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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MCKOOL SMITH 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1991

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MCKOOL SMITH, A PROFESSIONAL CORPORATION

300 CRESCENT COURT, SUITE 1500
DALLAS, TX 75201

2b Employer Identification Number (EIN) 75-2388013

2c Sponsor's telephone number 214-978-4000

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.	06/13/2012	STEVE BASSINGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/13/2012	STEVE BASSINGER
	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")
MCKOOL SMITH, A PROFESSIONAL CORPORATION

300 CRESCENT COURT, SUITE 1500
DALLAS, TX 75201

3b Administrator's EIN
75-2388013

3c Administrator's telephone number
214-978-4000

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**	319
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**	368
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	31
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	399
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	399
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	317
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4B

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan
MCKOOL SMITH 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
MCKOOL SMITH, A PROFESSIONAL CORPORATION

D Employer Identification Number (EIN)
75-2388013

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

1 Coverage Information:

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

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0499703	68713	0600009845	1	01/01/2010	12/31/2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ NOT READILY AVAILABLE

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan
MCKOOL SMITH 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MCKOOL SMITH, A PROFESSIONAL CORPORATION

D Employer Identification Number (EIN)
75-2388013

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

CHARLES SCHWAB INVESTMENT MGMT INC

94-3106735

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

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

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

NEWPORT RETIREMENT SERVICES, INC.

62-1868111

(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?
37 64 12 50 15 60	NONE	4200	Yes [X] No [ ]	Yes [ ] No [X]	35733	Yes [ ] No [X]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 63 50 71 30 65	NONE	14646	Yes [X] No [ ]	Yes [ ] No [X]	48	Yes [X] No [ ]

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

(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 25 49 65 99	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	15049	Yes [ ] No [X]

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

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

(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
NEWPORT RETIREMENT SERVICES, INC.	15 60	35733

(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.
THE CHARLES SCHWAB TRUST COMPANY 42-1558009	REVENUE SHARING USED TO OFFSET PLAN EXPENSES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB TRUST CO	21 25 49 65 99	15049

(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.
NEWPORT RETIREMENT SERVICES, INC. 62-1868111	TRUST TRADE PARTNER/CUSODIAN FEES FOR PLAN YEAR

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
ALLIANZ FUNDS 33-0457728	RANGE OF 0.00-0.40% OF AVG DAILY BALANCE OF ASSETS

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
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
AMERICAN FUNDS 95-1411037	RANGE OF 0.00-0.02% OF AVG DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
COLUMBIA FUNDS 93-0577450	RANGE OF 0.00-0.02% OF AVG DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
DODGE & COX 94-1441976	RANGE OF 0.00-0.02% OF AVG DAILY BALANCE OF ASSETS

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
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
JANUS 43-1804048	RANGE OF 0.00-0.02% OF AVG DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
MAINSTAY 52-2206685	RANGE OF 0.00-0.02% OF AVG DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
MORGAN STANLEY 36-3145972	RANGE OF 0.00-0.02% OF AVG DAILY BALANCE OF ASSETS

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
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
NATIXIS FUNDS 04-3200027	RANGE OF 0.00-0.02% OF AVG DAILY BALNCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
VICTORY 13-2700161	RANGE OF 0.00-0.02% OF AVG DAILY BALNCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
WELLS FARGO ADVANTAGE 41-0449260	RANGE OF 0.00-0.02% OF AVG DAILY BALNCE OF ASSETS

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
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
AMERICAN BEACON 75-2401150	40 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
AMERICAN CENTURY INVESTMENTS 43-0821857	35 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
ASTON 20-4747475	40 BASIS POINTS OF FUND VALUE

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
CHARLES SCHWAB & CO., INC.	33 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON CAPITAL GROUP 13-3122938	40 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
CALAMOS 36-3316238	40 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
CAUSEWAY 95-4861680	40 BASIS POINTS OF FUND VALUE

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
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
DWS INVESTMENTS 13-3241232	40 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
EATON VANCE 04-2718215	40 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
FEDERATED 25-1111467	30 BASIS POINTS OF FUND VALUE

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
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
GABELLI 13-3340139	35 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
HARBOR 04-2679462	43 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
IVA FUNDS 41-2253838	40 BASIS POINTS OF FUND VALUE

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
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
JANUS 43-1804048	35 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
JOHN HANCOCK 04-3483032	50 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
MANNING & NAPIER 16-0995736	40 BASIS POINTS OF FUND VALUE

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
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
MATTHEWS ASIA FUNDS 94-3250972	40 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
METROPOLITAN WEST FUNDS 95-4597302	35 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
NORTHERN FUNDS 39-1777365	40 BASIS POINTS OF FUND VALUE

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
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
PARNASSUS 94-6579180	40 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
ROYCE 52-2343049	45 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
SCHWAB FUNDS 94-3106735	25 BASIS POINTS OF FUND VALUE

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
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
STATE STREET GLOBAL ADVISORS 42-1704580	30 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 63	0

(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.
YACKTMAN 36-3831621	10 BASIS POINTS OF FUND VALUE

(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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan
MCKOOL SMITH 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MCKOOL SMITH, A PROFESSIONAL CORPORATION

D Employer Identification Number (EIN)
75-2388013

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3760851	6338635
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	524126	521736
(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)	17564630	18717105
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1641436	2530641

			(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	23491043	28108117
	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	23491043	28108117

