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
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
W.C.A. EMPLOYEES 401K SALARY DEFERRAL SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

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

WEITZMAN MANAGEMENT CORPORATION

3102 MAPLE AVE 350
DALLAS, TX 75201

2b Employer Identification Number (EIN) 75-1950311

2c Sponsor's telephone number 214-720-3606

2d Business code (see instructions) 531390

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	CATHRYN WILMOTH
	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")
WEITZMAN MANAGEMENT CORPORATION

3102 MAPLE AVE 350
DALLAS, TX 75201

3b Administrator's EIN
75-1950311

3c Administrator's telephone number
214-720-3606

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**	207
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**	204
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	224
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	224
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	119
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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:
2E 2G 2J 2K 3D 2F

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	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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
W.C.A. EMPLOYEES 401K SALARY DEFERRAL SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEITZMAN MANAGEMENT CORPORATION

D Employer Identification Number (EIN)
75-1950311

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

ING LIFE INSURANCE & ANNUITY 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
71-0294708	86509	ZH9450	224	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

(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	

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(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	1386158
5	Current value of plan's interest under this contract in separate accounts at year end	5	3560990

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 ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	1179487
c	Additions: (1) Contributions deposited during the year	7c(1)	100424		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	40901		
	(4) Transferred from separate account	7c(4)	76033		
	(5) Other (specify below)	7c(5)	35734		
	▶ *				
	(6) Total additions			7c(6)	253092
d	Total of balance and additions (add **b** and **c(6)**)			7d	1432579
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	32057		
	(2) Administration charge made by carrier	7e(2)	616		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	26365		
	▶ *				
	(5) Total deductions			7e(5)	59038
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1373541

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)**	
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)**	
(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)**	
(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
W.C.A. EMPLOYEES 401K SALARY DEFERRAL SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEITZMAN MANAGEMENT CORPORATION

D Employer Identification Number (EIN)
75-1950311

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

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

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

ING LIFE INSURANCE AND ANNUITY CO.

71-0294708

(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?
26 60 64 65 66	SERVICE PROVIDER	2955	Yes [X] No [ ]	Yes [X] No [ ]	31501	Yes [ ] No [X]

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

ING MUTUAL FUNDS

95-4516049

(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?
28 52 63	INVESTMENT PROD. PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	14296	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO.	60 66	1022

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON ASSET FUND RET 13-6891420	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO.	60 66	2306

(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.
CRM MID CAP VALUE FUND INV 01-0513518	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO.	64	6308

(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.
ING FIXED ACCOUNT 71-0294708	RECORDKEEPING FEES

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
ING LIFE INSURANCE AND ANNUITY CO.	26	1515

(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.
ING LIFE INSURANCE AND ANNUITY CO. 71-0294708	INVESTMENT ADVISORY (PARTICIPANTS)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO.	60 65 66	1572

(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.
ING MARSICO GROWTH PORTFOLIO SRV 51-0380299	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO.	60 66	3323

(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.
ING MONEY MARKET PORTFOLIO I 06-0920532	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

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
ING LIFE INSURANCE AND ANNUITY CO.	60 66	2147
(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.	
ING OPPENHMR GLOBAL PORT I 75-3023503	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO.	60 66	2257
(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.	
ING U.S. STOCK INDEX PORTFOLIO INST 55-0839540	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO.	60 66	1577
(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.	
PIONEER FUND Y 04-6013015	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE	

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
ING LIFE INSURANCE AND ANNUITY CO.	66	1193

(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.
VANGUARD VIF - DIVERSIFIED VAL PORT 23-1945930	INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	2232

(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.
ING MARSICO GROWTH PORTFOLIO SRV 51-0380299	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52	1416

(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.
ING MONEY MARKET PORTFOLIO I 06-0920532	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES

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
ING MUTUAL FUNDS	28 52	2091
(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.	
ING OPPENHMR GLOBAL PORT I 75-3023503	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	1622
(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.	
ING REAL ESTATE FUND A 23-2867180	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
W.C.A. EMPLOYEES 401K SALARY DEFERRAL SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WEITZMAN MANAGEMENT CORPORATION

D Employer Identification Number (EIN)
75-1950311

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) 3560990

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
W.C.A. EMPLOYEES 401K SALARY DEFERRAL SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEITZMAN MANAGEMENT CORPORATION

D Employer Identification Number (EIN)
75-1950311

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)		
(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)	254131	240515
(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)	3890069	3560990
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1179487	1373541
(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	5323687	5175046
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	5323687	5175046

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)		
(B) Participants	2a(1)(B)	396979	
(C) Others (including rollovers)	2a(1)(C)	10131	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		407110
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)	10508	
(F) Other	2b(1)(F)	40901	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		51409
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		-72110
c Other income	2c		-8457
d Total income. Add all **income** amounts in column (b) and enter total	2d		377952
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	512573	
(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)		512573
f Corrective distributions (see instructions)	2f		9248
g Certain deemed distributions of participant loans (see instructions)	2g		1817
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)	2955	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2955
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		526593
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-148641
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: WHITLEY PENN LLP (2) EIN: 75-2393478

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		3000000
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
W.C.A. EMPLOYEES 401K SALARY DEFERRAL SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEITZMAN MANAGEMENT CORPORATION

D Employer Identification Number (EIN)
75-1950311

Part I Distributions

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

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

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

EIN(s): 71-0294708

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):

W.C.A. EMPLOYEES' 401(k) SALARY DEFERRAL SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

Years Ended December 31, 2011 and 2010
with Report of Independent Auditors

W.C.A. EMPLOYEES' 401(k) SALARY DEFERRAL SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

Years Ended December 31, 2011 and 2010

Table of Contents

Report of Independent Auditors 1

Audited Financial Statements:

Statements of Net Assets Available for Benefits 2

Statements of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4

Supplemental Schedule:

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)..... 15

NOTE: All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted since they are either not applicable or the information required therein has not been included in the financial statements or notes thereto.

