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), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

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
MEHAFFY & WEBER, P.C. PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/01/2003

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
MEHAFFY & WEBER, P.C.

2615 CALDER AVENUE, 8TH FLOOR
BEAUMONT, TX 77702-1986

2b Employer Identification Number (EIN)
74-1727620

2c Sponsor's telephone number
409-835-5011

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.	07/13/2011	RUSSELL CHIMENO
	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")
MEHAFFY & WEBER, P.C.

2615 CALDER AVENUE, 8TH FLOOR
BEAUMONT, TX 77702-1986

3b Administrator's EIN
74-1727620

3c Administrator's telephone number
409-835-5011

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**	149
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**	112
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	136
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	136
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	136
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
MEHAFFY & WEBER, P.C. PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
MEHAFFY & WEBER, P.C.

D Employer Identification Number (EIN)
74-1727620

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

(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

(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)

BBVA COMPASS BANK

3535 CALDER AVENUE
BEAUMONT, TX 77706

63-0476286

(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 28	NONE	78209	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATIONAL ACTUARIAL PENSION SERVICES

10777 WESTHEIMER, SUITE 220
HOUSTON, TX 77042

74-2103974

(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	NONE	11730	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHAMBERLAIN HRDLICKA

1200 SMITH STREET, 14TH FLOOR
HOUSTON, TX 77002

74-1541761

(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?
29	NONE	9165	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THEOBOLD, DEMAHY & CO., P.C.

2522 CALDER AVENUE
BEAUMONT, TX 77702

74-1873382

(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	NONE	6000	Yes [ ] No [X]	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 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
MEHAFFY & WEBER, P.C. PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
MEHAFFY & WEBER, P.C.

D Employer Identification Number (EIN)
74-1727620

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)	51062	13594
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	84861	62448
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1026717	1401873
(2) U.S. Government securities	1c(2)	1111207	535531
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3754108	3346651
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6480610	5792961
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	135180	167760

			(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	12643745	11320818
	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	12643745	11320818

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)	513594	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		513594
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3990	
	(B) U.S. Government securities	2b(1)(B)	42569	
	(C) Corporate debt instruments	2b(1)(C)	190823	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		237382
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	143042	
	(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)		143042
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2547471	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2569999	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-22528

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	523711	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		523711
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		13480
d Total income. Add all **income** amounts in column (b) and enter total	2d		1408681
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2624093	
(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)		2624093
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)	26896	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	78210	
(4) Other	2i(4)	2409	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		107515
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2731608
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1322927
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: THEOBOLD, DEMAHY & CO., P.C. (2) EIN: 74-1873382

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)

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
MEHAFFY & WEBER, P.C. PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
MEHAFFY & WEBER, P.C.

D Employer Identification Number (EIN)
74-1727620

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): 23-3060382

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 **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 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(es). 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):

---

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):

MEHAFFY & WEBER
A PROFESSIONAL CORPORATION

PROFIT SHARING PLAN

SEPTEMBER 30, 2010 AND 2009

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
BEAUMONT, TEXAS

CONTENTS **PAGE**

REPORTS OF CERTIFIED PUBLIC ACCOUNTANTS 1

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 SCHEDULES
- Form 5500 - Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes 5
- Form 5500 - Schedule H, Line 4j - Schedule of Reportable Transactions 6

THEOBALD, DEMAHY & CO., P.C.
A PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
MEMBERS AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

July 7, 2011

To the Administrative Committee of
Mehaffy & Weber, A Professional Corporation
Profit Sharing Plan

We were engaged to audit the financial statements of Mehaffy & Weber, A Professional Corporation Profit Sharing Plan as of September 30, 2010 and 2009, and for the years then ended and the supplemental schedules for the year ended September 30, 2010 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by National Independent Trust Company, successor trustee of the plan at September 30, 2010 and BBVA Compass Bank Trust Department, Beaumont, Texas, the trustee of the Plan at September 30, 2009, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended September 30, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, 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.

