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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WINSTEAD P.C. 401(K) SAVINGS & PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1984

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

WINSTEAD P.C.

1201 ELM STREET, SUITE 5400
DALLAS, TX 75270

2b Employer Identification Number (EIN) 75-2404691

2c Sponsor's telephone number 214-745-5470

2d Business code (see instructions) 541110

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.	10/25/2012	BILL BAUER
	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")
WINSTEAD P.C. RETIREMENT COMMITTEE

1201 ELM STREET, SUITE 5400
DALLAS, TX 75270

3b Administrator's EIN
75-1645766

3c Administrator's telephone number
214-745-5400

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**	826
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**	554
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	229
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	783
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	783
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	685
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	26
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 2F 2G 2J 2K 2R 2S 2T

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

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
WINSTEAD P.C. 401(K) SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINSTEAD P.C.

D Employer Identification Number (EIN)
75-2404691

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

INVESCO AIM

76-0528004

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

AMERICAN FUNDS

95-1411037

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

BLACKROCK

04-6171663

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

CALAMOS

36-3316238

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

DAVIS FUNDS

52-1346931

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

DODGE & COX

94-1441976

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

DREYFUS

13-5673135

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

FIRST EAGLE

13-3392291

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

JANUS

43-1804048

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

NEUBERGER BERMAN

13-5521910

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

OPPENHEIMER FUNDS

13-2527171

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

PARNASSUS

94-6579180

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

ROYCE

52-2343049

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

RS FUNDS

94-3321067

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

WESTCORE

84-1284659

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

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

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

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

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 19 21 37 38 49 50 52 59 60 62 63 64	SERVICE PROVIDER	8635	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

VINK TEAGUE & ASSOCIATES

75-2128947

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	SERVICE PROVIDER	40337	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEWGATE CAPITAL MANAGEMENT, LLC

04-2941344

(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?
21 50	SERVICE PROVIDER	22023	Yes [ ] No [X]	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
(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.	

(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.	

(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
WINSTEAD P.C. 401(K) SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WINSTEAD P.C.

D Employer Identification Number (EIN)
75-2404691

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: WELLS FARGO STABLE RETURN FUND N3

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
80-6052574-001	C	21657448

a Name of MTIA, CCT, PSA, or 103-12 IE: NEWGATE GLOBAL FIXED INCOME FUND

b Name of sponsor of entity listed in (a): NEWGATE, LLP

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)
95-7991003-001	C	2909274

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN FUND N4

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
52-2251296-001	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
WINSTEAD P.C. 401(K) SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINSTEAD P.C.

D Employer Identification Number (EIN)
75-2404691

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	594736	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5194934	5231321
(2) Participant contributions	1b(2)	383955	308545
(3) Other	1b(3)		37564
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	59	745175
(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)	6494186	7777128
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2089414	1744847
(9) Value of interest in common/collective trusts	1c(9)	19987741	24566722
(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)	98110663	89567034
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	11646923	11233483

		(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	144502611	141211819
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	144502611	141211819

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)	5231321	
(B) Participants	2a(1)(B)	3450120	
(C) Others (including rollovers)	2a(1)(C)	1270494	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9951935
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	36	
(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)	91130	
(F) Other	2b(1)(F)	-23319	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		67847
(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)	1280568	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1280568
(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)		358793
(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)		-5225492
c Other income	2c		-198098
d Total income. Add all **income** amounts in column (b) and enter total	2d		6235553
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9205155	
(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)		9205155
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	260241	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		260241
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9465396
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-3229843
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		60949

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: TEAGUE MARQUESS & ASSOCIATES (2) EIN: 45-4083690

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		1000000
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)
WINSTEAD PC NONSHAREHOLDER ATTY 401(K) SAVINGS & PS PLAN	75-2404691	006

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
WINSTEAD P.C. 401(K) SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINSTEAD P.C.