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REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator and Trustees of the
W.C.A. Employees' 401(k) Salary Deferral Savings Plan

We were engaged to audit the financial statements of the W.C.A. Employees' 401(k) Salary Deferral Savings Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information, which was certified by ING Life Insurance and Annuity Company ("ING"), the custodian of the Plan, except for comparing the information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the custodian 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. 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 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Whitley Penn LLP

Dallas, Texas
October 15, 2012

W.C.A. EMPLOYEES' 401(k) SALARY DEFERRAL SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2011	December 31, 2010
Assets		
Investments, at fair value:		
Shares of registered investment companies:		
Mutual funds	$ 3,560,990	$ 3,890,069
Guaranteed interest account	1,373,541	1,179,487
Total investments	4,934,531	5,069,556
Receivables:		
Notes receivable from participants	240,515	247,538
Total Assets	5,175,046	5,317,094
Liabilities		
Excess contributions payable	-	8,537
Net assets available for benefits	$ 5,175,046	$ 5,308,557

See accompanying notes to financial statements.

W.C.A. EMPLOYEES' 401(k) SALARY DEFERRAL SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2011	December 31, 2010
Additions to Net Assets:		
Investment income (loss):		
Net realized and unrealized gains (losses) on investments	$ (72,110)	$ 462,134
Interest and dividends	40,901	34,870
Other income (expense)	(8,537)	-
Total investment income (loss)	(39,746)	497,004
Interest income from notes receivable from participants	10,508	12,732
Contributions:		
Participant	396,979	399,533
Rollover	10,131	-
Total contributions	407,110	399,533
Total additions to net assets	377,872	909,269
Deductions from Net Assets:		
Benefits paid to participants	498,008	456,522
Administrative expenses	2,955	4,042
Miscellaneous expense	10,420	-
Total deductions from net assets	511,383	460,564
Net increase (decrease) in net assets available for benefits	(133,511)	448,705
Net assets available for benefits at beginning of year	5,308,557	4,859,852
Net assets available for benefits at end of year	$ 5,175,046	$ 5,308,557

See accompanying notes to financial statements.

W.C.A. EMPLOYEES' 401(k) SALARY DEFERRAL SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

A. Description of the Plan

The following description of the W.C.A. Employees' 401(k) Salary Deferral Savings Plan (the "Plan") provides only general information. The Plan is sponsored by Weitzman Management Corporation (the "Plan Sponsor" or the "Company"). Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan, which was established effective January 1, 1992, and restated effective January 1, 2009, is a defined contribution plan covering substantially all employees of the Company who are age 18 or older except union employees and non-resident aliens. Participants are eligible to participate in the Plan the first day of their employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may contribute a percentage of their annual compensation (up to 100%) to the Plan on a before-tax basis, not to exceed the limitations imposed by the Internal Revenue Code (the "Code") as defined in the Plan Document. Employees who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the close of the Plan year shall be eligible for catch-up contributions in accordance with, and subject to the limitations imposed by the Code. Participants are also allowed to roll money from another qualified retirement plan into the Plan.

At the discretion of the Board of Directors, the Company may elect to contribute a discretionary matching contribution based on participants' elected salary deferrals. To be eligible to receive the matching contribution, a participant must be either employed on the last day of the Plan year and have completed 1,000 hours of service during the Plan year or have died, retired, or suffered disability during such Plan year. For the year ended December 31, 2011 and 2010, the Company did not authorize a discretionary matching contribution.

Participant Accounts

Each participant's account is credited with the participant's elective contribution, employer contribution(s), and earnings thereon. Allocations are based on participant earnings or account balances as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

A. Description of the Plan – continued

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company contribution portion of their accounts plus actual earnings thereon, vest in accordance with the following schedule:

Years of Service	Vesting Percentage
Less than two (2) years	0%
Two (2) years	20%
Three (3) years	40%
Four (4) years	60%
Five (5) years	80%
Six (6) years	100%

Participants shall become fully vested upon termination of employment due to death or disability.

Notes Receivable from Participants

Participants are allowed to borrow from their accounts. The loan cannot exceed the lesser of 50% of the participant's vested balance or $50,000. Loans must be repaid through payroll deductions within five years, unless the funds are used for the purchase of a primary residence in which case the term may be extended. Each loan shall be evidenced by a promissory note and shall bear a reasonable rate of interest. Interest rates range from 4.25% to 9.25% as of December 31, 2011 and 2010.

Benefit Payments

Participants withdrawing during the year for reasons of service or disability, retirement, death, or termination are entitled to their vested account balance. Benefits are distributed in the form of rollovers, lump sums, or in equal installments. If withdrawing participants are not entitled to their entire account balance, the amounts not received are forfeited.