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)	1392195	
	(B) Participants	2a(1)(B)	2434988	
	(C) Others (including rollovers)	2a(1)(C)	1324955	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5152138
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	435	
	(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)	24229	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		24664
	(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)	507110	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		507110
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5507
c Other income	2c		13903
d Total income. Add all **income** amounts in column (b) and enter total	2d		5703322
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1081062	
(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)		1081062
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)	4200	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	986	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5186
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1086248
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		4617074
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: TEAGUE MARQUESS & ASSOCIATES (2) EIN: 75-2128947

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		2000000
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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan
MCKOOL SMITH 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MCKOOL SMITH, A PROFESSIONAL CORPORATION

D Employer Identification Number (EIN)
75-2388013

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): 42-1558009

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):

MCKOOL SMITH 401(K) SAVINGS PLAN

FINANCIAL STATEMENTS WITH

INDEPENDENT AUDITORS' REPORT

AND SUPPLEMENTAL SCHEDULE

October 31, 2011 and 2010

CONTENTS

	PAGE
INDEPENDENT AUDITORS' REPORT	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 SCHEDULE:	
SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD FOR INVESTMENT PURPOSES)	13

TEAGUE MARQUESS & ASSOCIATES
A Professional Corporation
Certified Public Accountants & Management Consultants

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
McKool Smith 401(k) Savings Plan
Dallas, Texas

We were engaged to audit the accompanying statements of net assets available for benefits of McKool Smith 401(k) Savings Plan (the Plan) as of October 31, 2011, the related statements of changes in net assets available for benefits for the year then ended and the supplemental schedule of assets held for investment purposes as of October 31, 2011. These financial statements and the supplemental schedule are the responsibility of the Plan's Sponsor. The financial statements and supplemental information of the Plan at October 31, 2010 and for the year ended were audited by other auditors, whose report dated August 10, 2011, disclaimed an opinion on those statements 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 Note C, which was certified by Charles Schwab Trust Company (Trustee of the Plan), except for comparing the information with the related information included in the 2011 financial statements and 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 Trustees as of and for the year ended October 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 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 October 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
May 24, 2012

McKool Smith 401(k) Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	October 31,	
	2011	2010
ASSETS:		
Investments at fair value:		
Participant-directed investments in mutual funds (Note C and D)	$ 25,055,740	$ 21,325,481
Participant-directed investments in common and preferred stocks and bonds (Note C and D)	2,530,641	1,641,436
	27,586,381	22,966,917
Receivables:		
Contributions:		
Sponsor	2,486,287	1,392,196
Participants	26,459	43,500
Notes:		
Participants (Note E)	521,736	524,126
	3,034,482	1,959,822
Cash surrender value of participants' life insurance (Note H)	1,734	2,851
NET ASSETS AVAILABLE FOR BENEFITS (Note F)	$ 30,622,597	$ 24,929,590

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

McKool Smith 401(k) Savings Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended October 31, 2011	Year Ended October 31, 2010
ADDITIONS TO NET ASSETS:		
Investment income:		
Net appreciation in fair value of mutual funds investments (Note C)	$ 512,616	$ 2,465,052
Net appreciation in fair value of investments in common and preferred stocks and bonds (Note C)	13,903	125,400
Interest income	24,664	25,272
Net investment gain	551,183	2,615,724
Contributions:		
Participant	2,417,947	2,221,176
Sponsor	2,486,287	1,392,203
Rollover	1,324,955	281,402
	6,229,189	3,894,781
Increase in additions to net assets	6,780,372	6,510,505
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	(1,081,062)	(639,865)
Administrative expenses	(6,303)	(6,577)
	(1,087,365)	(646,442)
Increase in net assets available for benefits	5,693,007	5,864,063
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	24,929,590	19,065,527
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 30,622,597	$ 24,929,590

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

NOTE A - PLAN DESCRIPTION

The following description of the McKool Smith 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

McKool Smith 401(k) Savings Plan (the Plan), a defined contribution plan of McKool Smith, A Professional Corporation (the Sponsor), was established as of November 1, 1991. On October 31, 2003, McKool Smith Money Purchase Plan was merged with the Plan. The Plan covers all employees of the Sponsor who have completed one consecutive month of employment service and have reached age 19. 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).

The Plan was amended effective October 1, 2011 to (1) reduce the eligibility age to 19 from 21 years of age and (2) to address specific issues related to employees hired in September 2011 from another law firm. The amendment related to these employees hired in September 2011 waived the service requirement for salary deferrals to enter the Plan and for participation in the Firm profit sharing contribution as of October 1, 2011. Additionally, the years of service with their predecessor firm carry forward to the Plan.

The financial statements and notes are representations of the Sponsor, who is responsible for their integrity and objectivity. The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America, consistently applied, and the Plan agreement. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Contributions

Eligible employees, as defined, may have the Sponsor make pre-tax contributions to the Plan in accordance with Section 401 of the Internal Revenue Code. Under the Plan, participants may elect to reduce their compensation and contribute to the Plan up to 50% of their total annual compensation, as defined, with a maximum of $16,500 ($22,000 if the employee is age fifty or older) for the calendar years 2011 and 2010, respectively. The Plan includes an integrated and nonintegrated profit sharing non-elective contributions feature. The integrated profit sharing contribution covers all employees, except associate attorneys, senior counsel and staff who are not legal secretaries, a principal and the executive director of the Sponsor. The nonintegrated profit sharing contribution covers all employees, except associate attorneys and legal secretaries. The Sponsor's contributions are allocated pro-rata based on compensation, as defined, among participants in each respective allocation group. The amount contributed to the Plan, and the allocation of that amount among each particular allocation group, is determined each year by the Sponsor. The allocation groups exist for shareholders, a principal, associate attorneys, senior counsel, legal secretaries and staff. A participant's allocation group is determined as of the last day of the Plan year.