Theobald Demahy & Co PC

THEOBALD, DEMAHY & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS

2522 Calder
Beaumont, Texas 77702-1930

Phone (409) 833-7556
FAX (409) 835-6520

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2010 AND 2009

	2010	2009
ASSETS		
INVESTMENTS - AT FAIR VALUE - (NOTES B AND C)		
U. S. Government and Agencies	$ 535,531.25	$ 1,111,207.00
Corporate Obligations	3,346,651.50	3,754,108.00
Common Stock	5,792,961.01	6,480,610.18
Mutual funds	167,760.00	135,180.00
Total Investments	$ 9,842,903.76	$ 11,481,105.18
RECEIVABLES		
Employer	$ 13,593.81	$ 51,061.53
Accrued Interest and Dividends	62,448.00	84,861.15
Total Receivables	$ 76,041.81	$ 135,922.68
CASH AND CASH EQUIVALENTS	$ 1,401,872.69	$ 1,026,716.78
Total Assets	$ 11,320,818.26	$ 12,643,744.64
LIABILITIES		
ACCOUNTS PAYABLE	$	$
NET ASSETS AVAILABLE FOR BENEFITS	$ 11,320,818.26	$ 12,643,744.64

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2010 AND 2009

	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net Appreciation (Decline) in Fair Value of Investments (Note C)	$ 501,182.55	$ (356,821.83)
Interest	237,198.50	283,105.37
Dividends	143,224.70	181,715.81
Total Investment Income	$ 881,605.75	$ 107,999.35
CONTRIBUTIONS		
Employer	$ 513,593.81	$ 576,061.53
Other Income	13,479.95	214.26
Total Contributions	$ 527,073.76	$ 576,275.79
Total Additions	$ 1,408,679.51	$ 684,275.14
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	$ 2,624,092.28	$ 93,402.77
Administrative Expenses	107,513.61	68,444.84
Total Deductions	$ 2,731,605.89	$ 161,847.61
Net (Decrease) Increase in Net Assets	$ (1,322,926.38)	$ 522,427.53
NET ASSETS AVILABLE FOR BENEFITS:		
Beginning of Year	$ 12,643,744.64	$ 12,121,317.11
End of Year	$ 11,320,818.26	$ 12,643,744.64

(See accompanying notes and accountants' report)

A. DESCRIPTION OF PLAN

Effective October 1, 2003, a separate Mehaffy & Weber, P.C. Profit Sharing Plan was established. On June 16, 2004 the plan was funded by transferring plan assets from the Mehaffy & Weber P.C. 401(k) and Profit Sharing Plan.

The following description of the Mehaffy & Weber, P.C., Profit Sharing Plan provides only general information. Participants should refer to the Plan agreements for a more complete description of the Plan's provisions.

1. **General** - The Plan is a defined contribution plan covering all full-time employees of the sponsor who have completed one year of service and are twenty-one years or older. All members under the Mehaffy & Weber P.C. 401(k) and Profit Sharing Plan on October 1, 2003 became members of the Mehaffy & Weber P.C. Profit Sharing Plan effective October 1, 2003. Thereafter, employees shall become a member of the plan on April 1st or October 1st entry date following such member's completion of a year of service and the attainment of age twenty one.

2. **Contributions** – The plan sponsor's Board of Directors annually determines the amount to contribute. In no event shall the sponsor's contribution exceed 25% of the compensation paid and accrued during the plan year to all participants' employed on the last day of the plan year. In addition, in no event shall the aggregate of the employer's contributions to any other pension, profit sharing or stock bonus plans for the plan year exceed the amount deductible from the employers income for the plan year under section 404(a)(7) of the IRC. In the event the aggregate of all employer's contribution under all plans would exceed the maximum deductible amount, contributions to this plan would be reduced by a amount necessary to reduce the aggregate contributions to all plans to the maximum amount deductible under section 404(a)(7) of the code.

   Each plan year the sponsor may contribute to the plan on behalf of the following group of members such amounts as shall be determined by the sponsor as follows:

   a. Group A – consisting of members designated by the sponsor as shareholders who are at least 50 years old as of the last day of the plan year.
   b. Group B – consisting of members designated by the sponsor as shareholders who are at least 41 years old as of the last day of the plan year.
   c. Group C – consisting of members designated by the sponsor as shareholders who have not attained the age of 41 as of the last day of the plan year.
   d. Group D – consisting of members designated by the sponsor as highly compensated non shareholder members.
   e. Group E – consisting of all non shareholders and all other non highly compensated members.

