6) Net investment gain (loss) from common/collective trusts. 2b(7) (7) Net investment gain (loss) from master trust investment accounts. 2b(8) (9) Net investment gain (loss) from master trust investment accounts. 2b(8) (10) Net investment gain (loss) from registered investment accounts. 2b(9) (10) Net investment gain (loss) from registered investment accounts. 2b(10) - Conserved income. 2c d Total none amounts in column (b) and enter total. 2d Total income. 2d (10) Directly to participants or beneficiaries, including direct rollovers. 2e(1) (11) Directly to participants or beneficiaries, including direct rollovers. 2e(2) (2) To insurance carriers for the provision of banefits. 2e(2) (1) Directly to participants or point benefits: 2e(3) (1) Directly to participants or point benefits: 2e(3) (2) To insurance carriers for the provision of banefits. 2e(3) (3) Other 2e(3) (4) Total abenefit payments. Add lines 2e(1) through (3) 2e (3) Contract administrator frees. 2i(1) (4) Total expenese. 2i(1)	2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
Add lines 2b(3(A) and (8)		(B) Other	2b(5)(B)		
(i) Net investment gain (loss) from pole deparate accounts 2b(7) (ii) Net investment gain (loss) from master trust investment accounts 2b(8) (iii) Net investment gain (loss) from master trust investment accounts 2b(9) (iii) Net investment gain (loss) from moster trust investment accounts 2b(9) (iii) Net investment gain (loss) from register divestment 2b(10) (iii) Net investment gain (loss) from register divestment 2b(10) (iii) Net investment gain (loss) from register divestment 2b(10) (iii) Directly to participants or baneficiaries, including direct rollovers 2e(1) 1136776 (i) Directly to participants or baneficiaries, including direct rollovers 2e(2) 1135776 (i) Directly to participants or baneficiaries, including direct rollovers 2e(2) 1135776 (i) Other 2e(3) 1135776 12632 (i) Corrective distributions (see instructions) 2g 2i 1135776 (i) Corrective distributions of participant loans (see instructions) 2g 2i 12632 (i) Interst expense. 2h 2i 12632 (i) Contract administrator frees 2i(2) 2i 12632 (i) Other 2i 2i 146852			2b(5)(C)		
(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 entities 2b(9) (10) Net investment gain (loss) from registered investment entities 2b(1) 0		(6) Net investment gain (loss) from common/collective trusts	2b(6)		3352
(i) Net investment gain (loss) from 103-12 investment entities 2b(9) (ii) Net investment gain (loss) from registered investment 2b(10)		(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)		(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
companies (e.g., mutual funds)		(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
d Total income anounts in column (b) and enter total			2b(10)	-	-685506
Expenses e Benefit payment and payments to provide benefits: (1) Directly to participants or beneficiaries, including direct rollovers 2e(1) (2) To insurance carriers for the provision of benefits. 2e(2) (3) Other 2e(3) (4) Total benefit payments. Add lines 2e(1) through (3) 2e(4) (1) Total benefit payments. Add lines 2e(1) through (3) 2e(4) (4) Total benefit payments. Add lines 2e(1) through (3) 2e(4) (2) Contract administrator expenses. 2h (2) Contract administrator fees 2i(2) (3) Inversement advisory and management fees 2i(2) (3) Inversement advisory and management fees 2i(3) (4) Other 2i(4) 174 (5) Total administrative expenses. Add lines 2i(1) through (4) 2i(5) 1148582 Net Income and Reconciliation 2i 1148582 k Net income (loss). Subtract line 2j from line 2d 2k -358029 I Transfers of assets: 2i(1) 2i(2) 2i(2) (2) From this plan 2i(2) 2k -358029 I Transfers of assets: 2i(1) 2i(2) 2k (3) To be plan 2i(2)<	С	Other income	2c		