NOTE A - PLAN DESCRIPTION - CONTINUED

Contributions – Continued

The Sponsor may contribute an amount, to be determined by the Sponsor, for each participant eligible to share in the allocation of a profit sharing contribution for a Plan year. The profit sharing Sponsor contribution percentage ranged between 5% to 8.7% of eligible participants' compensation, as defined, for fiscal year 2011, and 2.9% to 8.7% of eligible participants' compensation, as defined, for fiscal year 2010.

Participant Accounts

Each participant's account is credited with an allocation of contributions and Plan earnings. Any forfeitures from nonvested accounts are used to reduce future Sponsor contributions. The Plan had forfeitures of nonvested account balances of approximately $16,000 and $31,000 for the years ended October 31, 2011 and 2010, respectively.

Vesting

The vesting schedules are contingent on the type of contribution. The employee's elective deferral is immediately fully vested. The Sponsor's contribution vests over five years at a rate of 20% per year. A participant must complete 1,000 hours of service during a year to qualify for a year of vesting service.

Payment of Benefits

Upon termination of service, vested benefits less than $5,000 will be paid in a lump sum based on the participant's vested balance. Other benefits are paid at the participants' direction.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of McKool Smith 401(k) Savings Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Sponsor, who is responsible for their integrity and objectivity.

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America and have been consistently applied.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note D).

NOTE B - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investment Valuation and Income Recognition - Continued

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

Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Risk and Uncertainties

The Plan's investments include funds which invest in various types of investment securities and 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 supplemental schedule of assets (held for investment purposes).

Concentration of Credit Risk

At October 31, 2011 and 2010, the Plan's investments consist primarily of investments in cash equivalents, corporate obligations and equities through mutual funds, as well as investments in individual common and preferred stocks and bonds.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document.

Tax Status

The Plan is exempt from federal income taxes under Section 501 of the Internal Revenue Code.

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 the Plan's 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 reported amounts of additions to and deduction from net assets during the reporting period. Actual results could differ from those estimates.

NOTE C – INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	October 31, 2011	October 31, 2010
Schwab Retirement Advantage Money Fund	$ 6,338,635	$ 3,760,851
Vanguard 500 Index Signal Fund	4,734,951	4,714,506
TWC Total Return Bond Class I Fund	3,503,327	2,947,975
Morgan Stanley Institutional Trust Cap Growth Fund	3,142,473	-
Participant directed investments in common and preferred stocks and bonds	2,530,641	1,641,436
Vanguard Total International Stock Index Fund	2,498,916	2,271,541
Morgan Stanley Institutional Trust Mid Cap Growth Fund	1,696,806	1,736,467
American Growth Fund of America R3	-	2,912,157

During the years ended October 31, 2011 and 2010, the Plan's investments in mutual funds and individual common and preferred stocks and bonds (including investments bought, sold and held during the year) appreciated by $526,519 and $2,590,452, respectively.

NOTE D – FAIR VALUE MEASUREMENTS

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 three levels of the fair value hierarchy under FASB ASC 820-10, and used by the Plan, are described as follows:

- Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 inputs to the valuation methodology 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

  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 to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE D – FAIR VALUE MEASUREMENTS - CONTINUED

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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan's description of the valuation methodologies used for assets measured at fair value are:

- *Mutual funds*. Valued at the net asset value of shares held by the Plan at year-end.
- *Common and preferred stocks and bonds*. Valued at the closing price reported on the active market on which the individual securities are traded.

There have been no changes in the methodologies used at October 31, 2011 and 2010.

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 October 31, 2011 is as follows:

	Level 1	Level 2	Level 3	Total
Money Market	$ 6,338,635	$ -	$ -	$ 6,338,635
Large Blend	4,734,951	-	-	4,734,951
Bond	3,882,910	-	-	3,882,910
Large Growth	3,142,473	-	-	3,142,473
International Value	2,853,885	-	-	2,853,885
Mid-Cap Growth	1,696,806	-	-	1,696,806
Small Value	1,295,426	-	-	1,295,426
International Growth	372,371	-	-	372,371
Mid-Cap Value	361,653	-	-	361,653
Large Value	316,340	-	-	316,340
Small Growth	60,048	-	-	60,048
Specialty	242	-	-	242
Total mutual funds	25,055,740	-	-	25,055,740
Common and preferred stocks and bonds	2,530,641	-	-	2,530,641
Total investments at fair value	$27,586,381	$ -	$ -	$27,586,381

NOTE D – FAIR VALUE MEASUREMENTS - CONTINUED

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

	Level 1	Level 2	Level 3	Total
Large Blend	$ 4,714,506	$ -	$ -	$ 4,714,506
Money Market	3,760,851	-	-	3,760,851
Bond	3,387,448	-	-	3,387,448
Foreign Large Blend	2,965,064	-	-	2,965,064
Large Growth	2,912,157	-	-	2,912,157
Mid-Cap Growth	1,736,467	-	-	1,736,467
Small Blend	988,111	-	-	988,111
Large Value	344,953	-	-	344,953
Mid-Cap Value	323,946	-	-	323,946
Small Value	118,196	-	-	118,196
Small Growth	73,782	-	-	73785
Total mutual funds	21,325,481	-	-	21,325,481
Common and preferred stocks and bonds	1,641,436	-	-	1,641,436
Total investments at fair value	$22,966,917	$ -	$ -	$22,966,917