D Employer Identification Number (EIN)
75-2404691

Part I Distributions

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

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

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

EIN(s): 41-6257133 56-1354495

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):

TEAGUE MARQUESS & ASSOCIATES
A Professional Corporation

Certified Public Accountants & Management Consultants

INDEPENDENT AUDITORS' REPORT

Members of the Retirement Committee
of Winstead PC
Dallas, Texas

We were engaged to audit the accompanying statement of net assets available for benefits of the Winstead 401(k) Savings and Profit Sharing Plan (the Plan) as of December 31, 2011, the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and the supplemental schedule are the responsibility of the Plan's Sponsor. The financial statements and supplemental schedule of the Plan at December 31, 2010 and for the year then ended were audited by other auditors, whose report dated September 30, 2011, disclaimed an opinion on those statements and schedule as permitted by 29 CFT 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Sponsor instructed us not to perform, and we did not perform, any auditing procedures with respect to the 2011 information summarized in Notes C, D, E and F which was certified by Wells Fargo Bank, N.A. (the Trustee), except for comparing the information with the related information included in the 2011 financial statements and the 2011 supplemental schedule. We have been informed by the Plan's Sponsor that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan's Sponsor has obtained a certification from the Trustee as of and for the year ended December 31, 2011, that the information provided to us by the Trustee is complete and accurate.

Because of the significance of the information in the Plan's 2011 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of or for the year ended December 31, 2011. The form and content of the information included in the 2011 financial statements and the 2011 supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Teague Marquess & Associates

Dallas, Texas
October 5, 2012

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WINSTEAD
401(k) SAVINGS AND PROFIT SHARING PLAN

FINANCIAL STATEMENTS WITH
INDEPENDENT AUDITORS' REPORT
AND SUPPLEMENTAL SCHEDULE

December 31, 2011 and 2010

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TEAGUE MARQUESS & ASSOCIATES
A Professional Corporation

Certified Public Accountants & Management Consultants

INDEPENDENT AUDITORS' REPORT

Members of the Retirement Committee
of Winstead PC
Dallas, Texas

We were engaged to audit the accompanying statement of net assets available for benefits of the Winstead 401(k) Savings and Profit Sharing Plan (the Plan) as of December 31, 2011, the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and the supplemental schedule are the responsibility of the Plan's Sponsor. The financial statements and supplemental schedule of the Plan at December 31, 2010 and for the year then ended were audited by other auditors, whose report dated September 30, 2011, disclaimed an opinion on those statements and schedule as permitted by 29 CFT 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Sponsor instructed us not to perform, and we did not perform, any auditing procedures with respect to the 2011 information summarized in Notes C, D, E and F which was certified by Wells Fargo Bank, N.A. (the Trustee), except for comparing the information with the related information included in the 2011 financial statements and the 2011 supplemental schedule. We have been informed by the Plan's Sponsor that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan's Sponsor has obtained a certification from the Trustee as of and for the year ended December 31, 2011, that the information provided to us by the Trustee is complete and accurate.

Because of the significance of the information in the Plan's 2011 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of or for the year ended December 31, 2011. The form and content of the information included in the 2011 financial statements and the 2011 supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Teague Marquess & Associates

Dallas, Texas
October 5, 2012

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Winstead
401(k) Savings and Profit Sharing Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2011	December 31, 2010
ASSETS:		
Cash and cash equivalents	$ 745,175	$ -
Participant-directed investments at fair value (Notes C, E and F):		
Mutual funds	89,567,034	97,631,389
Common/collective trust funds	25,129,981	20,364,131
Self-directed brokerage accounts	11,233,483	11,451,695
Segregated managed accounts	7,777,128	7,099,435
Total investments at fair value	133,707,626	136,546,650
Notes receivable from participants (Note D)	1,744,847	2,089,414
Contributions receivable:		
Sponsor	5,231,321	5,194,934
Participants	308,545	383,955
Total contributions receivable	5,539,866	5,578,889
Other receivables:		
Receivable for securities sold, net	-	592,903
Accrued income	37,564	71,145
Total other receivables	37,564	664,048
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	141,775,078	144,879,001
Adjustment from fair value to contract value for fully benefit-responsive investment contracts (Note C and F)	(563,259)	(376,390)
NET ASSETS AVAILABLE FOR BENEFITS (Note G)	$ 141,211,819	$ 144,502,611

The accompanying notes are an integral part of these financial statements.

