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 10/01/2010 and ending 09/30/2011

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
MEHAFFY & WEBER, P.C. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1972

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

2615 CALDER ST FL 8
BEAUMONT, TX 77702-1986

2b Employer Identification Number (EIN) 74-1727620

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

2d Business code (see instructions) 541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/06/2012	RUSSELL J CHIMENO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/06/2012	RUSSELL J CHIMENO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MEHAFFY & WEBER, P.C.

2615 CALDER ST FL 8
BEAUMONT, TX 77702-1986

3b Administrator's EIN
74-1727620

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	116
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**	115
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	116
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	116
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	111
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan	**B** Three-digit plan number (PN) ▶	
MEHAFFY & WEBER, P.C. 401(K) PLAN		002

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
MEHAFFY & WEBER, P.C.	74-1727620

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

THE VANGUARD GROUP, INC.

23-1945930

(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)

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 25 37 52 59	NONE	19660	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

THEOBALD DEMAHY & COMPANY PC

74-1873382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	8000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATIONAL ACTUARIAL PENSION SERVICES

74-2103974

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	7228	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

(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
THE VANGUARD GROUP, INC.	60	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.
OPPENHEIMER FUNDS OPPENHEIMERFUNDS INC 470 ATLANTIC AVE, 11TH FLOOR BOSTON, MA 02210	25 BASIS POINTS - OTHER

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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 10/01/2010 and ending 09/30/2011

A Name of plan
MEHAFFY & WEBER, P.C. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
74-1727620

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	45907	16312
(2) Participant contributions	1b(2)	15664	29140
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	296436	276438
(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)	10713595	11098375
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11071602	11420265
	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	11071602	11420265

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)	196661	
	(B) Participants	2a(1)(B)	559898	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		756559
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	14068	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14068
	(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)	270613	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		270613
	(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)		-174794
c Other income	2c		6703
d Total income. Add all **income** amounts in column (b) and enter total	2d		873149
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	486806	
(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)		486806
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	37680	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		37680
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		524486
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		348663
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: THEOBALD, DEMAHY, AND CO., P.C. (2) EIN: 74-1873382

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		27171
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
MEHAFFY & WEBER, P.C. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
74-1727620

Part I Distributions

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

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

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

EIN(s): 23-2186884

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):

THEOBALD, DEMAHY & CO., P.C.

A PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
MEMBERS AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

June 29, 2012

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Mehaffy & Weber, A Professional Corporation
401(k) Plan

We were engaged to audit the financial statements of Mehaffy & Weber, A Professional Corporation 401(k) Plan as of September 30, 2011 and 2010, and for the years then ended and the supplemental schedules as of and for the year ended September 30, 2011 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note K, which was certified by Vanguard Fiduciary Trust Co., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Theobald Demahy & Co PC

THEOBALD, DEMAHY & CO., P.C.
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MEHAFFY & WEBER
A PROFESSIONAL CORPORATION

401(k) PLAN

SEPTEMBER 30, 2011 AND 2010

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
401(k) PLAN
BEAUMONT, TEXAS

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THEOBALD, DEMAHY & CO., P.C.

A PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
MEMBERS AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

June 29, 2012

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Mehaffy & Weber, A Professional Corporation
401(k) Plan

We were engaged to audit the financial statements of Mehaffy & Weber, A Professional Corporation 401(k) Plan as of September 30, 2011 and 2010, and for the years then ended and the supplemental schedules as of and for the year ended September 30, 2011 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

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Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2011 AND 2010

	2011	2010
ASSETS		
INVESTMENTS - AT FAIR VALUE - (NOTES B AND D)		
Registered Investment Companies (Mutual Funds)	$ 11,098,375.15	$ 10,713,595.22
RECEIVABLES		
Employer Contribution	$ 16,311.98	$ 45,907.26
Participants Contribution	29,139.66	15,663.98
Notes Receivable From Participants	276,437.91	296,435.46
Total Receivables	$ 321,889.55	$ 358,006.70
Total Assets	$ 11,420,264.70	$ 11,071,601.92
LIABILITIES		
Accounts Payable	$	$
NET ASSETS AVAILABLE FOR BENEFITS	$ 11,420,264.70	$ 11,071,601.92