NOTE E – NOTES RECEIVABLE FROM PARTICIPANTS

The Plan allows participants to borrow up to 50% of their vested participant balance, not to exceed $50,000. At October 31, 2011 and 2010, notes from participants bear interest at rates between 4.25% and 9.25%, and are receivable in biweekly or monthly installments of principal and interest through December 2024. Generally, the participants repay their notes through payroll deductions. If the notes are not paid when due, the outstanding balances may be charged against the participant's account balance in the Plan. At October 31, 2011 and 2010, there were no delinquent loans.

NOTE F - SEPARATED PARTICIPANTS WITH ACCOUNT BALANCES

Approximately $2,232,000 and $2,068,000 of net assets are allocated to accounts of persons who have withdrawn from participation in the contributions and operations of the Plan as of October 31, 2011 and 2010, respectively.

NOTE G - ADMINISTRATION OF PLAN ASSETS

The Plan's assets are held by the Trustee of the Plan. The Trustee receives contributions, invests funds according to participants' directions and makes distributions to participants.

The Plan Sponsor has absorbed certain administrative costs of the Plan, approximately $49,000 and $44,000 for the years ended October 31, 2011 and 2010, respectively.

NOTE H – LIFE INSURANCE

Prior to 2001, participants could elect to purchase life insurance, as specified in the Plan provisions. As the Plan is the beneficiary under the policy, the cash surrender value of this insurance policy of $1,734 and $2,851 at October 31, 2011 and 2010, respectively, is included as an asset of the Plan.

NOTE I - 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% vested in their accounts.

NOTE J – RELATED PARTY TRANSACTIONS

Certain plan investments are managed funds by the Trustee, Charles Schwab Trust Company. As the Trustee is the asset custodian, as defined by the Plan, these transactions qualify as exempt party-in-interest transactions.

NOTE K – SUBSEQUENT EVENTS

Investments in mutual funds are valued daily by the fund manager at fair market value based on quoted market prices. The fair market value of investments in mutual funds (Note C) increased approximately 0.33% as of May 23, 2012, compared to the fair market value as of October 31, 2011.

Subsequent events were evaluated through May 24, 2012, which is the date the financial statements were available to be issued.

NOTE L – RECONCILATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Schedule H of Form 5500:

	October 31,	
	2011	2010
Net assets available for benefits per the financial statements	$30,622,597	$24,929,590
Sponsor contribution receivable	(2,486,287)	(1,392,196)
Participant contribution receivable	(26,459)	(43,500)
Cash surrender value of participants' life insurance	(1,734)	(2,851)
Net assets available for benefits per Schedule H of Form 5500	$28,108,117	$23,491,043

The following is a reconciliation of sponsor contributions per the financial statements to Schedule H of Form 5500:

	Year ended October 31,	
	2011	2010
Sponsor contributions per the financial statements	$2,486,287	$1,392,203
Sponsor contribution receivable – current year	(2,486,287)	(1,392,196)
Sponsor contribution receivable – prior year	1,392,196	1,204,965
Rounding	(1)	1
Sponsor contributions per Schedule H of Form 5500	$1,392,195	$1,204,973

The following is a reconciliation of participants contributions per the financial statements to Schedule H of Form 5500:

	Year ended October 31,	
	2011	2010
Participants contributions per the financial statements	$2,417,947	$2,221,176
Participants contributions receivable – current year	(26,459)	(43,500)
Participants contributions receivable – prior year	43,500	5,929
Participants contributions per Schedule H of Form 5500	$2,434,988	$2,183,605

The following is a reconciliation of expenses per the financial statements to Schedule H of Form 5500:

	Year ended October 31,	
	2011	2010
Expenses per the financial statements	$ 6,303	$ 6,577
Cash surrender life insurance reduction	(1,117)	(972)
Expenses per Schedule H of Form 5500	$ 5,186	$ 5,605

SUPPLEMENTAL SCHEDULE

McKool Smith 401(k) Savings Plan

Employer Identification No. - 75-2388012 Plan No.-001

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD FOR INVESTMENT PURPOSES)