Winstead
401(k) Savings and Profit Sharing Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2011	December 31, 2010
ADDITIONS TO NET ASSETS:		
Investment (loss) income (Notes C, D and E):		
Net (depreciation) appreciation of investments	$ (5,444,817)	$ 12,556,081
Interest, dividends and capital gains distributions	1,728,435	1,498,648
Total investment (loss) income	(3,716,382)	14,054,729
Contributions:		
Participants	3,450,120	3,574,609
Rollover	1,270,494	174,048
Sponsor	5,231,321	5,194,934
Total contributions	9,951,935	8,943,591
Total additions	6,235,553	22,998,320
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	9,205,155	10,637,679
Plan expenses	260,241	98,644
Total deductions	9,465,396	10,736,323
(DECREASE) INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(3,229,843)	12,261,997
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	144,502,611	132,117,000
Transfer (from) to other plans (Note A)	(60,949)	123,614
End of year (Note G)	$141,211,819	$144,502,611

The accompanying notes are an integral part of these financial statements.

NOTE A - PLAN DESCRIPTION

The following description of the Winstead 401(k) Savings and Profit Sharing Plan (the Plan) is provided for general information purposes only. The financial statements and notes are representations of the Plan's Sponsor, who is responsible for their integrity and objectivity. The financial statements of the Plan have been consistently prepared in conformity with accounting principles generally accepted in the United States of America, and in accordance with the Plan agreement. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, a defined contribution plan of Winstead PC (the Sponsor), was established in 1984 and covered all permanent full-time employees of the Sponsor. Effective November 1, 1999, the Sponsor merged its profit sharing plan and its 401(k) plan, renaming, restating and amending the plans to the Winstead 401(k) Savings and Profit Sharing Plan (the Plan). Effective January 1, 2002, the Plan was amended to exclude the non-shareholder attorney employees, and the Plan's assets and participants' account balances related to non-shareholder attorney employees were transferred to a newly established plan, the Winstead Non-Shareholder Attorney 401(k) Savings and Profit Sharing Plan (the Non-Shareholder Plan). The Plan was further amended, effective January 1, 2007, to accept Roth elective deferrals and to consider permanent full time employees to have automatically elected to contribute six percent (6%) of compensation to the Plan, unless they make a specific election to decline participation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Retirement Equity Act of 1984 (REACT). During 2011 and 2010, net assets of $(60,949) and $123,614, respectively, were transferred (from) to the Non-Shareholder Plan.

Contributions

Eligible employees authorize the Sponsor to make pretax contributions to the Plan in accordance with Section 401(k) of the Internal Revenue Code. Under the Plan, participants may elect to reduce their compensation and contribute to the Plan from 1% to 50% or, for highly compensated participants, from 1% to 10% of their total annual compensation, as defined, up to a maximum of $16,500 ($22,000 if the employee is age fifty or older) for the years 2011 and 2010. The Sponsor, at the sole discretion of the Board of Directors, may make a matching contribution to the Plan equal to 50% of the participants' contributions, not in excess of 2% of their total annual compensation, and then 25% of the participants' contributions, not in excess of the next 4% of their total annual compensation, as defined. The Sponsor's contributions are reduced by forfeitures in excess of any forfeitures allocated to reinstate non-vested positions of previously distributed terminated participant accounts, of which the vested portion has been repaid to the Plan by the terminated participant.

Additionally, the Plan Sponsor may make annual profit sharing contributions to the Plan at the sole discretion of its Board of Directors. For the years ended December 31, 2011 and 2010, the Sponsor made profit sharing contributions to the Plan of $4,732,479 and $4,694,298, respectively.

NOTE A - PLAN DESCRIPTION - CONTINUED

Participant Accounts

Each participant has a participant account, a matching account and a profit-sharing account. Additionally, participants may have a rollover account. Each participant's account is credited with the participant's contribution, if applicable, and an allocation of Plan earnings or losses which are allocated based on the earnings or losses of the participant's selected investments. The matching and profit-sharing accounts are credited with the Sponsor's net contributions, if applicable, and forfeitures of terminated participants' nonvested accounts, if applicable. The Plan had forfeitures of approximately $814,000 and $374,000 for the years ended December 31, 2011 and 2010, respectively, which were used to reduce the Plan Sponsor's contribution.

Vesting

Participants are immediately vested in participant contributions and are subject to a six year vesting schedule for Sponsor matching and profit-sharing contributions, as follows:

Completed Years of Vesting Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Payment of Benefits

Upon termination of service, the Retirement Committee (the Committee) of the Sponsor will determine the method of benefit distribution. At the discretion of the Committee, benefits may be paid in a lump sum or in periodic installments over the remaining life expectancy of the participant or the joint life expectancy of the participant and his/her designated beneficiary.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Cash Equivalents

The Plan considers all highly liquid investments with an original maturity of three months or less when purchased to be cash equivalents.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Concentration of Credit Risk

At December 31, 2011 and 2010, the Plan's investments consist of investments in cash equivalents, mutual funds and common/collective trust funds. The Plan also has self-directed brokerage investments and segregated managed accounts, which are invested in money market funds, mutual funds, corporate common and preferred stocks, corporate and municipal obligations, unit investment trusts and partnerships (Notes C and F).