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	2011	2010
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net Appreciation (Decline) in Fair Value of Investments (Note D)	$ (174,794.44)	$ 760,237.64
Interest - Loans	14,067.67	12,712.38
Interest and dividends - investments	270,612.87	212,166.43
Total Investment Income	$ 109,886.10	$ 985,116.45
CONTRIBUTIONS		
Participants	$ 559,897.89	$ 601,765.03
Employer	196,660.84	201,010.61
Other Income	6,703.27	4,154.53
Total Contributions	$ 763,262.00	$ 806,930.17
Total Additions	$ 873,148.10	$ 1,792,046.62
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	$ 486,805.53	$ 726,683.16
Administrative Expenses	37,679.79	43,492.67
Total Deductions	$ 524,485.32	$ 770,175.83
Net Increase in Net Assets	$ 348,662.78	$ 1,021,870.79
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	11,071,601.92	10,049,731.13
End of Year	$ 11,420,264.70	$ 11,071,601.92

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011 AND 2010

NOTE A. DESCRIPTION OF PLAN

Effective September 30, 1998, the Mehaffy & Weber, P.C., Salary Deferral Plan merged into the Mehaffy & Weber, P.C. Profit Sharing Plan at which time both plans were amended to become a single plan known as the Mehaffy & Weber, P.C. 401(k) and Profit Sharing Plan. Coincident with this merger, assets of each plan are to be segregated and held separately for purposes of future investments and administration. Effective October 1, 2003, a separate profit sharing trust was established. The separate assets of the profit sharing plan were transferred to the new profit sharing trust on June 18, 2004.

Effective September 30, 2004, the Plan administrators adopted the Vanguard Defined Contribution 401(k) Plan. On that day plan assets were rolled over to the newly adopted plan.

The following description of the Mehaffy & Weber, P.C., 401(k) Trust provides only general information. Participants should refer to the Plan agreements for a more complete description of the Plan's provisions.

1. **General** - The Plan is a defined contribution plan covering all full-time employees of the sponsor who have completed one year of service and are twenty-one years or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. **Contributions** – Annually, under the Salary Deferral 401(k) provisions of the plan, participants may contribute between 0% to 92.35% of their pre-taxed annual compensation, as defined in the plan and limited to the maximum contribution allowed by law. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The plan sponsor matches 50% of salary deferral contributions up to 6% of plan compensation.

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

4. **Vesting** - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Firm's matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after five years of credited service.

5. **Investment Options** –The plan adopted the Vanguard Defined Contribution 401(k) Plan. In accordance with the adoption agreement participants are responsible for directing the investment of their account among a selection of various Vanguard investment accounts. Participants may make changes in their investments as frequently as daily.

6. **Participant Notes Receivable** - The Plan's 401(k) provisions allow for participant loans from their deferred salary contributions. The plan requires that the participant have an immediate and heavy financial need and that other resources are not reasonably available to meet the need. The amount of the hardship loan cannot exceed the lesser of the amount needed, one half of the participant's vested account balance or $50,000. All loans must be repaid in substantially level amortized payments of principal and interest no less frequently than quarterly. All loans must be repaid within five years. The loans are secured by the participant's account balance and bear interest at current market rates as approved by the administrative committee.

7. **Payment of Benefits** - On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account or annual installments over any time period not to exceed the life expectancy of the participant or the joint life expectancy of the participant and his or her spouse. If the vested value in the participant's account is $1,000.00 or less, the participant will automatically receive a lump-sum distribution.

8. **Forfeited Accounts** – Forfeited nonvested accounts totaled $8,184.68 at September 30, 2011 and $9,745.92 at September 30, 2010. For the plan year ended September 30, 2011 and 2010, the sponsor's contributions were reduced by $7,793.91 and $9,745.92 respectively for forfeited nonvested accounts.