A participant may receive a hardship distribution from salary reduction contributions if the distribution is: (1) on account of medical expenses incurred by the participant, his spouse, or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of post-secondary tuition expenses; or (4) needed to prevent eviction of the participant from his or her principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) burial or funeral expenses for the participant's parent, spouse, children, or dependents; or, (6) expenses for the repair of damage to the participant's principal residence caused by fire, storm, or other casualty.

Participants that have attained age 59½ and have not terminated service with the Company may elect to take an in-service distribution of the vested portion of their account.

A. Description of the Plan – continued

Forfeited Accounts

Forfeited balances of terminated participants' non-vested accounts are used to reduce discretionary matching contributions or plan administrative expenses. There were no forfeitures used for the year ended December 31, 2011 or 2010, related to discretionary matching contributions. Unallocated forfeited amounts were utilized during the plan year to pay for plan administrative expenses. Unallocated forfeited amounts approximated $6,022 and $7,100 as of December 31, 2011 and 2010, respectively.

Investment Options

Upon enrollment in the Plan, a participant may direct employer and employee contributions in 1% increments into any of the Plan's investment options.

Plan Expenses

Both the Plan and the Company pay administrative expenses related to the Plan. Employees of the Company perform certain administrative functions with no compensation from the Plan. The administrative costs of the Plan are paid by the Company and are not reflected in the accompanying financial statements.

B. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Contributions

Contributions from the Company and participants are accrued as they become obligations of the Company, as determined by the Plan Administrator, and in the period in which they are deducted in accordance with salary deferral agreements.

B. Summary of Accounting Policies – continued

Investment Valuation and Income Recognition

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic No. 820, *Fair Value Measurements*, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. The Plan adopted FASB ASC Topic No. 820 effective January 1, 2008, and such adoption did not have material impact on the financial statements of the Plan. See Note D for information related to the Plan's valuation methodologies under FASB ASC Topic No. 820.

Investment gains and losses are accounted for using the average cost basis of the securities sold. These investments are subject to market or credit risks customarily associated with debt and equity investments.

The net realized and unrealized gains and losses on investments include realized gains and losses resulting from the sale of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participant Loans

Notes receivable from participant loans are recorded at the unpaid principal balance plus accrued interest.

Recently Issued Accounting Pronouncement

In May 2011 the FASB issued Accounting Standards Update ("ASU") 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*, ASU 2011-04 amended ASC 820, to converge the fair value measurement guidance in GAAP and International Financial Reporting Standards. Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures, although certain of these new disclosures will not be required for nonpublic entities like the Company. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

C. Investments

Individual investments with market values greater than 5% of net assets available for benefits at December 31 are as follows:

Description	2011
ING Fixed Account	$ 1,373,541
ING Money Market Portfolio – Class I	392,635
ING U.S. Stock Index Portfolio – Institutional Class	324,004
PIMCO Total Return Fund	293,729
CRM Mid Cap Value Fund – Investor Shares	289,929
ING Oppenheimer Global Portfolio – Initial Class	283,554
ING Large-Cap Growth Pt Service	270,486

Description	2010
ING Fixed Account	$ 1,179,487
ING Intermediate Bond Fund – Class A	432,767
ING Money Market Portfolio – Class I	383,421
ING Marisco Growth Portfolio – Service Class	334,927
ING Oppenheimer Global Portfolio – Initial Class	327,147
CRM Mid Cap Value Fund – Investor Shares	310,336
Baron Asset Fund	278,329
ING U.S. Stock Index Portfolio – Institutional Class	269,430

During 2011 and 2010 the Plan's net realized and unrealized gains (losses) on investments were compromised of the following:

	2011	2010
Mutual funds	$ (72,110)	$ 462,134

D. Fair Value Measurements

FASB ASC Topic No. 820 defines fair value as 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 and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined in FASB ASC Topic No. 820 are as follows:

- Level 1 — inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.

- Level 2 — inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

The Plan has established a process for determining fair values. Fair value is based upon quoted market prices, where available. If listed prices or quotes are not available, fair value is based upon models that primarily use, as inputs, market-based or independently-sourced market parameters, including yield curves, interest rates, volatilities, equity or debt prices, foreign exchange rates, and credit curves. In addition to market information, models also incorporate transaction details, such as maturity. Valuation adjustments, such as liquidity valuation adjustments, may be necessary when the Plan is unable to observe a recent market price for a financial instrument that trades in inactive (or less active) markets. Liquidity adjustments are not taken for positions classified within Level 1 (as defined above) of the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The following table presents the financial instruments carried at fair value as of December 31, 2011 and 2010, by caption on the *Statement of Net Assets Available for Benefits* and by FASB ASC Topic No. 820 valuation hierarchy (as described above). The Plan has no assets classified within Level 3 of the valuation hierarchy.