Investment Risk

The Plan's investments include mutual funds which invest in various types of investment securities in various companies within various markets. Investment securities are exposed to several risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Plan's financial statements and schedule (Note F).

Fully Benefit Responsive Investment Contracts

Fully benefit responsive investment contracts held by a defined contribution plan are required to be reported at fair value. Although contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the contract, as required by accounting principles generally accepted in the United States of America, the Statements of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value.

Investments

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC), *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The inputs to the valuation methodology for the three levels of the fair value hierarchy under FASB ASC 820-10 are described as follows:

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

- Level 2 inputs include the following:
  - Quoted prices for similar assets or liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in inactive markets
  - Inputs other than quoted prices that are observable for the asset or liability
  - Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

NOTE B - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investments - Continued

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

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

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

New Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board (FASB) issued updated guidance for fair value measurements. The guidance amends existing guidance to provide common fair value measurements and related disclosure requirements between GAAP and International Financial Reporting Standards. This guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2011.

In January 2010, FASB issued Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements*. ASU No. 2010-06 amends the disclosure requirements of FASB ASC 820 to require new disclosures regarding (a) transfers in and out of levels 1 and 2 and (b) activity in level 3 fair value measurements. ASU No. 2010-06 also provides amendments to FASB ASC 820 that clarify existing disclosures regarding (1) the level of disaggregation for each class of assets and liabilities and (2) disclosures about inputs and valuation techniques for fair value measurements that fall in either level 2 or level 3.

The new disclosures and clarifications of existing disclosures are effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures regarding the roll forward of activity in level 3 fair value measurements, which are effective for fiscal years beginning after December 15, 2010 and interim periods within those fiscal years. The adoption of FASB ASC 820-10 did not have a material impact on the Plan's financial statements.

Tax Status

The Plan is exempt from federal income taxes under Section 501 of the Internal Revenue Code. The Plan obtained its latest determination letter on February 13, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to suspend contributions, discontinue contributions or terminate the Plan. Upon termination or partial termination of the Plan, participants will become 100 percent vested in their accounts.

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions. These estimates and assumptions affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

NOTE C – INVESTMENTS

The Plan's participant-directed investments are held by Wells Fargo Bank, N.A. Participants elect to invest in equity, fixed income, cash equivalent and other mutual funds selected by the Plan. Participants may also elect to borrow up to 50% of their vested participant balance (Note D). Additionally, participants are allowed to select investments through a brokerage account with the Trustee, which may consist of money market funds, mutual funds, corporate common and preferred stocks, corporate and municipal obligations, unit investment trusts and partnerships. Participants may also elect to segregate a portion or all of these investments in a managed segregated account.

Investments are valued at fair value. Investments at December 31, 2011 and 2010 in mutual funds are valued by the fund managers using the closing prices on the New York Stock Exchange and other active markets. Investments in mutual funds, corporate common and preferred stocks and bonds in participants' self-directed brokerage accounts are valued using the closing prices on the New York Stock Exchange and other active markets.

The Plan owns approximately 2.58% of the Wells Fargo Stable Return Fund N3 (Fund N3) at December 31, 2011, which owns approximately 3% of another Wells Fargo fund, Fund G, at this date. Fund G has benefit responsive securities. At December 31, 2011, Fund N3 has net assets of benefit responsive securities at fair value of approximately $863,000,000 and net assets at contract value of approximately $841,000,000, respectively. Fund N3 has a yield of 1.56% related to the contract value for the year ended December 31, 2011. The yield earned by Fund N3, with an adjustment to reflect the actual interest rate credited to the participants, was 2.33% at December 31, 2011.

The Plan owns approximately 0.47% of the Wells Fargo Stable Return Fund N4 (Fund N4) at December 31, 2010, which owns approximately 21% of another Wells Fargo fund, Fund G, at this date. Fund G has benefit responsive securities. At December 31, 2010, Fund N4 has net assets of benefit responsive securities at fair value of approximately $3,666,000,000 and net assets at contract value of approximately $3,586,000,000, respectively. Fund N4 has a yield of 2.38% related to the contract value for the year ended December 31, 2010.