   For each plan year, the employer may make an additional non-elective gateway contribution in an amount necessary to satisfy the minimum allocation gateway requirements described in reg. 1.401(a)(4) – 8(b)(1)(vi) with respect to any gateway contribution shall be allocated pro rata to each non highly compensated member in an amount not to exceed the lesser of :

   a. 5% of compensation, or

   b. One-third (1/3) of the highest allocation rate for any highly compensated member for the plan year.

3. **Participant Accounts** - Each participant's account is credited with the allocations of (a) the Sponsor's contributions, (b) Plan earnings, and (c) forfeitures and charges with an allocation of administrative expenses. Plan net earnings allocations are allocated in proportion to beginning account balances reduced by distributions and forfeitures. Forfeited balances of terminated participant's non-vested accounts are used to reduce future firm contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. **Vesting** – Each participants interest in the amount credited to his or her account contributable to Employer contribution shall vest based on years of accredited services. After six years of service a participant vests 100% in his/her account balance.

A. DESCRIPTION OF PLAN (CONTINUED)

5. **Investments** – Funds transferred into National Independent Trust Company, the trustee, are invested by Genesis Wealth Management, the investment advisor. All investments acquired are held in safekeeping at Northern Trust through a custodial agreement with National Independent Trust Company.

6. **Participant Notes Receivable** – Loans to participants are not allowed according to provisions under the plan.

7. **Payment of Benefits** – On termination of employment due to death, disability, retirement or separation of employment, a participant may elect to receive a lump sum amount equal to the value of the participants vested interest in his or her account balance, or to receive benefits in substantially equal monthly, quarterly or annual installments over the life expectancy of the participant or the designated beneficiary. If the vested value of the terminated participant's account is $1,000.00 or less, the terminated participant will automatically receive a lump sum distribution. At September 30, 2010, the fair market value of the vested benefits due to terminated participants totaled $599,418.20. At September 30, 2009, the fair market value of the vested benefits due terminated participants totaled $632,917.15.

8. **Forfeited Accounts** – Non vested forfeited account balances for terminated participants are used annually to reduce the sponsor's contributions to the plan. During the plan year ended September 30, 2010 and 2009, sponsor contributions were reduced by $11,918.30 and $12,135.68 respectively, for forfeited non vested accounts.

9. **Plan Amendment** – On December 14, 2009, the plan was amended to add provisions to amend the plan's provisions to comply with certain requirements of the Pension Protection Act of 2006, the Heroes Earnings Assistance and Relief Act of 2008 and provisions of the Internal Revenue Code of 1986 as amended by the Worker, Retiree and Employer Recovery Act of 2008. On March 16, 2010 the plan administrators adopted an amended and restatement of the profit sharing plan and trust. On August 26, 2010 the plan admistrators adopted an amendment to change the plan Trustee to National Independent Trust Company. These amendments did not affect current participants' net assets.

B. SUMMARY OF ACCOUNTING POLICIES

1. **Change in Trustee** – On August 26, 2010 the board of directors of Mehaffy & Weber P.C. approved the removal of BBVA Compass Bank as Trustee of the plan and appointed National Independent Trust Company as successor trustee. On September 28, 2010, National Independent Trust Company received all the plans assets from BBVA Compass Bank

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

3. **Investment Valuation and Income Recognition** - The Plan's investments are stated at fair value as furnished by and certified to annually by BBVA Compass Bank Trust Department, Beaumont, Texas at September 30, 2009, and by National Independent Trust Company, successor trustee of the plan at September 30, 2010.

   Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

4. **Payment of Benefits** - Benefits are recorded when paid. Net assets available for benefits at September 30, 2010 include $599,418.20 of the vested benefits allocated to the accounts of participants who as of or prior to that date had withdrawn from participating in the operations of the plan.

5. **Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

6. **Date of Managements' Review** – Subsequent events were evaluated through July 7, 2011 which is the date the financial statements were available to be issued.

C. INVESTMENTS

The Plan's investments are held in a bank-administered trust fund. The following table presents investments at quoted market price as furnished by the plan's trustee. Investments that represent 5% or more of the Plan's net assets are separately identified.