9. **Plan Amendment** – On July 22, 2009, the plan adoption agreement amendment and the basic plan document amendment were adopted to reflect the final regulations published by the Department of the Treasury on April 5, 2007, governing limitations on benefits and contributions within qualified plans under section 415 of the Internal Revenue Code. The Amendment is intended to provide good faith compliance with those requirements until the plan is formally reinstated to include such provisions and supersedes the provisions of the plan to the extent those provisions are inconsistent with the provisions of the amendment.

NOTE B. SUMMARY OF ACCOUNTING POLICIES

1. **Basis of Accounting** - The financial statements of the Plan are prepared under the accrual method of accounting.
2. **Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.
3. **Investment Valuation and Income Recognition** - The Plan's investments are stated at fair value as furnished by Vanguard Fiduciary Trust Company. 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. See Note C for a discussion of fair valuation presentation.

   Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investment bought and sold as well as held during the year..
4. **Notes Receivable from Participant** – Loans to participants are measured at their unpaid principal balances plus any accrued but unpaid interest.
5. **Payment of Benefits** - Benefits are recorded when paid.
6. **Date of Management's Review** – Subsequent events were evaluated through June 29, 2012, which is the date the financial statements are available to be issued.
7. **Operating Expenses** – All expenses of maintaining the plan were paid by the plan at the year ended September 30, 2011.

NOTE C. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The Plan uses Level 1 fair value measurement for all its investments at September 30, 2010 and 2011 respectively.

Level 1 Fair Value Measurement

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds and U. S. Government securities are based on the closing prices reported on the active markets where the individual securities are traded.

The following table set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2011 and 2010.

		Fair Value Measurements at the End of the Reporting Period Using:		
September 30, 2011	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Mutual Funds				
Balanced Stock Funds	$ 1,120,205.63	$ 1,120,205.63	$	$
Domestic Stock Funds	2,858,408.09	2,858,408.09		
Indexed Stock Funds	4,667,543.15	4,667,543.15		
International Stock Funds	553,853.77	553,853.77		
Money Market Funds	1,044,581.22	1,044,581.22		
Bond Funds	853,783.29	853,783.29		
Total Investments at Fair Value	$ 11,098,375.15	$ 11,098,375.15	$ 0.00	$ 0.00
September 30, 2010				
Mutual Funds				
Balanced Stock Funds	$ 1,010,540.82	$ 1,010,540.82	$	$
Domestic Stock Funds	2,519,861.72	2,519,861.72		
Indexed Stock Funds	4,668,355.33	4,668,355.33		
International Stock Funds	595,414.73	595,414.73		
Money Market Funds	1,161,186.61	1,161,186.61		
Bond Funds	758,236.01	758,236.01		
Total Investments at Fair Value	$ 10,713,595.22	$ 10,713,595.22	$ 0.00	$ 0.00

NOTE D. INVESTMENTS

Investments are held in Vanguard Fiduciary Trust Company. The following table presents the fair market value of the investments. Investments that represent 5% or more of the Plan's net assets are separately identified.

INVESTMENTS AT FAIR VALUE AS DETERMINED BY QUOTED MARKET PRICE	2011	2010
Registered investment companies (mutual funds)	$ 5,763,521.21	$ 4,795,604.91
Vanguard Balanced Index Investor Fd	4,667,543.15	4,668,355.33
Vanguard Prime Money Market Fund		620,722.75
Vanguard Windsor II Fund Investor	667,250.79	628,912.23
Total Investments	$ 11,098,375.15	$ 10,713,595.22

During the fiscal year ended September 30, 2011 and 2010, the Plan's investments, including investments bought, sold, and held during the year, increased (declined) in value by $(174,794.44) and $766,237.64 respectively. The following summarizes the net changes in fair value for the respective plan year ends:

NET CHANGES IN FAIR VALUE NET APPRECIATION (DECLINE) IN FAIR VALUE OF INVESTMENTS	2011	2010
Net realized gain (decline) on sale of registered investment companies	$ (378,135.96)	$ 56,558.98
Unrealized appreciation (decline) of registered investment companies	203,341.52	703,678.66
Net Appreciation (Decline) in Fair Value	$ (174,794.44)	$ 760,237.64

NOTE E. BENEFIT OBLIGATIONS PAYABLE

At September 30, 2011, the total market value of investments of vested benefits due to terminated participants totaled $1,219,594.12.