D. Fair Value Measurements – continued

Assets and liabilities measured at fair value on a recurring basis as of December 31, 2011:

December 31, 2011	**(Level 1)**	**(Level 2)**	**Total**
Mutual funds:			
Large blend	$ 245,599	$ 324,004	$ 569,603
Large growth	102,079	270,486	372,565
Intermediate-term bond	293,729	-	293,729
Money market	-	393,783	393,783
World stock	-	283,554	283,554
Mid-cap blend	289,929	-	289,929
Target income	-	176,265	176,265
Large value	135,755	64,103	199,858
Mid-cap growth	186,457	-	186,457
Moderate allocation	233,482	-	233,482
Mid-cap value	98,172	-	98,172
Small growth	117,424	-	117,424
Small blend	-	77,331	77,331
Real estate	-	155,351	155,351
Small value	-	21,829	21,829
Retirement income	-	47,643	47,643
Multi-sector bond	44,015	-	44,015
Guaranteed interest account	-	1,373,541	1,373,541
Total assets at fair value	$ 1,746,641	$ 3,187,890	$ 4,934,531

D. Fair Value Measurements – continued

Assets and liabilities measured at fair value on a recurring basis as of December 31, 2010:

December 31, 2010	**(Level 1)**	**(Level 2)**	**Total**
Mutual funds:			
Large blend	$ 216,155	$ 269,430	$ 485,585
Large growth	98,642	334,927	433,569
Intermediate-term bond	-	432,767	432,767
Money market	-	385,605	385,605
World stock	-	327,147	327,147
Mid-cap blend	310,336	-	310,336
Target income	-	288,469	288,469
Large value	202,332	83,374	285,706
Mid-cap growth	278,329	-	278,329
Moderate allocation	176,219	-	176,219
Mid-cap value	144,556	-	144,556
Small growth	87,021	-	87,021
Small blend	-	82,747	82,747
Foreign large value	-	80,315	80,315
Real estate	-	48,802	48,802
Small value	-	19,856	19,856
Retirement income	-	15,974	15,974
Multi-sector bond	7,066	-	7,066
Guaranteed interest account	-	1,179,487	1,179,487
Total assets at fair value	$ 1,520,656	$ 3,548,900	$ 5,069,556

E. Information Certified by the Custodian

The Plan Administrator 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, as permitted under such election, the Plan Administrator has limited auditing procedures with respect to the investment information certified by the custodian, which included total investments as of December 31, 2011 and 2010, the total investment income for the years ended December 31, 2011 and 2010, and all information included in the supplemental Schedule H, line 4i – Schedule of Assets (held at end of year).

F. Tax Status

The Company has adopted the Aetna Life Insurance and Annuity Company Non-standardized 401(k) Profit Sharing Plan and Trust which has a favorable opinion letter from the Internal Revenue Service (the "IRS") dated March 31, 2008, stating that the written form of the prototype plan document is acceptable under Section 401(a) of the Code and that any employer adopting this prototype plan document will be considered to have a plan qualified under Section 401(a) of the Code. Therefore, the related trust is exempt from federal income taxation.

Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires 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. The Company believes it is no longer subject to income tax examination for years prior to 2008.

G. Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by ING. ING is the custodian for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

H. 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 the Plan terminates, all amounts credited to participant's accounts will become 100% vested.

I. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as of December 31, 2011 and 2010, per the financial statements to the Form 5500:

	December 31 2011	December 31 2010
Net assets available for benefits per the financial statements	$ 5,175,046	$ 5,308,557
Current year excess contributions payable per the financial statements	-	8,537
Prior year offset loans per the Form 5500	-	6,593
Net assets available for benefits per the Form 5500	$ 5,175,046	$ 5,323,687

The following is a reconciliation of the net increase in net assets to the Plan as of December 31, 2011 and 2010, per the financial statements to the Form 5500:

	December 31 2011	December 31 2010
Net increase (decrease) in net assets to the Plan per the financial statements	$ (133,511)	$ 448,705
Current year excess contributions payable per the financial statements	(8,537)	8,537
Prior year offset loans and deemed distributions	(6,593)	8,211
Corrective distributions per the Form 5500	-	(11,539)
Net increase (decrease) in assets to the Plan per the Form 5500	$ (148,641)	$ 453,914

The reconciling items noted above are due to the difference in the method of accounting used in preparing the Form 5500 as compared to the Plan's financial statements. The cash basis was used in preparing the Form 5500, whereas the Plan's financial statements have been prepared on the accrual basis of accounting as required by GAAP.

J. Subsequent Events

In preparing the Plan's financial statements, the Company has evaluated all subsequent events and transactions for potential recognition or disclosure through October 15, 2012, the date the financial statements were available for issuance.

SUPPLEMENTAL SCHEDULE

W.C.A. EMPLOYEES' 401(k) SALARY DEFERRAL SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