INVESTMENTS AT FAIR VALUE AS DETERMINED BY QUOTED MARKET PRICE	2010	2009
U. S. Government and Agencies	$ 535,531.25	$ 1,111,207.00
Corporate Obligations	3,346,651.50	3,754,108.00
Other	167,760.00	135,180.00
Common Stocks	5,792,961.01	6,480,610.18
Total Investments	$ 9,842,903.76	$ 11,481,105.18

During the fiscal year ended September 30, 2010 and 2009, the Plan's investments (including investments bought, sold, and held during the year) increased (declined) in value by $501,182.55 and $ (356,821.83). The following summarizes the net changes in fair value for the respective plan year ends:

NET CHANGES IN FAIR VALUE	2010	2009
INVESTMENTS AT FAIR VALUE AS DETERMINED BY QUOTED MARKET PRICE		
U. S. Government and Agencies	$ (25,675.75)	$ 15,666.00
Corporate Obligations	192,543.50	332,076.51
Common Stocks	301,734.80	(720,404.34)
Other	32,580.00	15,840.00
Net Changes in Fair Value	$ 501,182.55	$ (356,821.83)

D. CASH AND CASH EQUIVALENTS

Cash and cash equivalents include money market and short-term investment company money market treasury series that earn interest based on daily money market rates.

E. PLAN TERMINATION

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

F. TAX STATUS

Application for determination was filed with the Internal Revenue Service on August 25, 2004. On July 26, 2005 a favorable approval was received. On March 16, 2010 the plan sponsor adopted an amendment and restatement of the profit sharing and trust and filed for determination with the Internal Revenue Service for a favorable approval. As of our report date, no response to the request for a favorable approval had been received. The plan administrator and the plan's legal counsel believe the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

G. ADMINISTRATIVE FEES

The plan sponsor, Mehaffy & Weber, A Professional Corporation paid for administrative fees on behalf of the Plan. For the year ended September 30, 2010 and 2009, fees totaling $1,000.00 and $11,706.25, respectively, were paid by the plan sponsor.

Administrative fees by the Plan consist of the following for the years ended September 30, 2010 and 2009:

	2010	2009
Investment advisory and management fees	$ 78,209.40	$ 53,277.87
Professional fees	26,895.25	14,722.50
Foreign taxes and other	2,408.96	444.47
Total Administrative Expense	$ 107,513.61	$ 68,444.84

H. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that had been prepared and certified to as complete and accurate by National Independent Trust Company, as successor trustee of the plan at September 30, 2010 and BBVA Compass Bank, Trustee as of September 30, 2009:

	2010	2009
INVESTMENTS AT FAIR VALUE		
U.S. Government and agencies	$ 535,531.25	$ 1,111,207.00
Corporate Obligations	3,346,651.50	3,754,108.00
Common Stock	579,296.01	6,480,610.18
Other	167,760.00	135,180.00
ACCRUED INTEREST AND DIVIDENDS	62,448.00	84,861.15
CASH AND CASH EQUIVALENTS	$ 1,401,872.69	$ 1,026,716.78

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT THE END OF YEAR SEPTEMBER 30, 2010