NOTE F. TAX STATUS

On September 30, 2004, the Plan adopted the Vanguard Defined Contribution 401(k) Plan. The plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter including the amendment adopted October 8, 2009. However, the plan administrator and Vanguard Fiduciary Trust Company believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE G. RELATED PARTY TRANSACTIONS

The Plan invests in shares of mutual funds managed by an affiliate of Vanguard Fiduciary Trust Company ("VFTC"). VFTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transactions rules.

NOTE H. PLAN TERMINATION

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

NOTE I. ADMINISTRATIVE FEES

The plan sponsor, Mehaffy & Weber, A Professional Corporation has paid for administrative fees on behalf of the Plan. For the years ended September 30, 2011 and 2010, fees totaling $ - 0 - and $1,237.50 respectively, were paid by the plan sponsor.

Administration expense paid by the Plan for the years ended September 30, 2011 and 2010 are as follows:

	2011	2010
Investment advisory and management fees	$ 18,860.29	$ 18,061.00
Professional fees	18,819.50	25,431.67
Total Administrative Expense	$ 37,679.79	$ 43,492.67

NOTE J. PROHIBITED TRANSACTION

DOL regulation 2510.3-102 defines plan assets-participant contributions to include amounts (other than union dues) that a participant or beneficiary pays to an employer, or amounts that a participant has withheld from his wages by an employer, for contribution or repayment of a participant loan to the plan, as of the earliest date on which such contributions or repayments can reasonably be segregated from the employers general assets. In no event may the date determined occur later than 15 business days of the following the month in which the participant contribution or participant loan repayment amounts are received by the employer.

The participant elective deferrals of $22,254.65 and loan repayments of $4916.63 for the payroll dated May 27, 2011 were not remitted until June 17, 2011 which was fifteen business days after the May 27, 2011 payroll cycle. This remittance of $27,171.28 was considered a prohibited transaction because the plan sponsor historically segregates plan assets and makes remittances to the plan within three business days after the payroll cycle. The administrative committee believes this one prohibition will not have a material effect on the plan.

NOTE K. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that had been prepared and certified to as complete and accurate by Vanguard Fiduciary Trust Company, the trustees:

INVESTMENTS AT FAIR VALUE	2011	2010
REGISTERED INVESTMENT COMPANIES (MUTUAL FUNDS)	$ 11,098,375.15	$10,713,595.22
CONTRIBUTIONS RECEIVABLE	66,184.45	61,571.24
NOTES RECEIVABLE-PARTICIPANT	276,437.91	296,435.46
PARTICIPANTS ACCOUNT BALANCE	$ 11,440,997.51	$ 11,071,601.92

SUPPLEMENTAL SCHEDULES
REQUIRED FOR FORM 5500

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
401(k) PLAN
FORM 5500 - SCHEDULE H LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS AND LOAN PAYMENTS WITH CORRECTIONS AT THE END OF YEAR SEPTEMBER 30, 2011

FEDERAL IDENTIFICATION NUMBER 74-1727620 PLAN NUMBER 002
401(k) PLAN

2010 Form 5500, Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
☑ $ 27,171.28	$ -	$ 27,171.28	$ -	

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
401(k) PLAN
FORM 5500 - SCHEDULE H LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT THE END OF YEAR SEPTEMBER 30, 2011