NOTE C – INVESTMENTS - CONTINUED

The yield earned by Fund N4, with an adjustment to reflect the actual interest rate credited to the participants, was 2.90% at December 31, 2010.

Investments in segregated managed accounts are valued by the manager based on closing prices on the New York Stock Exchange and other active markets. The life insurance policy was distributed to the applicable participant during 2010.

The following table presents the investments representing 5 percent or more of the Plan's net assets at fair value, including the Stable Return Fund N4 and Fund N3, which is shown, after the adjustment from contract value to fair value.

		December 31,	
		2011	2010
Wells Fargo Bank N.A.	Stable Return Fund N3	$ 22,220,707	$ -
Wells Fargo Bank N.A.	Stable Return Fund N4	-	17,311,505
Dodge & Cox Funds	Large Value Stock Fund	12,065,028	14,419,270
First Eagle Funds	Overseas Fund Class A Shares	10,082,138	11,048,672
Wells Fargo Bank N.A.	Advantage Government Securities Fund Institutional Class	10,054,151	-
Wells Fargo Bank N.A.	Advantage Government Securities Fund	-	10,518,146
Davis Funds	New York Venture Fund Class Y Shares	9,979,943	-
Davis Funds	New York Venture Fund Class A Shares	-	10,931,479
Oppenheimer Funds	Developing Markets Fund Class Y Shares	7,165,444	-
Oppenheimer Funds	Developing Markets Fund Class A Shares	-	9,690,844

The Plan's investments (including investments bought, sold and held during the year (depreciated) appreciated $(5,444,817) and $12,556,081 during the years ended December 31, 2011 and 2010, respectively.

NOTE D - PARTICIPANT LOANS RECEIVABLE

Under the terms of the Plan, the participants may borrow up to fifty percent of their vested participant balance, not to exceed $50,000. At December 31, 2011 and 2010, loans receivable from participants bear interest at the prime rate plus 1% on new loans issued subsequent to 2001 (plus 2% on loans issued prior to 2002). Interest rates on loans outstanding at December 31, 2011 range from 4.25% to 11.50%, and are receivable through February 2019, in semi-monthly, monthly and/or quarterly installments of principal and interest. The loans are collateralized by the participant's account balance in the Plan.

NOTE E – LIFE INSURANCE

As part of a participant's rollover contribution received in 2003, the Plan received a life insurance policy under which the Plan is the beneficiary. This policy was terminated as of December 31, 2010. The policy was distributed to the applicable participant in 2010.

NOTE F – FAIR VALUE MEASUREMENTS

Following is a description of the valuation methodologies used by the Plan for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010:

- *Common stocks, corporate bonds and U.S. government securities. Valued at the closing price reported on the active market on which the individual securities are traded.*
- *Mutual funds*. Valued at the net asset value of shares held by the Plan at year-end.
- *Guaranteed investment contract and common collective trust*. Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable duration, considering the creditworthiness of the issuer (Note C).

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

A summary of inputs used to value the Plan investments as of December 31, 2011 is as follows:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Equity	$ 65,110,392	$ -	$ -	$ 65,110,392
Bonds	13,020,673	-	-	13,020,673
Balanced	3,857,815	-	-	3,857,815
Sector	7,578,154	-	-	7,578,154
	89,567,034	-	-	89,567,034
Common/collective trust	-	25,129,981	-	25,129,981
Self-directed brokerage accounts				
Common stocks	4,310,857	-	-	4,310,857
Preferred stocks	18,981	-	-	18,981
Equity mutual funds	4,674,176	-	-	4,674,176
Money market funds	2,229,469	-	-	2,229,469
	11,233,483	-	-	11,233,483
Segregated managed accounts				
Partnerships	-	7,777,128	-	7,777,128
Total investments at fair value	$ 100,800,517	$ 32,907,109	$ -	$ 133,707,626