e Benefit payment and payments to provide benefits: 2e(1) 1135776 (1) Directly to participants or beneficiaries, including direct rollovers 2e(2) 2e(3) (2) To insurance carriers for the provision of benefits. 2e(2) 2e(3) (3) Other 2e(3) 1135776 (4) Total benefit payments. Add lines 2e(1) through (3). 2f 12632 (2) Certain deemed distributions of participant loans (see instructions). 2f 12632 (2) Contract administrative expenses: 10 Professional fees 2i(1) 12632 (3) Interest expenses 2h 12632 12632 (4) Other 2i(1) 2i(1) 12632 (2) Contract administrator fees 2i(2) 2i(3) 148582 (3) Investment advisory and management fees 2i(3) 174 114582 (4) Other 2i(4) 174 1148582 1148582 Net Income and Reconciliation 2k -358029 1148582 I Transfers of assets: 2i(1) 2i(2) 2i(2) 2i(2) 2i(2) <th>d</th> <td>Total income. Add all income amounts in column (b) and enter total</td> <td>2d</td> <td></td> <td>790553</td>	d	Total income. Add all income amounts in column (b) and enter total	2d		790553
(1) Directly to participants or beneficiaries, including direct rollovers 2e(1) 1135776 (2) To insurance carriers for the provision of benefits 2e(2) 2e(3) (3) Other 2e(3) 1135776 (4) Total benefit payments. Add lines 2e(1) through (3) 2e(4) 1135776 f Corrective distributions (see instructions) 2f 12632 g Certain deemed distributions of participant loans (see instructions) 2g 1 i Administrative expenses: 1) Professional fees 2i(1) 12632 (3) Investment advisory and management fees 2i(2) 2i(3) 174 (5) Total administrative expenses. Add lines 2i(1) through (4) 2i 174 1145682 Net Income and Reconciliation 2k -358029 11445682 k Net income (loss). Subtract line 2j from line 2d 2k -358029 -358029 I Transfers of assets: 2l(1) 2l(2)		Expenses	·		
(2) To insurance carriers for the provision of benefits 2e(2) (3) Other 2e(3) (4) Total benefit payments. Add lines 2e(1) through (3) 2f (4) Total benefit payments. Add lines 2e(1) through (3) 2f (2) Certain deemed distributions (see instructions) 2f (2) Contract expenses 2h (1) Interest expenses 2h (2) Contract administrative expenses: (1) Professional fees 2i(1) (2) Contract administrator fees 2i(2) (3) Investment advisory and management fees 2i(3) (4) Other 2i(4) (5) Total administrative expenses. Add lines 2i(1) through (4) 2i(5) (5) Total administrative expense amounts in column (b) and enter total 2j 1148582 1148582 Net Income and Reconciliation 2k (1) To this plan 2i(2) (2) From this plan 2i(2) (2) From this plan 2i(2) (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. (3) The attached opinion of an independent qualified public accountant is extrached to this Form 5500. Complete line 3d if an opinion is not atttached.	е	Benefit payment and payments to provide benefits:			
(2) To insurance carriers for the provision of benefits 2e(2) (3) Other 2e(3) (4) Total benefit payments. Add lines 2e(1) through (3) 2e(4) (2) Contractive distributions (see instructions) 2f (3) Cher 1135776 (4) Total benefit payments. Add lines 2e(1) through (3) 2f (2) Creatin deemed distributions of participant loans (see instructions) 2g (1) Interest expenses 2h (2) Contract administrative expenses: (1) Professional fees 2i(1) (2) Contract administrator fees 2i(2) (3) Investment advisory and management fees 2i(3) (4) Other 2i(4) (5) Total administrative expenses. Add lines 2i(1) through (4) 2i(5) (4) Other 2i(3) (5) Total administrative expense amounts in column (b) and enter total 2j 1148582 1148582 Net Income and Reconciliation 2k (1) To this plan 2l(1) (2) From this plan 2l(2) 2) From this plan 2l(2) 2) From this plan 2l(2) 2) From this plan 2l(1) 2) Complete lines 3a through 3c if the opinion of an independent quali		(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1135776	
(4) Total benefit payments. Add lines 2e(1) through (3)			2e(2)		
f Corrective distributions (see instructions). 2f 12632 g Certain deemed distributions of participant loans (see instructions). 2g 2h 1 i Administrative expenses: 2h 2i(1) 1 (2) Contract administrator fees. 2i(2) 2i(3) 1 (3) Investment advisory and management fees 2i(3) 1 174 (5) Total administrative expenses. Add lines 2i(1) through (4). 2i(5) 174 (5) Total expense amounts in column (b) and enter total. 2j 1148582 Vet Income and Reconciliation k Net income (loss). Subtract line 2j from line 2d. 2k -358029 I Transfers of assets: 2l(1) 2l(2) -358029 I Transfers of assets: 12l(2) 2l(2)		(3) Other	2e(3)		