October 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
*	Charles Schwab	Retirement Advantage Money Fund (6,338,634.680 shares)	**	$ 6,338,635
	Vanguard	500 Index Signal Fund (49,601,.416 shares)	**	4,734,951
	TWC	Total Return Bond Class I Fund (358,947.396 shares)	**	3,503,327
	Morgan Stanley	Institutional Trust Cap Growth Fund (126,406.811 shares)	**	3,142,473
	Vanguard	Total International Stock Index Fund (175,485.655 shares)	**	2,498,916
	Morgan Stanley	Institutional Trust Mid Cap Growth Fund (45,613.052 shares)	**	1,696,806
	Vanguard	Small Cap Index Fund (35,080.569 shares)	**	1,187,126
	Dodge & Cox	International Stock Fund (11,162.568 shares)	**	354,969
	Janus	Overseas Class A Fund (9,504.107 shares)	**	372,371
	American	Mutual R5 Fund (12,449.427 shares)	**	316,340
	Loomis Sayles	Bond Fund Administrative SHS Fund (14,300.818 shares)	**	205,074
	Victory	Established Value A Fund (7,224.287 shares)	**	186,676
	Vanguard	Mid Cap Index Fund (8,718.322 shares)	**	174,977
	Mainstay	Hi Yield Corporate Bond Class A Fund (29,696.930 shares)	**	173,430
	Columbia	Small Cap Value II Class Z Fund (8,204.538 shares)	**	108,300
	Wells Fargo	Advantage Small Cap Growth Administrative Fund (5,016.543 shares)	**	60,048
	Fidelity	Total Bond Fund (49.283 shares)	**	540
	Fidelity	Diversified International Fund (45.898 shares)	**	539
	Fidelity	Real Estate Fund (8.793 shares)	**	242
				25,055,740
*	Charles Schwab	Common and preferred stocks and bonds (2,530,640.760 shares)	**	2,530,641
	Participant loans	Notes receivable, interest at 4.25% to 9.25%, due in bi-weekly or monthly principal and interest installments through Deember 2024	**	521,736
				$ 28,108,117

* 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.

Form **5558**
(Rev. June 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
MCKOOL SMITH, A PROFESSIONAL CORPORATION
Number, street, and room or suite no. (If a P.O. box, see instructions)
300 CRESCENT COURT, SUITE 1500
City or town, state, and ZIP code
DALLAS TX 75201

B Filer's identifying number (see instructions)
Employer identification number (EIN)
75-2388013
Social security number (SSN) (see instructions)

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
1 MCKOOL SMITH 401(K) SAVINGS PLAN	0 0 1	10	31	2011
2				
3				

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 I request an extension of time until 8 / 15 / 2012 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

2 I request an extension of time until 8 / 15 / 2012 to file Form 8955-SSA (see instructions).
Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 1 and/or line 2 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

3 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c

4 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ [signature] **Date** ▶ 5/8/12

0000579-EP

MCKOOL SMITH 401(K) SAVINGS PLAN

FINANCIAL STATEMENTS WITH

INDEPENDENT AUDITORS' REPORT

AND SUPPLEMENTAL SCHEDULE

October 31, 2011 and 2010

CONTENTS

	PAGE
INDEPENDENT AUDITORS' REPORT	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 SCHEDULE:	
SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD FOR INVESTMENT PURPOSES)	13

TEAGUE MARQUESS & ASSOCIATES
A Professional Corporation
Certified Public Accountants & Management Consultants

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
McKool Smith 401(k) Savings Plan
Dallas, Texas

We were engaged to audit the accompanying statements of net assets available for benefits of McKool Smith 401(k) Savings Plan (the Plan) as of October 31, 2011, the related statements of changes in net assets available for benefits for the year then ended and the supplemental schedule of assets held for investment purposes as of October 31, 2011. These financial statements and the supplemental schedule are the responsibility of the Plan's Sponsor. The financial statements and supplemental information of the Plan at October 31, 2010 and for the year ended were audited by other auditors, whose report dated August 10, 2011, disclaimed an opinion on those statements 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 Note C, which was certified by Charles Schwab Trust Company (Trustee of the Plan), except for comparing the information with the related information included in the 2011 financial statements and 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 Trustees as of and for the year ended October 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 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 October 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
May 24, 2012

McKool Smith 401(k) Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	October 31,	
	2011	2010
ASSETS:		
Investments at fair value:		
Participant-directed investments in mutual funds (Note C and D)	$ 25,055,740	$ 21,325,481
Participant-directed investments in common and preferred stocks and bonds (Note C and D)	2,530,641	1,641,436
	27,586,381	22,966,917
Receivables:		
Contributions:		
Sponsor	2,486,287	1,392,196
Participants	26,459	43,500
Notes:		
Participants (Note E)	521,736	524,126
	3,034,482	1,959,822
Cash surrender value of participants' life insurance (Note H)	1,734	2,851
NET ASSETS AVAILABLE FOR BENEFITS (Note F)	$ 30,622,597	$ 24,929,590

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

McKool Smith 401(k) Savings Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended October 31, 2011	Year Ended October 31, 2010
ADDITIONS TO NET ASSETS:		
Investment income:		
Net appreciation in fair value of mutual funds investments (Note C)	$ 512,616	$ 2,465,052
Net appreciation in fair value of investments in common and preferred stocks and bonds (Note C)	13,903	125,400
Interest income	24,664	25,272
Net investment gain	551,183	2,615,724
Contributions:		
Participant	2,417,947	2,221,176
Sponsor	2,486,287	1,392,203
Rollover	1,324,955	281,402
	6,229,189	3,894,781
Increase in additions to net assets	6,780,372	6,510,505
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	(1,081,062)	(639,865)
Administrative expenses	(6,303)	(6,577)
	(1,087,365)	(646,442)
Increase in net assets available for benefits	5,693,007	5,864,063
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	24,929,590	19,065,527
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 30,622,597	$ 24,929,590

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

NOTE A - PLAN DESCRIPTION

The following description of the McKool Smith 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

McKool Smith 401(k) Savings Plan (the Plan), a defined contribution plan of McKool Smith, A Professional Corporation (the Sponsor), was established as of November 1, 1991. On October 31, 2003, McKool Smith Money Purchase Plan was merged with the Plan. The Plan covers all employees of the Sponsor who have completed one consecutive month of employment service and have reached age 19. 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).