FEDERAL IDENTIFICATION NUMBER 74-1727620 PLAN NUMBER 002
401(k) PLAN

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Market Value
*	Jennison Dryden Utility Fund	Registered Investment Company	$ 166,677.08	$ 142,183.09
*	Oppenheimer Gold & Special Mineral	Registered Investment Company	398,120.67	409,532.17
*	Royce Premier Fund	Registered Investment Company	398,094.38	414,764.78
*	Third Avenue Value Fund	Registered Investment Company	270,449.97	209,302.95
*	Vanguard 500 Index Inv	Registered Investment Company	347,377.24	349,541.61
*	Vanguard Admiral Trust Money Market	Registered Investment Company	513,748.66	513,748.66
*	Vanguard Balanced Ix Inv	Registered Investment Company	4,427,831.84	4,667,543.15
*	Vanguard Growth Index Inv	Registered Investment Company	285,080.68	300,309.47
*	Vanguard Infla Pro Secur	Registered Investment Company	587,421.97	654,623.16
*	Vanguard IT Bond Index	Registered Investment Company	138,259.36	147,156.67
*	Vanguard Mid-Cap Index Fund	Registered Investment Company	113,350.29	109,220.49
*	Vanguard Pacific Stk Idx	Registered Investment Company	10,091.75	9,534.94
*	Vanguard Prime Money MKT	Registered Investment Company	530,832.56	530,832.56
*	Vanguard ST Bond Index	Registered Investment Company	51,513.90	52,003.46
*	Vanguard Sm-Cap Value Index	Registered Investment Company	165,411.23	149,757.71
*	Vanguard Tgt Retirement 2010	Registered Investment Company	12,952.38	12,950.25
*	Vanguard Tgt Retirement 2015	Registered Investment Company	225,546.79	235,259.02
*	Vanguard Tgt Retirement 2025	Registered Investment Company	85,673.63	86,568.06
*	Vanguard Tgt Retirement 2030	Registered Investment Company	4,314.60	3,870.73
*	Vanguard Tgt Retirement 2035	Registered Investment Company	457,028.09	440,743.30
*	Vanguard Tgt Retirement 2045	Registered Investment Company	106,770.74	106,269.43
*	Vanguard Target Retirement Inc	Registered Investment Company	213,220.42	234,544.84
*	Vanguard Total Int'l Stock Idx	Registered Investment Company	378,399.93	335,015.88
*	Vanguard Value Index Inv	Registered Investment Company	352,192.71	315,796.09
*	Vanguard Windsor Inv	Registered Investment Company	51.22	51.89
*	Vanguard Windsor II Fund Inv	Registered Investment Company	814,432.78	667,250.79
*	Loan Fund	4.25% - 9.25%	276,437.91	276,437.91
	Total Assets held for investment purposes		$ 11,331,282.78	$ 11,374,813.06

* Party in Interest

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
401(k) PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS - ATTACHMENT FOR SCHEDULE H, LINE 4J
FOR THE YEAR ENDED SEPTEMBER 30, 2011

FEDERAL IDENTIFICATION NUMBER 74-1727620 PLAN NUMBER 002
401(k) PLAN

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Historical Cost of Asset	(f) Current Value of Asset on Trans. Date	(g) Net Gain (Loss)
		Series of Transactions 5% In the Aggregate				
Vanguard	Vanguard Balanced IX Inv MM	$ 504,131.24			$ 504,131.24	
Vanguard	Vanguard Balanced IX Inv MM		$ 544,907.69	$ 482,369.53	544,907.69	$ 62,538.16
Vanguard	Vanguard Prime MM	274,674.01			274,674.01	
Vanguard	Vanguard Prime MM		364,564.20	364,564.20	364,564.20	
Totals		$ 778,805.25	$ 909,471.89	$ 846,933.73	$ 1,688,277.14	$ 62,538.16

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
401(k) PLAN
FORM 5500 - SCHEDULE H LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT THE END OF YEAR SEPTEMBER 30, 2011

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MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
401(k) PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS - ATTACHMENT FOR SCHEDULE H, LINE 4J
FOR THE YEAR ENDED SEPTEMBER 30, 2011

FEDERAL IDENTIFICATION NUMBER 74-1727620 PLAN NUMBER 002
401(k) PLAN

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MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
401(k) PLAN
FORM 5500 - SCHEDULE H LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS AND LOAN PAYMENTS WITH CORRECTIONS AT THE END OF YEAR SEPTEMBER 30, 2011

FEDERAL IDENTIFICATION NUMBER 74-1727620 PLAN NUMBER 002
401(k) PLAN

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