f Corrective distributions (see instructions) 2f 12632 g Certain deemed distributions of participant loans (see instructions) 2g 2g h Interest expenses 2h 1 i Administrative expenses: (1) Professional fees 2i(1) 1 (2) Contract administrator fees 2i(2) 2i(3) (3) Investment advisory and management fees 2i(3) 174 (5) Total administrative expenses. Add lines 2i(1) through (4) 2i(5) 174 (5) Total expenses. Add all expense amounts in column (b) and enter total 2i 1148582 Net Income and Reconciliation 2k -358029 -358029 I Transfers of assets: 2i(1) -358029 (1) To this plan 2i(2) -358029 I Transfers of assets: 2i(1) -358029 (1) To this plan 2i(2) -358029 I Transfers of assets: 2i(1) -358029 I Transfers of assets: 2i(1) -358029 I To this plan 2i(2) -358029 -358029		(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1135776
g Certain deemed distributions of participant loans (see instructions)	f	F F	2f		12632
h Interest expense. 2h i Administrative expenses: (1) Professional fees 2i(1) (2) Contract administrator fees 2i(2) (3) Investment advisory and management fees 2i(3) (4) Other 2i(4) 174 (5) Total administrative expenses. Add lines 2i(1) through (4) 2i(5) 174 (5) Total expenses amounts in column (b) and enter total 2j 1148582 Net Income and Reconciliation 2k -358029 k Net income (loss). Subtract line 2j from line 2d 2l(1) (1) Transfers of assets: 2l(1) -358029 i Transfers of assets: 2l(2) -358029 i Tothis plan 2l(2) -358029 i Tastastached. 2l	a	F	2g	-	
i Administrative expenses: (1) Professional fees 2i(1) (2) Contract administrator fees 2i(2) (3) Investment advisory and management fees 2i(3) (4) Other 2i(4) 174 (5) Total administrative expenses. Add lines 2i(1) through (4) 2i(5) 174 (5) Total administrative expenses. Add lines 2i(1) through (4) 2i(5) 174 (5) Total expenses amounts in column (b) and enter total 2j 1148582 Net Income and Reconciliation 2k -358029 I Transfers of assets: 2l(1) -358029 I Transfers of assets: 2l(2) -358029	•			-	
(2) Contract administrator fees	i	F	2i(1)		
(i) Investment advisory and management fees (ii) Investment advisory and management fees (iii) Investment advisory and management fees (iiii) Investment advisory and management fees (iiiii) Investment advisory and management fees (iiiiii) Investment advisory and management fees (iiiiiiiii) Investment advisory and management fees (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	-				
(i) international darket, and management recommendation (ii) Other (iii) Total administrative expenses. Add lines 2i(1) through (4)					
(5) Total administrative expenses. Add lines 2i(1) through (4)		F F		174	
j Total expenses. Add all expense amounts in column (b) and enter total 2j 1148582 Net Income and Reconciliation k Net income (loss). Subtract line 2j from line 2d					174
Net Income and Reconciliation k k Net income (loss). Subtract line 2j from line 2d	;			-	
k Net income (loss). Subtract line 2j from line 2d	J		-,		
I Transfers of assets: 2l(1) (1) To this plan	k	Г	2k		-358029
(1) To this plan				-	
(1) 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) Disclaimer (4)	•		21(1)	-	
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) Disclaimer (4) Adverse 				-	
 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. The attached opinion of an independent qualified public accountant for this plan is (see instructions): (1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse 		(2) From this plan	21(2)		
a thached opinion of an independent qualified public accountant for this plan is (see instructions): (1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse	Pa	rt III Accountant's Opinion			
(1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse			countant is	attached to this Form 5500. Comp	plete line 3d if an opinion is not
	a ⁻	The attached opinion of an independent qualified public accountant for this plan i	is (see instr	ructions):	
b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?		(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse		
	b١	 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-6	3 and/or 103	3-12(d)?	X Yes 🗌 No
C Enter the name and EIN of the accountant (or accounting firm) below:	C	Enter the name and EIN of the accountant (or accounting firm) below:			
(1) Name: MOSS ADAMS (2) EIN: 91-0189318		(1) Name: MOSS ADAMS		(2) EIN: 91-0189318	
 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. 	d ⁻			ext Form 5500 pursuant to 29 CER	2520.104-50