FEDERAL IDENTIFICATION NUMBER 20-1958511 PLAN NUMBER 004
PROFIT SHARING PLAN TRUST

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Market Value
	Fixed Income			
	Corporate Bonds & Notes			
	Alltel Corp Debenture	200,000 units; 6.500%; Due 11/01/2013	$ 222,822.00	$ 226,122.00
	American Express	200,000 units; 5.500%; Due 09/12/2016	198,278.00	226,850.40
	American Express	200,000 units; 6.150%; Due 08/28/2017	210,080.00	230,260.60
	American Express	100,000 units; 5.875%; Due 05/02/2013	106,027.00	110,059.60
	American Gen Fin	200,000 units; 6.000%; Due 10/15/2014	118,698.00	163,012.80
	Cisco Sys Inc	100,000 units; 5.500%; Due 02/22/2016	110,115.00	117,964.80
	Dow Chemical Co	100,000 units; 5.400%; Due 03/15/2013	98,579.00	104,931.90
	GE Capital Corp	300,000 units; 4.250%; Due 12/01/2010	102,731.00	110,730.60
	GE Capital Corp	100,000 units; 5.600%; Due 07/15/2014	105,515.00	102,247.20
	GE Capital Corp	100,000 units; 6.000%; Due 06/15/2012	107,102.00	107,922.50
	GE Capital Corp	100,000 units; 6.125%; Due 02/22/2011	307,986.00	301,797.00
	Goldman Sachs Group	500,000 units; 5.150%; Due 01/15/2014	524,970.00	542,741.00
	ITT Hartford Group	300,000 units; 7.300%; Due 11/01/2015	293,562.00	344,914.20
	John Deere Corp	200,000 units; 5.650%; Due 07/25/2011	214,308.00	208,206.40
	Protective Life	100,000 units; 5.000%; Due 05/15/2013	94,107.00	105,467.70
	Tele-Commun, Inc.	100,000 units; 7.875%; Due 08/01/2013	113,486.00	116,525.40
	Verizon PA	100,000 units; 5.650%; Due 11/15/2011	106,521.00	104,993.80
	Walt Disney Corp	100,000 units; 5.875%; Due 12/2017	110,208.00	121,903.60
	Total Corporate Bonds & Notes		$ 3,145,095.00	$ 3,346,651.50
	US Government and Agencies			
	FFCB Notes	300,000 units; 5.070%; Due 05/21/2012	$ 326,250.00	$ 322,031.25
	Federal Home Loan	200,000 units; 5.750%; Due 01/01/2012	220,876.00	213,500.00
	Total US Government and Agencies		$ 547,126.00	$ 535,531.25
	Total Fixed Income		$ 3,692,221.00	$ 3,882,182.75

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT THE END OF YEAR SEPTEMBER 30, 2010 (CONTINUED)

FEDERAL IDENTIFICATION NUMBER 20-1958511 PLAN NUMBER 004
PROFIT SHARING PLAN TRUST

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Market Value
	Common Stock			
	3M CO	1,000 units	$ 73,800.00	$ 86,710.00
	Abbott Labs	2,000 units	98,940.00	104,480.00
	ADR Novartis AG Sponsored ADR	1,800 units	90,684.00	103,806.00
	ADR Teva Pharmaceutical Inds ADR	1,000 units	50,560.00	52,750.00
	Allstate Corp	3,000 units	91,860.00	94,650.00
	Apache Corp	1,000 units	91,830.00	97,760.00
	AT&T Inc	4,000 units	108,013.50	114,400.00
	Avon Products Inc	2,000 units	67,920.00	64,220.00
	Bank America Corp	5,003 units	84,650.76	65,551.81
	Baxter International Inc	1,000 units	57,010.00	47,710.00
	Bldrs Asia 50 ADR	4,000 units	97,615.20	102,880.00
	Bristol Myers Squibb Co	3,200 units	72,064.00	86,752.00
	Chevron Texaco Corporation	1,500 units	105,645.00	121,575.00
	Cisco Systems Inc	4,000 units	94,160.00	87,600.00
	Coca Cola Co	2,000 units	108,397.50	117,040.00
	Conagra Foods Inc	3,000 units	65,040.00	65,820.00
	Covidien Ltd	3,000 units	129,780.00	120,570.00
	CVS Corporation	1,000 units	35,740.00	31,470.00
	E M C Corp Mass	5,000 units	85,200.00	101,550.00
	Emerson Electric Co	5,000 units	200,400.00	263,300.00
	Entergy Corporation	2,000 units	159,720.00	153,060.00
	Exxon Mobil Corp	4,000 units	274,440.00	247,160.00
	Frontier Communications Corp	960 units	-	7,843.20
	General Electric Co	10,000 units	164,200.00	162,500.00
	Halliburton Co	3,000 units	81,360.00	99,210.00
	Hartford Financial Services Group Inc	1,500 units	39,750.00	34,425.00
	Home Depot Inc	800 units	21,312.00	25,344.00
	Honeywell International Inc	4,000 units	151,265.00	175,760.00
	Illinois Tool Works Inc	2,000 units	85,420.00	94,040.00
	Ingersoll-Rand Company Ltd	2,200 units	67,474.00	78,562.00
	Intel Corp	4,000 units	78,280.00	76,800.00
	International Business Machines	1,200 units	143,532.00	160,968.00
	ITT Corporation	1,500 units	78,225.00	70,245.00
	Johnson & Johnson	1,500 units	91,335.00	92,940.00
	JP Morgan Chase & Co	3,000 units	131,460.00	114,180.00
	Leggett & Platt, Inc	3,000 units	58,200.00	68,280.00
	Marathon Oil Corp	2,000 units	63,800.00	66,200.00