The Plan was amended effective October 1, 2011 to (1) reduce the eligibility age to 19 from 21 years of age and (2) to address specific issues related to employees hired in September 2011 from another law firm. The amendment related to these employees hired in September 2011 waived the service requirement for salary deferrals to enter the Plan and for participation in the Firm profit sharing contribution as of October 1, 2011. Additionally, the years of service with their predecessor firm carry forward to the Plan.

The financial statements and notes are representations of the Sponsor, who is responsible for their integrity and objectivity. The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America, consistently applied, and the Plan agreement. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Contributions

Eligible employees, as defined, may have the Sponsor make pre-tax contributions to the Plan in accordance with Section 401 of the Internal Revenue Code. Under the Plan, participants may elect to reduce their compensation and contribute to the Plan up to 50% of their total annual compensation, as defined, with a maximum of $16,500 ($22,000 if the employee is age fifty or older) for the calendar years 2011 and 2010, respectively. The Plan includes an integrated and nonintegrated profit sharing non-elective contributions feature. The integrated profit sharing contribution covers all employees, except associate attorneys, senior counsel and staff who are not legal secretaries, a principal and the executive director of the Sponsor. The nonintegrated profit sharing contribution covers all employees, except associate attorneys and legal secretaries. The Sponsor's contributions are allocated pro-rata based on compensation, as defined, among participants in each respective allocation group. The amount contributed to the Plan, and the allocation of that amount among each particular allocation group, is determined each year by the Sponsor. The allocation groups exist for shareholders, a principal, associate attorneys, senior counsel, legal secretaries and staff. A participant's allocation group is determined as of the last day of the Plan year.

NOTE A - PLAN DESCRIPTION - CONTINUED

Contributions – Continued

The Sponsor may contribute an amount, to be determined by the Sponsor, for each participant eligible to share in the allocation of a profit sharing contribution for a Plan year. The profit sharing Sponsor contribution percentage ranged between 5% to 8.7% of eligible participants' compensation, as defined, for fiscal year 2011, and 2.9% to 8.7% of eligible participants' compensation, as defined, for fiscal year 2010.

Participant Accounts

Each participant's account is credited with an allocation of contributions and Plan earnings. Any forfeitures from nonvested accounts are used to reduce future Sponsor contributions. The Plan had forfeitures of nonvested account balances of approximately $16,000 and $31,000 for the years ended October 31, 2011 and 2010, respectively.

Vesting

The vesting schedules are contingent on the type of contribution. The employee's elective deferral is immediately fully vested. The Sponsor's contribution vests over five years at a rate of 20% per year. A participant must complete 1,000 hours of service during a year to qualify for a year of vesting service.

Payment of Benefits

Upon termination of service, vested benefits less than $5,000 will be paid in a lump sum based on the participant's vested balance. Other benefits are paid at the participants' direction.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of McKool Smith 401(k) Savings Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Sponsor, who is responsible for their integrity and objectivity.

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America and have been consistently applied.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note D).

NOTE B - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investment Valuation and Income Recognition - Continued

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

Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Risk and Uncertainties

The Plan's investments include funds which invest in various types of investment securities and 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 supplemental schedule of assets (held for investment purposes).

Concentration of Credit Risk

At October 31, 2011 and 2010, the Plan's investments consist primarily of investments in cash equivalents, corporate obligations and equities through mutual funds, as well as investments in individual common and preferred stocks and bonds.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document.

Tax Status

The Plan is exempt from federal income taxes under Section 501 of the Internal Revenue Code.

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 the Plan's 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 reported amounts of additions to and deduction from net assets during the reporting period. Actual results could differ from those estimates.

NOTE C – INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	October 31, 2011	October 31, 2010
Schwab Retirement Advantage Money Fund	$ 6,338,635	$ 3,760,851
Vanguard 500 Index Signal Fund	4,734,951	4,714,506
TWC Total Return Bond Class I Fund	3,503,327	2,947,975
Morgan Stanley Institutional Trust Cap Growth Fund	3,142,473	-
Participant directed investments in common and preferred stocks and bonds	2,530,641	1,641,436
Vanguard Total International Stock Index Fund	2,498,916	2,271,541
Morgan Stanley Institutional Trust Mid Cap Growth Fund	1,696,806	1,736,467
American Growth Fund of America R3	-	2,912,157

During the years ended October 31, 2011 and 2010, the Plan's investments in mutual funds and individual common and preferred stocks and bonds (including investments bought, sold and held during the year) appreciated by $526,519 and $2,590,452, respectively.

NOTE D – FAIR VALUE MEASUREMENTS

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 three levels of the fair value hierarchy under FASB ASC 820-10, and used by the Plan, are described as follows:

- Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 inputs to the valuation methodology 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

  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 to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE D – FAIR VALUE MEASUREMENTS - CONTINUED

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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan's description of the valuation methodologies used for assets measured at fair value are:

- *Mutual funds*. Valued at the net asset value of shares held by the Plan at year-end.
- *Common and preferred stocks and bonds*. Valued at the closing price reported on the active market on which the individual securities are traded.

There have been no changes in the methodologies used at October 31, 2011 and 2010.