NOTE F – FAIR VALUE MEASUREMENTS – CONTINUED

A summary of inputs used to value the Plan investments as of December 31, 2010 is as follows:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Equity	$ 79,353,940	$ -	$ -	$ 79,353,940
Bonds	12,742,984	-	-	12,742,984
Balanced	3,556,235	-	-	3,556,235
Sector	1,978,230	-	-	1,978,230
	97,631,389	-	-	97,631,389
Common/collective trust	-	20,364,131	-	20,364,131
Self-directed brokerage accounts				
Common stocks	4,555,055	-	-	4,555,055
Preferred stocks	58,181	-	-	58,181
Partnerships	85,093	-	-	85,093
Equity mutual funds	4,612,550	-	-	4,612,550
Money market funds	2,140,816	-	-	2,140,816
	11,451,695	-	-	11,451,695
Segregated managed accounts				
Cash equivalents	59	-	-	59
Equity mutual funds	479,274	-	-	479,274
Partnerships	-	6,620,102	-	6,620,102
	479,333	6,620,102	-	7,099,435
Total investments at fair value	$ 109,562,417	$ 26,984,233	$ -	$ 136,546,650

NOTE G - SEPARATED PARTICIPANTS WITH ACCOUNT BALANCES

Approximately $22,261,000 and $24,460,000 of net assets relate to separated participants who have withdrawn from participation in the contributions and operations of the Plan as of December 31, 2011 and 2010, respectively.

NOTE H – SUBSEQUENT EVENT

The market value of the Plan's investments at December 31, 2011 has increased approximately 20% at October 5, 2012, due to current market conditions. The Plan has evaluated subsequent events through October 5, 2012, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

Winstead
401(k) Savings and Profit Sharing Plan

Employer Identification No. - 75-2404691 Plan No. - 001

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

December 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Mutual Funds		
	American Funds	Growth Fund of America Share Class R5	**	$ 2,859,419
	Blackrock Funds	Health Sciences Opportunities Portfolio Institutional Shares	**	1,051,637
	Calamos Funds	Convertible Fund Class A Shares	**	89,699
	Calamos Funds	Growth & Income Fund Class I Shares	**	3,857,815
	Davis Funds	New York Venture Fund Class Y Shares	**	9,979,943
	Dodge & Cox Funds	Large Value Stock Fund	**	12,065,028
	Dreyfus Funds	Midcap Blend Index Fund	**	5,318,524
	Dreyfus Funds	Technology Growth Fund Class I Shares	**	919,371
	First Eagle Funds	Overseas Fund Class A Shares	**	10,082,138
	Invesco Funds	Energy Fund Class R5	**	2,406,625
	Invesco Funds	Real Estate Fund Class R5	**	2,810,954
	Janus Funds	Janus Twenty (T) Fund	**	4,103,629
	Neuberger Berman	Socially Responsive Fund	**	185,912
	Oppenheimer Funds	Developing Markets Fund Class Y Shares	**	7,165,444
	Parnassus Funds	Small-Cap Fund	**	5,429,743
	RS Funds	Investment Trust Global Natural Resources Class A share	**	389,567
	Franklin Templeton Investment Funds	Global Bond Class A Shares	**	2,876,823
	Westcore Funds	Growth Institutional Fund	**	4,676,557
*	Wells Fargo Bank N.A.	Advantage Government Securities Fund Institutional Class	**	10,054,151
*	Wells Fargo Bank N.A.	Index Fund - Administrator Class	**	2,229,735
*	Wells Fargo Bank N.A.	Premier Large Company Growth Fund Institutional Class	**	1,014,320
		Total Mutual Funds		89,567,034
		Common/Collective Trust Funds		
*	Wells Fargo Bank N.A.	Stable Return Fund N3 (fair market value)	**	22,220,707
	Newgate LLP Funds	Global Fixed Income Fund	**	2,909,274
		Total Common/Collective Trust Funds		25,129,981
	Self-Directed Brokerage Accounts	Various money market and mutual funds, corporate common and preferred stocks, corporate and municipal obligations, unit investment trusts and partnerships	**	11,233,483
	Segregated Managed Accounts	Various limited partnerships and cash equivalents	**	7,777,128
	Participant Loans	Loans with interest rates ranging from 4.25% - 11.50%, receivable in semi-monthly, monthly and/or quarterly principal and interest installments through February 2019.	-	1,744,847
				$ 135,452,473

* Indicates party-in-interest to the Plan
** Investments are participant-directed, thus cost information is not applicable.

The independent auditor's report should be read in connection with this supplemental schedule.

Winstead
401(k) Savings and Profit Sharing Plan

Employer Identification No. - 75-2404691 Plan No. - 001

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

December 31, 2011

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