Page **4-** 1

Ра	rt IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 42 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or 5.		
	During	the plan year:		Yes	No	Amo	unt
а	period	nere a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	Were close secure	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ad by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.).	4b		x		
С	Were	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were reporte	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		x		
е	Was tl	nis plan covered by a fidelity bond?	4e	Х			500000
f	Did the	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4f		X		
g		e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	4g		X		
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	4i	Х			
j	value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j		x		
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X		
Ι	Has th	e plan failed to provide any benefit when due under the plan?	41		X		
m		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m		X		
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X		
5a		esolution to terminate the plan been adopted during the plan year or any prior plan year? ," enter the amount of any plan assets that reverted to the employer this year	Yes	s 🗙 No	Amount:		
5b	transfe	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, ident	fy the pla	n(s) to which a	assets or liabi	lities were
	5b(1)	Name of plan(s)			5b(2) EIN(s)		5b(3) PN(s)

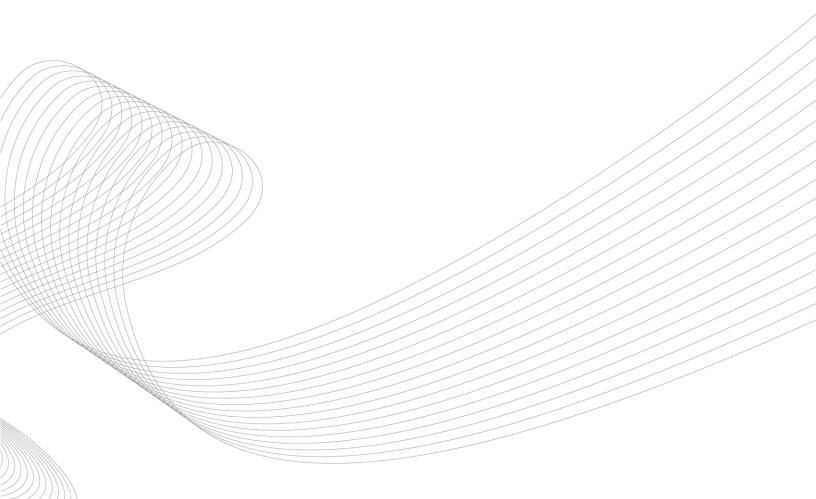
	SC	HEDULE R	F	Retirement P	lan Informa	ation		_		OMB No	. 1210-01	10	
(Form 5500) Department of the Treasury This schedule is required to be filed under section 104 and 4065 of the					2011								
	Inter	nal Revenue Service		etirement Income Sec 058(a) of the Internal I			sectior	n _					
E	mployee Be	partment of Labor nefits Security Administration nefit Guaranty Corporation		()	chment to Form 5	,			This	Form is Insp	Open to ection.) Publ	ic
For		plan year 2011 or fiscal pl	blan year beginning	01/01/2011		and end	ding	12/3	1/2011				
A N LEAS	lame of p SE CRUT	lan CHER LEWIS 401(K) SAL	LARY DEFERRAL	. & RETIREMENT SA	VINGS PLAN		Ŗ	hree-dig plan nun (PN)			001		
		sor's name as shown on li WIS COMPANY	ine 2a of Form 550	00			DΕ	mployer 91-132		cation Nu	mber (E	N)	
Pa	rt I I	Distributions											
All	referenc	es to distributions relate	e only to payment	s of benefits during	the plan year.								
1		lue of distributions paid in ons	,										0
2		e EIN(s) of payor(s) who p who paid the greatest dolla 04-6568107			rticipants or benefic	ciaries durin	g the y	vear (if m	ore tha	n two, en	ter EINs	of the	two
		haring plans, ESOPs, an	nd stock bonus p	lans, skip line 3.									
3	Numbe	of participants (living or d	deceased) whose b	benefits were distribut				3					
Pa	art II	Funding Informati ERISA section 302, skip	ion (If the plan is					•	of the I	nternal R	evenue	Code	or
4	Is the pl	an administrator making an	,	le section 412(d)(2) or	ERISA section 302(d)(2)?			Yes		No		N/A
	If the p	an is a defined benefit p	plan, go to line 8.										
5		ver of the minimum funding ar, see instructions and en	•	, ,		ate: Month	I		Day		Year _		
•	-	ompleted line 5, comple			-			of this	schedu	ıle.			
6		er the minimum required content of the minimum required content of the content of					•	6a	ı				
	b Ente	er the amount contributed	by the employer to	o the plan for this plan	ı year			6k)				
		tract the amount in line 6b er a minus sign to the left						60	:				
	lf you c	ompleted line 6c, skip lin	ines 8 and 9.										
7	Will the	minimum funding amount	t reported on line 6	ic be met by the fundi	ng deadline?			. [Yes		No		N/A