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT THE END OF YEAR SEPTEMBER 30, 2010 (CONTINUED)

FEDERAL IDENTIFICATION NUMBER 20-1958511 PLAN NUMBER 004
PROFIT SHARING PLAN TRUST

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Market Value
	Common Stock (continued)			
	McCormick & Co Inc	2,500 units	$ 84,850.00	$ 105,100.00
	Mcdonald's Corp	2,000 units	114,140.00	149,020.00
	Medtronic Inc	1,500 units	55,200.00	50,370.00
	Merck & Co Inc	3,500 units	110,705.00	128,835.00
	Microsoft Corp	5,000 units	128,600.00	122,450.00
	Monsanto Co	500 units	38,700.00	23,965.00
	Pepsico Inc	1,500 units	87,990.00	99,660.00
	Pfizer Inc	4,000 units	66,200.00	68,680.00
	Procter & Gamble Co	2,200 units	127,424.00	131,934.00
	Quest Diagnostics	2,000 units	104,380.00	100,940.00
	Schlumberger Ltd - FOR	2,000 units	119,200.00	123,220.00
	Service Corp Intl	12,000 units	84,120.00	103,440.00
	Staples	2,000 units	46,440.00	41,840.00
	Stericycle Inc.	1,000 units	54,024.95	69,480.00
	Sysco Corp	3,000 units	74,550.00	85,560.00
	Target Corp	1,500 units	70,020.00	80,160.00
	Texas Instrs Inc	3,000 units	71,070.00	81,420.00
	Tyco International Ltd	2,000 units	68,960.00	73,460.00
	Verizon Communications	4,000 units	118,830.00	130,360.00
	Wal Mart Stores Inc	3,000 units	155,930.83	160,560.00
	Walgreen Co	1,000 units	37,470.00	33,500.00
	Wells Fargo & Co New	3,000 units	84,540.00	75,345.00
	Williams Cos Inc Del	5,000 units	89,350.00	95,550.00
	Total Common Stock		$ 5,491,777.74	$ 5,792,961.01
	Other Publicly Traded Limited Partnerships			
	Embridge Energy Partners	3,000 units	$ 135,180.00	$ 167,760.00
	Total Investments		$ 9,319,178.74	$ 9,842,903.76

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2010

FEDERAL IDENTIFICATION NUMBER 20-1958511 PLAN NUMBER 004

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Trans.	(g) Cost of Asset	(h) Current Value of Asset on Trans. Date	(i) Net Gain (Loss)
Series of Transactions 5% In the Aggregate								
BBVA Compass Bank Trust Department Beaumont, TX	Asset Management Liquid Deposit Account	$ 2,918,168.00	$	$	$	$ 2,918,168.00	$ 2,918,168.00	$ -
BBVA Compass Bank Trust Department Beaumont, TX	Asset Management Liquid Deposit Account	3,944,880.00	3,944,880.00			3,944,880.00	3,944,880.00	-
National Independent Trust Company	PIF Muni Cash Fund #48	500,000.00				500,000.00	500,000.00	
Totals		$ 7,363,048.00	$ 3,944,880.00	$	$	$ 7,363,048.00	$ 7,363,048.00	$

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2010

FEDERAL IDENTIFICATION NUMBER 20-1958511 PLAN NUMBER 004

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Trans.	(g) Cost of Asset	(h) Current Value of Asset on Trans. Date	(i) Net Gain (Loss)
Series of Transactions 5% In the Aggregate								
BBVA Compass Bank Trust Department Beaumont, TX	Asset Management Liquid Deposit Account	$ 2,918,168.00	$	$	$	$ 2,918,168.00	$ 2,918,168.00	$ -
BBVA Compass Bank Trust Department Beaumont, TX	Asset Management Liquid Deposit Account	3,944,880.00	3,944,880.00			3,944,880.00	3,944,880.00	-
National Independent Trust Company	PIF Muni Cash Fund #48	500,000.00				500,000.00	500,000.00	
Totals		$ 7,363,048.00	$ 3,944,880.00	$	$	$ 7,363,048.00	$ 7,363,048.00	$