EIN: 75-1950311
Plan: 001

(a)	(b) Issuer	(c) Description of Investments	(d) Cost	(e) Current Value
*	ING	Fixed Account	**	$ 1,373,541
*	ING	Money Market Portfolio - Class I	**	392,635
*	ING	U.S. Stock Index Portfolio - Institutional Class	**	324,004
*	PIMCO	PIMCO Total Return F-R	**	293,729
*	CRM	Mid Cap Value Fund - Investor Shares	**	289,929
*	ING	Oppenheimer Global Portfolio - Initial Class	**	283,554
*	ING	Large-Cap Growth PtService	**	270,486
*	American	Balanced Fund - Class R-3	**	233,482
*	Pioneer	Pioneer Fund-Class Y	**	190,538
*	Baron	Asset Fund	**	186,457
*	ING	Real Estate Fund - Class A	**	155,351
*	Vanguard	VIF-Diversified Value	**	135,755
*	Vanguard	VIF-Small Company Growth Portfolio	**	117,424
*	Fidelity	Advisor New Insights Fund	**	102,079
*	Lord Abbett	Mid-Cap Value Fund - Class P	**	98,172
*	ING	Russell Small Cap Index Portfolio - Class I	**	77,331
*	ING	T. Rowe Price Equity Income-Service Class	**	64,103
*	ING	Solution 2025 Port - Service Class	**	61,651
*	Dodge & Cox	Dodge & Cox International Stock Fund	**	55,061
*	ING	Solution 2035 Port - Service Class	**	50,489
*	ING	Solution Income Port - Service Class	**	47,643
*	Pioneer	Strategic Income	**	44,015
*	ING	Solution 2045 Port - Service Class	**	41,250
*	ING	American Century Small-Mid Cap Value Port - Init Class	**	21,829
*	ING	Solution 2015 Port - Service Class	**	21,047
*	ING	ING Solution 2055 Port-Svc	**	1,828
*	ING	Money Market Fund-A Holding Acct		1,148
*	Participant Loans	Due 1 - 5 yrs., 4.25% to 9.25%	-0-	240,515
				$ 5,175,046

* Indicates a party-in-interest to the Plan.

** Cost not necessary because participant directed investments in mutual funds and a guaranteed interest account.

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
W.c.a. Employees 401(k)
EIN# 75-1950311
Plan# 001
As Of December 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	AMERICAN FUNDS	American Funds Am Balancd R3		$233,482
	BARON	Baron Asset Fund Ret		$186,457
	CRM	CRM Mid Cap Value Fund Inv		$289,929
	DODGE & COX	Dodge & Cox Intl Stock Fnd		$55,061
	FIDELITY	Fidelity Adv Nw Insight Fd Ins		$102,079
*	ING Life Insurance And Annuity Company	ING AmCen Sm-MdCp Vl Port I		$21,829
*	ING Life Insurance And Annuity Company	ING Fixed Account		$1,373,541
*	ING Life Insurance And Annuity Company	ING Large Cap Growth Port Srv		$270,486
*	ING Life Insurance And Annuity Company	ING Mny Mkt Fd A (Hold Acct)		$1,148
*	ING Life Insurance And Annuity Company	ING Money Market Portfolio I		$392,637
*	ING Life Insurance And Annuity Company	ING Oppenhmr Global Port I		$283,554
*	ING Life Insurance And Annuity Company	ING Real Estate Fund A		$155,351
*	ING Life Insurance And Annuity Company	ING Russell SmCp Indx Prt I		$77,331
*	ING Life Insurance And Annuity Company	ING Solution 2015 Port Srv		$21,047
*	ING Life Insurance And Annuity Company	ING Solution 2025 Port Srv		$61,651
*	ING Life Insurance And Annuity Company	ING Solution 2035 Port Srv		$50,489
*	ING Life Insurance And Annuity Company	ING Solution 2045 Port Srv		$41,250
*	ING Life Insurance And Annuity Company	ING Solution 2055 Port Srv		$1,828
*	ING Life Insurance And Annuity Company	ING Solution Inc Port Srv		$47,643
*	ING Life Insurance And Annuity Company	ING TRwPr Eqty Income Prt Srv		$64,103
*	ING Life Insurance And Annuity Company	ING US Stock Index Port Ins		$324,002
	LORD ABBETT	Lord Abbett MdCp Stock Fnd P		$98,172
	PIMCO	PIMCO Tl Rtn F - R		$293,729
	PIONEER	Pioneer Fund Y		$190,538
	PIONEER	Pioneer Strategic Income Fnd Y		$44,015
	VANGUARD	Vangrd VIF - Divrsd Vl Port		$135,755
	VANGUARD	Vangrd VIF - Sm Comp Grw Port		$117,424
		Participant Loans - Rates 4.25% to 4.25%		$240,515
		TOTAL		$5,175,048

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.

W.C.A. EMPLOYEES' 401(k) SALARY DEFERRAL SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

Years Ended December 31, 2011 and 2010
with Report of Independent Auditors

W.C.A. EMPLOYEES' 401(k) SALARY DEFERRAL SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

Years Ended December 31, 2011 and 2010

Table of Contents

Report of Independent Auditors 1

Audited Financial Statements:

Statements of Net Assets Available for Benefits 2

Statements of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4

Supplemental Schedule:

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)..... 15

NOTE: All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted since they are either not applicable or the information required therein has not been included in the financial statements or notes thereto.

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REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator and Trustees of the
W.C.A. Employees' 401(k) Salary Deferral Savings Plan

We were engaged to audit the financial statements of the W.C.A. Employees' 401(k) Salary Deferral Savings Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information, which was certified by ING Life Insurance and Annuity Company ("ING"), the custodian of the Plan, except for comparing the information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the custodian 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. 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 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Whitley Penn LLP

Dallas, Texas
October 15, 2012

W.C.A. EMPLOYEES' 401(k) SALARY DEFERRAL SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2011	December 31, 2010
Assets		
Investments, at fair value:		
Shares of registered investment companies:		
Mutual funds	$ 3,560,990	$ 3,890,069
Guaranteed interest account	1,373,541	1,179,487
Total investments	4,934,531	5,069,556
Receivables:		
Notes receivable from participants	240,515	247,538
Total Assets	5,175,046	5,317,094
Liabilities		
Excess contributions payable	-	8,537
Net assets available for benefits	$ 5,175,046	$ 5,308,557

See accompanying notes to financial statements.