8	authorit	nge in actuarial cost metho y providing automatic appr trator agree with the chan	proval for the chang	ge or a class ruling let	ter, does the plan s	sponsor or p	lan	. [Yes		No		N/A
Pa	art III	Amendments											
9		a defined benefit pension	n plan, were any an	nendments adopted c	luring this plan								
-	year tha	it increased or decreased o, check the "No" box	the value of benef	fits? If yes, check the	appropriate	Increas	se	De	crease	[] E	Both		No
Pa	rt IV	ESOPs (see instrustion skip this Part.	ructions). If this is n	not a plan described u	nder Section 409(a	a) or 4975(e))(7) of	the Inter	nal Rev	enue Co	de,		
10	Were u	nallocated employer secur	rities or proceeds f	from the sale of unallo	ocated securities us	sed to repay	any e	xempt lo	an?		Yes		No
11		es the ESOP hold any pre									Yes	, L	No
	(S	he ESOP has an outstand ee instructions for definitio	on of "back-to-back	«" loan.)		-					Yes		No
12		e ESOP hold any stock th ork Reduction Act Notice								 hedule	Yes		No

v.012611

Pa	rt V		Additional Information for Multiemployer Defined Benefit Pension Plans					
13			lowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in ee instructions. Complete as many entries as needed to report all applicable employers.					
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents)						
		(1)	ase unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	e	<i>comp</i> (1)	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) contribution rate (in dollars and cents) ase unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		billective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
	e	<i>comp</i> (1)	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) contribution rate (in dollars and cents) ase unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		billective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
	e	<i>comp</i> (1)	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Case unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e 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):						
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	e	Contr comp (1)	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) contribution rate (in dollars and cents)					

14	Enter the number of participants on whose behalf no co	ontributions 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 ma employer contribution during the current plan year to:	ike an				
	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, c supplemental information to be included as an attachment.					
Ρ	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans			
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see ir information to be included as an attachment	structior	s regarding supplemental			
19	If the total number of participants is 1,000 or more, complete items (a) through (c)					
	 a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:% Other:% b Provide the average duration of the combined investment-grade and high-yield debt: 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):					



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

Report of Independent Auditors and Financial Statements with Supplemental Schedule

December 31, 2011 and 2010



Certified Public Accountants | Business Consultants

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REPORT OF INDEPENDENT AUDITORS

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

We were engaged to audit the accompanying statements of net assets available for benefits of Lease Crutcher Lewis 401(k) Salary Deferral and Retirement Savings Plan (the "Plan") as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule of Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

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 supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