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT THE END OF YEAR SEPTEMBER 30, 2010

FEDERAL IDENTIFICATION NUMBER 20-1958511 PLAN NUMBER 004
PROFIT SHARING PLAN TRUST

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Market Value
	Fixed Income			
	Corporate Bonds & Notes			
	Alltel Corp Debenture	200,000 units; 6.500%; Due 11/01/2013	$ 222,822.00	$ 226,122.00
	American Express	200,000 units; 5.500%; Due 09/12/2016	198,278.00	226,850.40
	American Express	200,000 units; 6.150%; Due 08/28/2017	210,080.00	230,260.60
	American Express	100,000 units; 5.875%; Due 05/02/2013	106,027.00	110,059.60
	American Gen Fin	200,000 units; 6.000%; Due 10/15/2014	118,698.00	163,012.80
	Cisco Sys Inc	100,000 units; 5.500%; Due 02/22/2016	110,115.00	117,964.80
	Dow Chemical Co	100,000 units; 5.400%; Due 03/15/2013	98,579.00	104,931.90
	GE Capital Corp	300,000 units; 4.250%; Due 12/01/2010	102,731.00	110,730.60
	GE Capital Corp	100,000 units; 5.600%; Due 07/15/2014	105,515.00	102,247.20
	GE Capital Corp	100,000 units; 6.000%; Due 06/15/2012	107,102.00	107,922.50
	GE Capital Corp	100,000 units; 6.125%; Due 02/22/2011	307,986.00	301,797.00
	Goldman Sachs Group	500,000 units; 5.150%; Due 01/15/2014	524,970.00	542,741.00
	ITT Hartford Group	300,000 units; 7.300%; Due 11/01/2015	293,562.00	344,914.20
	John Deere Corp	200,000 units; 5.650%; Due 07/25/2011	214,308.00	208,206.40
	Protective Life	100,000 units; 5.000%; Due 05/15/2013	94,107.00	105,467.70
	Tele-Commun, Inc.	100,000 units; 7.875%; Due 08/01/2013	113,486.00	116,525.40
	Verizon PA	100,000 units; 5.650%; Due 11/15/2011	106,521.00	104,993.80
	Walt Disney Corp	100,000 units; 5.875%; Due 12/2017	110,208.00	121,903.60
	Total Corporate Bonds & Notes		$ 3,145,095.00	$ 3,346,651.50
	US Government and Agencies			
	FFCB Notes	300,000 units; 5.070%; Due 05/21/2012	$ 326,250.00	$ 322,031.25
	Federal Home Loan	200,000 units; 5.750%; Due 01/01/2012	220,876.00	213,500.00
	Total US Government and Agencies		$ 547,126.00	$ 535,531.25
	Total Fixed Income		$ 3,692,221.00	$ 3,882,182.75

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT THE END OF YEAR SEPTEMBER 30, 2010 (CONTINUED)