W.C.A. EMPLOYEES' 401(k) SALARY DEFERRAL SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2011	December 31, 2010
Additions to Net Assets:		
Investment income (loss):		
Net realized and unrealized gains (losses) on investments	$ (72,110)	$ 462,134
Interest and dividends	40,901	34,870
Other income (expense)	(8,537)	-
Total investment income (loss)	(39,746)	497,004
Interest income from notes receivable from participants	10,508	12,732
Contributions:		
Participant	396,979	399,533
Rollover	10,131	-
Total contributions	407,110	399,533
Total additions to net assets	377,872	909,269
Deductions from Net Assets:		
Benefits paid to participants	498,008	456,522
Administrative expenses	2,955	4,042
Miscellaneous expense	10,420	-
Total deductions from net assets	511,383	460,564
Net increase (decrease) in net assets available for benefits	(133,511)	448,705
Net assets available for benefits at beginning of year	5,308,557	4,859,852
Net assets available for benefits at end of year	$ 5,175,046	$ 5,308,557

See accompanying notes to financial statements.

W.C.A. EMPLOYEES' 401(k) SALARY DEFERRAL SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

A. Description of the Plan

The following description of the W.C.A. Employees' 401(k) Salary Deferral Savings Plan (the "Plan") provides only general information. The Plan is sponsored by Weitzman Management Corporation (the "Plan Sponsor" or the "Company"). Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan, which was established effective January 1, 1992, and restated effective January 1, 2009, is a defined contribution plan covering substantially all employees of the Company who are age 18 or older except union employees and non-resident aliens. Participants are eligible to participate in the Plan the first day of their employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may contribute a percentage of their annual compensation (up to 100%) to the Plan on a before-tax basis, not to exceed the limitations imposed by the Internal Revenue Code (the "Code") as defined in the Plan Document. Employees who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the close of the Plan year shall be eligible for catch-up contributions in accordance with, and subject to the limitations imposed by the Code. Participants are also allowed to roll money from another qualified retirement plan into the Plan.

At the discretion of the Board of Directors, the Company may elect to contribute a discretionary matching contribution based on participants' elected salary deferrals. To be eligible to receive the matching contribution, a participant must be either employed on the last day of the Plan year and have completed 1,000 hours of service during the Plan year or have died, retired, or suffered disability during such Plan year. For the year ended December 31, 2011 and 2010, the Company did not authorize a discretionary matching contribution.

Participant Accounts

Each participant's account is credited with the participant's elective contribution, employer contribution(s), and earnings thereon. Allocations are based on participant earnings or account balances as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

A. Description of the Plan – continued

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company contribution portion of their accounts plus actual earnings thereon, vest in accordance with the following schedule:

Years of Service	Vesting Percentage
Less than two (2) years	0%
Two (2) years	20%
Three (3) years	40%
Four (4) years	60%
Five (5) years	80%
Six (6) years	100%

Participants shall become fully vested upon termination of employment due to death or disability.

Notes Receivable from Participants

Participants are allowed to borrow from their accounts. The loan cannot exceed the lesser of 50% of the participant's vested balance or $50,000. Loans must be repaid through payroll deductions within five years, unless the funds are used for the purchase of a primary residence in which case the term may be extended. Each loan shall be evidenced by a promissory note and shall bear a reasonable rate of interest. Interest rates range from 4.25% to 9.25% as of December 31, 2011 and 2010.

Benefit Payments

Participants withdrawing during the year for reasons of service or disability, retirement, death, or termination are entitled to their vested account balance. Benefits are distributed in the form of rollovers, lump sums, or in equal installments. If withdrawing participants are not entitled to their entire account balance, the amounts not received are forfeited.

A participant may receive a hardship distribution from salary reduction contributions if the distribution is: (1) on account of medical expenses incurred by the participant, his spouse, or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of post-secondary tuition expenses; or (4) needed to prevent eviction of the participant from his or her principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) burial or funeral expenses for the participant's parent, spouse, children, or dependents; or, (6) expenses for the repair of damage to the participant's principal residence caused by fire, storm, or other casualty.

Participants that have attained age 59½ and have not terminated service with the Company may elect to take an in-service distribution of the vested portion of their account.

A. Description of the Plan – continued

Forfeited Accounts

Forfeited balances of terminated participants' non-vested accounts are used to reduce discretionary matching contributions or plan administrative expenses. There were no forfeitures used for the year ended December 31, 2011 or 2010, related to discretionary matching contributions. Unallocated forfeited amounts were utilized during the plan year to pay for plan administrative expenses. Unallocated forfeited amounts approximated $6,022 and $7,100 as of December 31, 2011 and 2010, respectively.

Investment Options

Upon enrollment in the Plan, a participant may direct employer and employee contributions in 1% increments into any of the Plan's investment options.

Plan Expenses

Both the Plan and the Company pay administrative expenses related to the Plan. Employees of the Company perform certain administrative functions with no compensation from the Plan. The administrative costs of the Plan are paid by the Company and are not reflected in the accompanying financial statements.

B. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Contributions

Contributions from the Company and participants are accrued as they become obligations of the Company, as determined by the Plan Administrator, and in the period in which they are deducted in accordance with salary deferral agreements.

B. Summary of Accounting Policies – continued

Investment Valuation and Income Recognition

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic No. 820, *Fair Value Measurements*, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. The Plan adopted FASB ASC Topic No. 820 effective January 1, 2008, and such adoption did not have material impact on the financial statements of the Plan. See Note D for information related to the Plan's valuation methodologies under FASB ASC Topic No. 820.

Investment gains and losses are accounted for using the average cost basis of the securities sold. These investments are subject to market or credit risks customarily associated with debt and equity investments.

The net realized and unrealized gains and losses on investments include realized gains and losses resulting from the sale of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participant Loans

Notes receivable from participant loans are recorded at the unpaid principal balance plus accrued interest.

Recently Issued Accounting Pronouncement

In May 2011 the FASB issued Accounting Standards Update ("ASU") 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*, ASU 2011-04 amended ASC 820, to converge the fair value measurement guidance in GAAP and International Financial Reporting Standards. Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures, although certain of these new disclosures will not be required for nonpublic entities like the Company. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

C. Investments

Individual investments with market values greater than 5% of net assets available for benefits at December 31 are as follows:

Description	2011
ING Fixed Account	$ 1,373,541
ING Money Market Portfolio – Class I	392,635
ING U.S. Stock Index Portfolio – Institutional Class	324,004
PIMCO Total Return Fund	293,729
CRM Mid Cap Value Fund – Investor Shares	289,929
ING Oppenheimer Global Portfolio – Initial Class	283,554
ING Large-Cap Growth Pt Service	270,486

Description	2010
ING Fixed Account	$ 1,179,487
ING Intermediate Bond Fund – Class A	432,767
ING Money Market Portfolio – Class I	383,421
ING Marisco Growth Portfolio – Service Class	334,927
ING Oppenheimer Global Portfolio – Initial Class	327,147
CRM Mid Cap Value Fund – Investor Shares	310,336
Baron Asset Fund	278,329
ING U.S. Stock Index Portfolio – Institutional Class	269,430

During 2011 and 2010 the Plan's net realized and unrealized gains (losses) on investments were compromised of the following:

	2011	2010
Mutual funds	$ (72,110)	$ 462,134

D. Fair Value Measurements

FASB ASC Topic No. 820 defines fair value as 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 and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined in FASB ASC Topic No. 820 are as follows:

- Level 1 — inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.

- Level 2 — inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

The Plan has established a process for determining fair values. Fair value is based upon quoted market prices, where available. If listed prices or quotes are not available, fair value is based upon models that primarily use, as inputs, market-based or independently-sourced market parameters, including yield curves, interest rates, volatilities, equity or debt prices, foreign exchange rates, and credit curves. In addition to market information, models also incorporate transaction details, such as maturity. Valuation adjustments, such as liquidity valuation adjustments, may be necessary when the Plan is unable to observe a recent market price for a financial instrument that trades in inactive (or less active) markets. Liquidity adjustments are not taken for positions classified within Level 1 (as defined above) of the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The following table presents the financial instruments carried at fair value as of December 31, 2011 and 2010, by caption on the *Statement of Net Assets Available for Benefits* and by FASB ASC Topic No. 820 valuation hierarchy (as described above). The Plan has no assets classified within Level 3 of the valuation hierarchy.

D. Fair Value Measurements – continued

Assets and liabilities measured at fair value on a recurring basis as of December 31, 2011:

December 31, 2011	**(Level 1)**	**(Level 2)**	**Total**
Mutual funds:			
Large blend	$ 245,599	$ 324,004	$ 569,603
Large growth	102,079	270,486	372,565
Intermediate-term bond	293,729	-	293,729
Money market	-	393,783	393,783
World stock	-	283,554	283,554
Mid-cap blend	289,929	-	289,929
Target income	-	176,265	176,265
Large value	135,755	64,103	199,858
Mid-cap growth	186,457	-	186,457
Moderate allocation	233,482	-	233,482
Mid-cap value	98,172	-	98,172
Small growth	117,424	-	117,424
Small blend	-	77,331	77,331
Real estate	-	155,351	155,351
Small value	-	21,829	21,829
Retirement income	-	47,643	47,643
Multi-sector bond	44,015	-	44,015
Guaranteed interest account	-	1,373,541	1,373,541
Total assets at fair value	$ 1,746,641	$ 3,187,890	$ 4,934,531

D. Fair Value Measurements – continued

Assets and liabilities measured at fair value on a recurring basis as of December 31, 2010:

December 31, 2010	**(Level 1)**	**(Level 2)**	**Total**
Mutual funds:			
Large blend	$ 216,155	$ 269,430	$ 485,585
Large growth	98,642	334,927	433,569
Intermediate-term bond	-	432,767	432,767
Money market	-	385,605	385,605
World stock	-	327,147	327,147
Mid-cap blend	310,336	-	310,336
Target income	-	288,469	288,469
Large value	202,332	83,374	285,706
Mid-cap growth	278,329	-	278,329
Moderate allocation	176,219	-	176,219
Mid-cap value	144,556	-	144,556
Small growth	87,021	-	87,021
Small blend	-	82,747	82,747
Foreign large value	-	80,315	80,315
Real estate	-	48,802	48,802
Small value	-	19,856	19,856
Retirement income	-	15,974	15,974
Multi-sector bond	7,066	-	7,066
Guaranteed interest account	-	1,179,487	1,179,487
Total assets at fair value	$ 1,520,656	$ 3,548,900	$ 5,069,556