MOSS Adams LLP

Seattle, Washington August 22, 2012



LEASE CRUTCHER LEWIS 401(k) SALARY DEFERRAL AND RETIREMENT SAVINGS PLAN STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments, at fair value		
Registered investment companies	\$ 14,837,886	\$ 15,212,331
Collective trust	117,467	83,922
Total investments, at fair value	14,955,353	15,296,253
Receivables		
Participant salary deferrals	25,775	24,828
Employer match contributions	97,194	115,270
Total contributions receivable	122,969	140,098
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT FAIR VALUE	15,078,322	15,436,351
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	(2,897)	(682)
NET ASSETS AVAILABLE FOR PLAN BENEFITS	\$ 15,075,425	\$ 15,435,669

LEASE CRUTCHER LEWIS 401(k) SALARY DEFERRAL AND RETIREMENT SAVINGS PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2011

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO: Investment income Net depreciation in fair value of investments Interest and dividends	\$ (685,506) 335,830
Contributions Employer match contributions Participant salary deferrals Total additions	380,248 757,769 788,341
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: Benefits paid to participants Administrative fees Total deductions	1,148,409 <u>176</u> 1,148,585
NET CHANGE	(360,244)
NET ASSETS AVAILABLE FOR PLAN BENEFITS Beginning of year	15,435,669
End of year	\$ 15,075,425

Note 1 - Description of Plan

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

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

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

Contributions - Participants may elect to contribute to the Plan up to 60% of eligible compensation. Participants are automatically enrolled in the Plan with an initial contribution of 5% of eligible compensation, unless the employee affirmatively elects otherwise. Participants may also contribute amounts representing distributions from other qualified defined contribution plans. Each year the Company makes non-discretionary matching contributions to the Plan. The Company matches 100% of engloyee contributions, up to 5% of eligible compensation deferred to the Plan.

Contributions are subject to regulatory limitations.

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

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

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

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

Note 2 - Summary of Significant Accounting Policies

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

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

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

Payment of Benefits - Benefits are recorded when paid.

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

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

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

Subsequent Events - Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements were available to be issued. The Plan has evaluated subsequent events through August 22, 2012, which is the date the financial statements were available to be issued.

Note 2 - Summary of Significant Accounting Policies (Continued)

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

In May 2011, the FASB issued ASU No. 2011-04, *Fair Value Measurement (Topic 820) - Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs.* ASU No. 2011-04 requires disclosure of valuation techniques for Level 2 and Level 3 measurements and for Level 3 measurements requires disclosure of valuation processes used by the reporting entity and quantitative information about significant unobservable inputs. ASU No. 2011-04 removes the requirement for nonpublic companies to disclose information about transfers between Level 1 and Level 2 of the fair value hierarchy. The new guidance is effective for reporting periods beginning after December 15, 2011. Plan management does not expect the adoption of ASU No. 2011-04 to have a material effect on the statement of net assets available for benefits and statement of changes in net assets available for benefits.

Note 3 - Investments

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

	 2011	 2010
Fidelity Retirement Money Market Fund	\$ 1,592,304	\$ 1,620,620
Fidelity Contrafund	\$ 1,482,469	\$ 1,681,989
Vanguard Target Income 2025 Fund	\$ 1,484,673	*
Fidelity Diversified International Fund	\$ 863,778	\$ 1,181,676
Fidelity Low Price Stock Fund	\$ 818,674	\$ 787,120
Vanguard Target Income 2020 Fund	\$ 800,215	*
Vanguard Target Income 2035 Fund	\$ 754,846	*
Fidelity Freedom 2015 Fund	*	\$ 1,178,056
Fidelity Freedom 2020 Fund	*	\$ 857,108
Fidelity Freedom 2030 Fund	*	\$ 855,225

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

Note 3 - Investments (Continued)

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

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

Note 4 - Fair Value Measurements

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

The Plan classified its investments based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- **Level 1** Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- **Level 2** Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly;
- **Level 3** Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011.