FEDERAL IDENTIFICATION NUMBER 20-1958511 PLAN NUMBER 004
PROFIT SHARING PLAN TRUST

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Market Value
	Common Stock			
	3M CO	1,000 units	$ 73,800.00	$ 86,710.00
	Abbott Labs	2,000 units	98,940.00	104,480.00
	ADR Novartis AG Sponsored ADR	1,800 units	90,684.00	103,806.00
	ADR Teva Pharmaceutical Inds ADR	1,000 units	50,560.00	52,750.00
	Allstate Corp	3,000 units	91,860.00	94,650.00
	Apache Corp	1,000 units	91,830.00	97,760.00
	AT&T Inc	4,000 units	108,013.50	114,400.00
	Avon Products Inc	2,000 units	67,920.00	64,220.00
	Bank America Corp	5,003 units	84,650.76	65,551.81
	Baxter International Inc	1,000 units	57,010.00	47,710.00
	Bldrs Asia 50 ADR	4,000 units	97,615.20	102,880.00
	Bristol Myers Squibb Co	3,200 units	72,064.00	86,752.00
	Chevron Texaco Corporation	1,500 units	105,645.00	121,575.00
	Cisco Systems Inc	4,000 units	94,160.00	87,600.00
	Coca Cola Co	2,000 units	108,397.50	117,040.00
	Conagra Foods Inc	3,000 units	65,040.00	65,820.00
	Covidien Ltd	3,000 units	129,780.00	120,570.00
	CVS Corporation	1,000 units	35,740.00	31,470.00
	E M C Corp Mass	5,000 units	85,200.00	101,550.00
	Emerson Electric Co	5,000 units	200,400.00	263,300.00
	Entergy Corporation	2,000 units	159,720.00	153,060.00
	Exxon Mobil Corp	4,000 units	274,440.00	247,160.00
	Frontier Communications Corp	960 units	-	7,843.20
	General Electric Co	10,000 units	164,200.00	162,500.00
	Halliburton Co	3,000 units	81,360.00	99,210.00
	Hartford Financial Services Group Inc	1,500 units	39,750.00	34,425.00
	Home Depot Inc	800 units	21,312.00	25,344.00
	Honeywell International Inc	4,000 units	151,265.00	175,760.00
	Illinois Tool Works Inc	2,000 units	85,420.00	94,040.00
	Ingersoll-Rand Company Ltd	2,200 units	67,474.00	78,562.00
	Intel Corp	4,000 units	78,280.00	76,800.00
	International Business Machines	1,200 units	143,532.00	160,968.00
	ITT Corporation	1,500 units	78,225.00	70,245.00
	Johnson & Johnson	1,500 units	91,335.00	92,940.00
	JP Morgan Chase & Co	3,000 units	131,460.00	114,180.00
	Leggett & Platt, Inc	3,000 units	58,200.00	68,280.00
	Marathon Oil Corp	2,000 units	63,800.00	66,200.00

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT THE END OF YEAR SEPTEMBER 30, 2010 (CONTINUED)

FEDERAL IDENTIFICATION NUMBER 20-1958511 PLAN NUMBER 004
PROFIT SHARING PLAN TRUST

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Market Value
	Common Stock (continued)			
	McCormick & Co Inc	2,500 units	$ 84,850.00	$ 105,100.00
	Mcdonald's Corp	2,000 units	114,140.00	149,020.00
	Medtronic Inc	1,500 units	55,200.00	50,370.00
	Merck & Co Inc	3,500 units	110,705.00	128,835.00
	Microsoft Corp	5,000 units	128,600.00	122,450.00
	Monsanto Co	500 units	38,700.00	23,965.00
	Pepsico Inc	1,500 units	87,990.00	99,660.00
	Pfizer Inc	4,000 units	66,200.00	68,680.00
	Procter & Gamble Co	2,200 units	127,424.00	131,934.00
	Quest Diagnostics	2,000 units	104,380.00	100,940.00
	Schlumberger Ltd - FOR	2,000 units	119,200.00	123,220.00
	Service Corp Intl	12,000 units	84,120.00	103,440.00
	Staples	2,000 units	46,440.00	41,840.00
	Stericycle Inc.	1,000 units	54,024.95	69,480.00
	Sysco Corp	3,000 units	74,550.00	85,560.00
	Target Corp	1,500 units	70,020.00	80,160.00
	Texas Instrs Inc	3,000 units	71,070.00	81,420.00
	Tyco International Ltd	2,000 units	68,960.00	73,460.00
	Verizon Communications	4,000 units	118,830.00	130,360.00
	Wal Mart Stores Inc	3,000 units	155,930.83	160,560.00
	Walgreen Co	1,000 units	37,470.00	33,500.00
	Wells Fargo & Co New	3,000 units	84,540.00	75,345.00
	Williams Cos Inc Del	5,000 units	89,350.00	95,550.00
	Total Common Stock		$ 5,491,777.74	$ 5,792,961.01
	Other Publicly Traded Limited Partnerships			
	Embridge Energy Partners	3,000 units	$ 135,180.00	$ 167,760.00
	Total Investments		$ 9,319,178.74	$ 9,842,903.76