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 October 31, 2011 is as follows:

	Level 1	Level 2	Level 3	Total
Money Market	$ 6,338,635	$ -	$ -	$ 6,338,635
Large Blend	4,734,951	-	-	4,734,951
Bond	3,882,910	-	-	3,882,910
Large Growth	3,142,473	-	-	3,142,473
International Value	2,853,885	-	-	2,853,885
Mid-Cap Growth	1,696,806	-	-	1,696,806
Small Value	1,295,426	-	-	1,295,426
International Growth	372,371	-	-	372,371
Mid-Cap Value	361,653	-	-	361,653
Large Value	316,340	-	-	316,340
Small Growth	60,048	-	-	60,048
Specialty	242	-	-	242
Total mutual funds	25,055,740	-	-	25,055,740
Common and preferred stocks and bonds	2,530,641	-	-	2,530,641
Total investments at fair value	$27,586,381	$ -	$ -	$27,586,381

NOTE D – FAIR VALUE MEASUREMENTS - CONTINUED

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

	Level 1	Level 2	Level 3	Total
Large Blend	$ 4,714,506	$ -	$ -	$ 4,714,506
Money Market	3,760,851	-	-	3,760,851
Bond	3,387,448	-	-	3,387,448
Foreign Large Blend	2,965,064	-	-	2,965,064
Large Growth	2,912,157	-	-	2,912,157
Mid-Cap Growth	1,736,467	-	-	1,736,467
Small Blend	988,111	-	-	988,111
Large Value	344,953	-	-	344,953
Mid-Cap Value	323,946	-	-	323,946
Small Value	118,196	-	-	118,196
Small Growth	73,782	-	-	73785
Total mutual funds	21,325,481	-	-	21,325,481
Common and preferred stocks and bonds	1,641,436	-	-	1,641,436
Total investments at fair value	$22,966,917	$ -	$ -	$22,966,917

NOTE E – NOTES RECEIVABLE FROM PARTICIPANTS

The Plan allows participants to borrow up to 50% of their vested participant balance, not to exceed $50,000. At October 31, 2011 and 2010, notes from participants bear interest at rates between 4.25% and 9.25%, and are receivable in biweekly or monthly installments of principal and interest through December 2024. Generally, the participants repay their notes through payroll deductions. If the notes are not paid when due, the outstanding balances may be charged against the participant's account balance in the Plan. At October 31, 2011 and 2010, there were no delinquent loans.

NOTE F - SEPARATED PARTICIPANTS WITH ACCOUNT BALANCES

Approximately $2,232,000 and $2,068,000 of net assets are allocated to accounts of persons who have withdrawn from participation in the contributions and operations of the Plan as of October 31, 2011 and 2010, respectively.

NOTE G - ADMINISTRATION OF PLAN ASSETS

The Plan's assets are held by the Trustee of the Plan. The Trustee receives contributions, invests funds according to participants' directions and makes distributions to participants.

The Plan Sponsor has absorbed certain administrative costs of the Plan, approximately $49,000 and $44,000 for the years ended October 31, 2011 and 2010, respectively.

NOTE H – LIFE INSURANCE

Prior to 2001, participants could elect to purchase life insurance, as specified in the Plan provisions. As the Plan is the beneficiary under the policy, the cash surrender value of this insurance policy of $1,734 and $2,851 at October 31, 2011 and 2010, respectively, is included as an asset of the Plan.

NOTE I - 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% vested in their accounts.

NOTE J – RELATED PARTY TRANSACTIONS

Certain plan investments are managed funds by the Trustee, Charles Schwab Trust Company. As the Trustee is the asset custodian, as defined by the Plan, these transactions qualify as exempt party-in-interest transactions.

NOTE K – SUBSEQUENT EVENTS

Investments in mutual funds are valued daily by the fund manager at fair market value based on quoted market prices. The fair market value of investments in mutual funds (Note C) increased approximately 0.33% as of May 23, 2012, compared to the fair market value as of October 31, 2011.

Subsequent events were evaluated through May 24, 2012, which is the date the financial statements were available to be issued.

NOTE L – RECONCILATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Schedule H of Form 5500:

	October 31,	
	2011	2010
Net assets available for benefits per the financial statements	$30,622,597	$24,929,590
Sponsor contribution receivable	(2,486,287)	(1,392,196)
Participant contribution receivable	(26,459)	(43,500)
Cash surrender value of participants' life insurance	(1,734)	(2,851)
Net assets available for benefits per Schedule H of Form 5500	$28,108,117	$23,491,043

The following is a reconciliation of sponsor contributions per the financial statements to Schedule H of Form 5500:

	Year ended October 31,	
	2011	2010
Sponsor contributions per the financial statements	$2,486,287	$1,392,203
Sponsor contribution receivable – current year	(2,486,287)	(1,392,196)
Sponsor contribution receivable – prior year	1,392,196	1,204,965
Rounding	(1)	1
Sponsor contributions per Schedule H of Form 5500	$1,392,195	$1,204,973

The following is a reconciliation of participants contributions per the financial statements to Schedule H of Form 5500:

	Year ended October 31,	
	2011	2010
Participants contributions per the financial statements	$2,417,947	$2,221,176
Participants contributions receivable – current year	(26,459)	(43,500)
Participants contributions receivable – prior year	43,500	5,929
Participants contributions per Schedule H of Form 5500	$2,434,988	$2,183,605

The following is a reconciliation of expenses per the financial statements to Schedule H of Form 5500:

	Year ended October 31,	
	2011	2010
Expenses per the financial statements	$ 6,303	$ 6,577
Cash surrender life insurance reduction	(1,117)	(972)
Expenses per Schedule H of Form 5500	$ 5,186	$ 5,605