E. Information Certified by the Custodian

The Plan Administrator 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, as permitted under such election, the Plan Administrator has limited auditing procedures with respect to the investment information certified by the custodian, which included total investments as of December 31, 2011 and 2010, the total investment income for the years ended December 31, 2011 and 2010, and all information included in the supplemental Schedule H, line 4i – Schedule of Assets (held at end of year).

F. Tax Status

The Company has adopted the Aetna Life Insurance and Annuity Company Non-standardized 401(k) Profit Sharing Plan and Trust which has a favorable opinion letter from the Internal Revenue Service (the "IRS") dated March 31, 2008, stating that the written form of the prototype plan document is acceptable under Section 401(a) of the Code and that any employer adopting this prototype plan document will be considered to have a plan qualified under Section 401(a) of the Code. Therefore, the related trust is exempt from federal income taxation.

Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires 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. The Company believes it is no longer subject to income tax examination for years prior to 2008.

G. Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by ING. ING is the custodian for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

H. 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 the Plan terminates, all amounts credited to participant's accounts will become 100% vested.

I. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as of December 31, 2011 and 2010, per the financial statements to the Form 5500:

	December 31 2011	December 31 2010
Net assets available for benefits per the financial statements	$ 5,175,046	$ 5,308,557
Current year excess contributions payable per the financial statements	-	8,537
Prior year offset loans per the Form 5500	-	6,593
Net assets available for benefits per the Form 5500	$ 5,175,046	$ 5,323,687

The following is a reconciliation of the net increase in net assets to the Plan as of December 31, 2011 and 2010, per the financial statements to the Form 5500:

	December 31 2011	December 31 2010
Net increase (decrease) in net assets to the Plan per the financial statements	$ (133,511)	$ 448,705
Current year excess contributions payable per the financial statements	(8,537)	8,537
Prior year offset loans and deemed distributions	(6,593)	8,211
Corrective distributions per the Form 5500	-	(11,539)
Net increase (decrease) in assets to the Plan per the Form 5500	$ (148,641)	$ 453,914

The reconciling items noted above are due to the difference in the method of accounting used in preparing the Form 5500 as compared to the Plan's financial statements. The cash basis was used in preparing the Form 5500, whereas the Plan's financial statements have been prepared on the accrual basis of accounting as required by GAAP.

J. Subsequent Events

In preparing the Plan's financial statements, the Company has evaluated all subsequent events and transactions for potential recognition or disclosure through October 15, 2012, the date the financial statements were available for issuance.

SUPPLEMENTAL SCHEDULE

W.C.A. EMPLOYEES' 401(k) SALARY DEFERRAL SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

EIN: 75-1950311
Plan: 001

(a)	(b) Issuer	(c) Description of Investments	(d) Cost	(e) Current Value
*	ING	Fixed Account	**	$ 1,373,541
*	ING	Money Market Portfolio - Class I	**	392,635
*	ING	U.S. Stock Index Portfolio - Institutional Class	**	324,004
*	PIMCO	PIMCO Total Return F-R	**	293,729
*	CRM	Mid Cap Value Fund - Investor Shares	**	289,929
*	ING	Oppenheimer Global Portfolio - Initial Class	**	283,554
*	ING	Large-Cap Growth PtService	**	270,486
*	American	Balanced Fund - Class R-3	**	233,482
*	Pioneer	Pioneer Fund-Class Y	**	190,538
*	Baron	Asset Fund	**	186,457
*	ING	Real Estate Fund - Class A	**	155,351
*	Vanguard	VIF-Diversified Value	**	135,755
*	Vanguard	VIF-Small Company Growth Portfolio	**	117,424
*	Fidelity	Advisor New Insights Fund	**	102,079
*	Lord Abbett	Mid-Cap Value Fund - Class P	**	98,172
*	ING	Russell Small Cap Index Portfolio - Class I	**	77,331
*	ING	T. Rowe Price Equity Income-Service Class	**	64,103
*	ING	Solution 2025 Port - Service Class	**	61,651
*	Dodge & Cox	Dodge & Cox International Stock Fund	**	55,061
*	ING	Solution 2035 Port - Service Class	**	50,489
*	ING	Solution Income Port - Service Class	**	47,643
*	Pioneer	Strategic Income	**	44,015
*	ING	Solution 2045 Port - Service Class	**	41,250
*	ING	American Century Small-Mid Cap Value Port - Init Class	**	21,829
*	ING	Solution 2015 Port - Service Class	**	21,047
*	ING	ING Solution 2055 Port-Svc	**	1,828
*	ING	Money Market Fund-A Holding Acct		1,148
*	Participant Loans	Due 1 - 5 yrs., 4.25% to 9.25%	-0-	240,515
				$ 5,175,046

* Indicates a party-in-interest to the Plan.

** Cost not necessary because participant directed investments in mutual funds and a guaranteed interest account.