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

Note 4 - Fair Value Measurements (Continued)

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

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

		Investment Assets at Fair Value as of December 31, 2011							
		Level 1		Level 2		Level 3		Total	
Registered investment companies		_							
Fixed income funds	\$	907,902	\$	-	\$	-	\$	907,902	
Blended benchmark funds		297,172		-		-		297,172	
Growth funds		6,266,954		-		-		6,266,954	
Lifecycle funds		5,773,554		-		-		5,773,554	
Money market funds		1,592,304		-		-		1,592,304	
Collective trust		-	1	17,467		-		117,467	
	\$1	4,837,886	\$ 1	17,467	\$	-	\$1	4,955,353	
Investment Assets at Fair Value as of Desember 21, 2010									

	Investment Assets at Fair Value as of December 31, 2010											
	Level 1		Level 2		Level 3		Total					
Registered investment companies												
Fixed income funds	\$	793,391	\$	-	\$	-	\$	793,391				
Blended benchmark funds	324,509			-		-		324,509				
Growth funds	7,095,987		-		-			7,095,987				
Lifecycle funds	5,377,824		5,377,824		5,377,824			-		-		5,377,824
Money market funds	1,620,620		1,620,620			-		-		1,620,620		
Collective trust						-		83,922				
	\$1	5,212,331	\$	83,922	\$	-	\$1	5,296,253				

Note 5 - Tax Status

Effective January 1, 2010, the Plan adopted a volume submitter prototype plan (the Volume Submitter Prototype). The Internal Revenue Service (IRS) has determined and informed the Volume Submitter Prototype by an opinion letter dated March 31, 2008, that the Volume Submitter Prototype is designed in accordance with applicable sections of the Internal Revenue Code.

Note 5 - Tax Status (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6 - Risks and Uncertainties

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

Note 7 - Information Certified by the Trustee

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

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2011 and 2010.
- Adjustments from fair value to contract value for fully benefit-responsive investment contracts reflected on the accompanying statements of net assets available for benefits as of December 31, 2011 and 2010.
- Net depreciation in fair value of investments, dividends, and interest reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2011.
- Investments reflected on the supplemental schedule of assets (held at end of year).

Note 8 - Party-In-Interest Transactions

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

Note 9 - Plan Termination

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

Note 10 - Reconciliation to Form 5500

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

	2011	2010
Net assets, at contract value, per the		
financial statements	\$ 15,075,425	\$ 15,435,669
Difference between contract value and		
fair value of Fidelity Managed Income Portfolio	2,897	682
Net assets, at fair value, per the Form 5500	\$ 15,078,322	\$ 15,436,351

The following is a reconciliation of the net change in plan assets per the financial statements to the Form 5500 for the year ended December 31, 2011:

Net change per the financial statements	\$ (360,244)
Less: Difference between contract value and	
fair value of Fidelity Managed Income Portfolio	 (2,215)
Net change per the Form 5500	\$ (358,029)

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

SUPPLEMENTAL SCHEDULE

LEASE CRUTCHER LEWIS 401(k) SALARY DEFERRAL AND RETIREMENT SAVINGS PLAN EIN: 91-1322480 PLAN #: 001 SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2011

<u>(a)</u>	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Fidelity Retirement Money Market Fund	Registered Investment Company	**	\$ 1,592,304
	Vanguard Target Income 2025 Fund	Registered Investment Company	**	\$ 1,392,304 1,484,673
*	Fidelity Contrafund	Registered Investment Company	**	1,482,469
*	Fidelity Diversified International Fund	Registered Investment Company	**	863,778
*	Fidelity Low Price Stock Fund	Registered Investment Company	**	818,674
	Vanguard Target Income 2020 Fund	Registered Investment Company	**	800,215
	Vanguard Target Income 2020 Fund	Registered Investment Company	**	754,846
	Vanguard Target Income 2030 Fund	Registered Investment Company	**	733,428
	PIMCO Total Return ADM Fund	Registered Investment Company	**	671,874
	Vanguard Target Income 2015 Fund	Registered Investment Company	**	666,204
*	Spartan 500 Index Fund	Registered Investment Company	**	637,457
	Allianz NFJ Smcpval AD Fund	Registered Investment Company	**	593,538
	Vanguard Target Income 2040 Fund	Registered Investment Company	**	593,538
*	Fidelity Value Fund	Registered Investment Company	**	349,314
	Thornburg International Value Fund	Registered Investment Company	**	337,018
*	Fidelity Export and Multinational Fund	Registered Investment Company	**	330,002
*	Fidelity Stock Select Small Cap Fund	Registered Investment Company	**	314,024
	Vanguard Target Income 2050 Fund	Registered Investment Company	**	307,328
*	Fidelity Puritan Fund		**	297,172
·	Loomis Bond Institutional Fund	Registered Investment Company	**	236,028
	Vanguard Target Income 2045 Fund	Registered Investment Company	**	236,028
		Registered Investment Company	**	200,607
	American Beacon Large Cap Value Plan Virtus Real Estate A	Registered Investment Company Registered Investment Company	**	200,807 168,970
	Columbia Acorn International Fund	o i i	**	
		Registered Investment Company	**	151,177
*	Vanguard Target Income 2010 Fund	Registered Investment Company		132,262
·	Fidelity Managed Income Portfolio	Collective Trust	**	114,370
	Vanguard Target Income	Registered Investment Company	**	85,229
	DFA International Small Cap	Registered Investment Company	-11-	19,926
				\$ 14,952,456