SUPPLEMENTAL SCHEDULE

McKool Smith 401(k) Savings Plan

Employer Identification No. - 75-2388012 Plan No.-001

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD FOR INVESTMENT PURPOSES)

October 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
*	Charles Schwab	Retirement Advantage Money Fund (6,338,634.680 shares)	**	$ 6,338,635
	Vanguard	500 Index Signal Fund (49,601,.416 shares)	**	4,734,951
	TWC	Total Return Bond Class I Fund (358,947.396 shares)	**	3,503,327
	Morgan Stanley	Institutional Trust Cap Growth Fund (126,406.811 shares)	**	3,142,473
	Vanguard	Total International Stock Index Fund (175,485.655 shares)	**	2,498,916
	Morgan Stanley	Institutional Trust Mid Cap Growth Fund (45,613.052 shares)	**	1,696,806
	Vanguard	Small Cap Index Fund (35,080.569 shares)	**	1,187,126
	Dodge & Cox	International Stock Fund (11,162.568 shares)	**	354,969
	Janus	Overseas Class A Fund (9,504.107 shares)	**	372,371
	American	Mutual R5 Fund (12,449.427 shares)	**	316,340
	Loomis Sayles	Bond Fund Administrative SHS Fund (14,300.818 shares)	**	205,074
	Victory	Established Value A Fund (7,224.287 shares)	**	186,676
	Vanguard	Mid Cap Index Fund (8,718.322 shares)	**	174,977
	Mainstay	Hi Yield Corporate Bond Class A Fund (29,696.930 shares)	**	173,430
	Columbia	Small Cap Value II Class Z Fund (8,204.538 shares)	**	108,300
	Wells Fargo	Advantage Small Cap Growth Administrative Fund (5,016.543 shares)	**	60,048
	Fidelity	Total Bond Fund (49.283 shares)	**	540
	Fidelity	Diversified International Fund (45.898 shares)	**	539
	Fidelity	Real Estate Fund (8.793 shares)	**	242
				25,055,740
*	Charles Schwab	Common and preferred stocks and bonds (2,530,640.760 shares)	**	2,530,641
	Participant loans	Notes receivable, interest at 4.25% to 9.25%, due in bi-weekly or monthly principal and interest installments through Deember 2024	**	521,736
				$ 28,108,117

* 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.

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MCKOOL SMITH 401(K) SAVINGS PLAN **EIN:** 75-2388013
Plan Sponsor's Name MCKOOL SMITH, A PROFESSIONAL CORPORATION **PN:** 001

(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
	SCHWAB RET ADV MONEY MARKET	MONEY MARKET ACCOUNT		6,338,635
	LOOMIS SAYLES BOND FUND	REGISTERED INVESTMENT CO.		205,074
	MAINSTAY HIGH YLD CORP BND	REGISTERED INVESTMENT CO.		173,430
	VANGUARD 500 INDEX SIGNAL	REGISTERED INVESTMENT CO.		4,734,951
	VANGUARD MID CAP INDEX	REGISTERED INVESTMENT CO.		174,977
	MORGAN STANLEY MID CP GROWTH	REGISTERED INVESTMENT CO.		1,696,806
	COLUMBIA SM CAP VALUE II	REGISTERED INVESTMENT CO.		108,300

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MCKOOL SMITH 401(K) SAVINGS PLAN **EIN:** 75-2388013
Plan Sponsor's Name MCKOOL SMITH, A PROFESSIONAL CORPORATION **PN:** 001

(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
	VANGUARD SM CAP INDEX	REGISTERED INVESTMENT CO.		1,187,126
	WELLS FARGO ADV EM GR	REGISTERED INVESTMENT CO.		60,048
	DODGE & COX INTERNATIONAL	REGISTERED INVESTMENT CO.		354,970
	VANGUARD TOT INTL STK IDX	REGISTERED INVESTMENT CO.		2,498,916
	JANUS OVERSEAS FUND	REGISTERED INVESTMENT CO.		372,371
	TCW TOTAL RETURN BOND I	REGISTERED INVESTMENT CO.		3,503,327
	MORGAN STANLEY INST CP GR	REGISTERED INVESTMENT CO.		3,142,473

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MCKOOL SMITH 401(K) SAVINGS PLAN **EIN:** 75-2388013
Plan Sponsor's Name MCKOOL SMITH, A PROFESSIONAL CORPORATION **PN:** 001

(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
	LOAN FUND	PARTICIPANT LOANS, VARIOUS INTEREST RATES AND MATURITY DATES		521,736
	SELF DIRECTED BROKER ACCTS	OTHER		2,530,641
	AMERICAN MUTUAL R5	REGISTERED INVESTMENT CO.		316,340
	VICTORY ESTABLISHED VALUE	REGISTERED INVESTMENT CO.		186,676
	FIDELITY DIVERSIF INTL	REGISTERED INVESTMENT CO.		1
	FIDELITY REAL ESTATE	REGISTERED INVESTMENT CO.		242
	FIDELITY TOTAL BOND	REGISTERED INVESTMENT CO.		540

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MCKOOL SMITH 401(K) SAVINGS PLAN **EIN:** 75-2388013
Plan Sponsor's Name MCKOOL SMITH, A PROFESSIONAL CORPORATION **PN:** 001

(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
	SPARTAN US BOND INDEX FD	REGISTERED INVESTMENT CO.		539