* Indicates party-in-interest.

** Information is not required as investments are participant directed.

^ Represents contract value

LEASE CRUTCHER LEWIS 401(k) SALARY DEFERRAL AND RETIREMENT SAVINGS PLAN EIN: 91-1322480 PLAN #: 001 SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2011

	(h)	(c)			
	(b) Identity of issuer, borrower,	Description of investment, including maturity date, rate of interest,	(d)		(e) Current
(2)	lessor or similar party	collateral, par or maturity value	Cost		value
<u>(a)</u>		conateral, par of maturity value	COSL	-	Value
*	Fidelity Retirement Money Market Fund	Registered Investment Company	**		\$ 1,592,304
	Vanguard Target Income 2025 Fund	Registered Investment Company	**		1,484,673
*	Fidelity Contrafund	Registered Investment Company	**		1,482,469
*	Fidelity Diversified International Fund	Registered Investment Company	**		863,778
*	Fidelity Low Price Stock Fund	Registered Investment Company	**		818,674
	Vanguard Target Income 2020 Fund	Registered Investment Company	**		800,215
	Vanguard Target Income 2035 Fund	Registered Investment Company	**		754,846
	Vanguard Target Income 2030 Fund	Registered Investment Company	**		733,428
	PIMCO Total Return ADM Fund	Registered Investment Company	**		671,874
	Vanguard Target Income 2015 Fund	Registered Investment Company	**		666,204
*	Spartan 500 Index Fund	Registered Investment Company	**		637,457
	Allianz NFJ Smcpval AD Fund	Registered Investment Company	**		593,538
	Vanguard Target Income 2040 Fund	Registered Investment Company	**		581,723
*	Fidelity Value Fund	Registered Investment Company	**		349,314
	Thornburg International Value Fund	Registered Investment Company	**		337,018
*	Fidelity Export and Multinational Fund	Registered Investment Company	**		330,002
*	Fidelity Stock Select Small Cap Fund	Registered Investment Company	**		314,024
	Vanguard Target Income 2050 Fund	Registered Investment Company	**		307,328
*	Fidelity Puritan Fund	Registered Investment Company	**		297,172
	Loomis Bond Institutional Fund	Registered Investment Company	**		236,028
	Vanguard Target Income 2045 Fund	Registered Investment Company	**		227,646
	American Beacon Large Cap Value Plan	Registered Investment Company	**		200,607
	Virtus Real Estate A	Registered Investment Company	**		168,970
	Columbia Acorn International Fund	Registered Investment Company	**		151,177
	Vanguard Target Income 2010 Fund	Registered Investment Company	**		132,262
*	Fidelity Managed Income Portfolio	Collective Trust	**	^	114,570
	Vanguard Target Income	Registered Investment Company	**		85,229
	DFA International Small Cap	Registered Investment Company	**		19,926
	•	<u> </u>		-	· · · · · · · · · · · · · · · · · · ·

* Indicates party-in-interest.

** Information is not required as investments are participant directed.

^ Represents contract value

\$14,952,456