Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEHAFFY & WEBER, P.C. PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/01/2003

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MEHAFFY & WEBER, P.C.

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

2b Employer Identification Number (EIN)
74-1727620

2c Plan 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.	07/05/2017	RUSSELL CHIMENO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

MEHAFFY & WEBER, P.C.

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

3b Administrator's EIN: 74-1727620

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

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	108
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	80
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	77
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	29
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	109
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	109
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	102
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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 Characteristics Codes in the instructions:

2A 2E

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

9a Plan funding arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ 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)** ☒ 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)** ☒ **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)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ 0 **A** (Insurance Information)
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☐ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

A Name of plan MEHAFFY & WEBER, P.C. PROFIT SHARING PLAN AND TRUST	**B** Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 MEHAFFY & WEBER, P.C.	**D** Employer Identification Number (EIN) 74-1727620

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

ARGENT TRUST COMPANY, N.A.

6280 DELAWARE, SUITE B
BEAUMONT, TX 77706

72-1173060

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28	NONE	76951	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UNITED RETIREMENT PLAN CONSULTANTS

1001 S. DAIRY ASHFORD, SUITE 390
HOUSTON, TX 77077

25-1759623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	12110	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THEOBOLD, DEMAHY & CO., P.C.

3522 CALDER AVE.
BEAUMONT, TX 77702

74-1873382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	5875	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

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

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
74-1727620

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	18634	22464
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	70317	68898
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	858917	1053978
(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)	4357015	4509294
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	10810479	12407793
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(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	16115362	18062427
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	0	36649
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	36649
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16115362	18025778

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)	222464	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		222464
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1792	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	225991	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		227783
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	348681	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		348681
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1373081	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1374310	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1229
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1372298	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1372298

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		101
d Total income. Add all **income** amounts in column (b) and enter total	2d		2170098
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	125754	
(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)		125754
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)	54634	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	76951	
(4) Other	2i(4)	2343	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		133928
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		259682
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1910416
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: THEOBOLD, DEMAHY & CO., P.C. **(2)** EIN: 74-1873382

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	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		

		Yes	No	N/A	Amount
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			500000
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				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

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

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
74-1727620

Part I Distributions

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

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

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

EIN(s): 72-1056624

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

MEHAFFY & WEBER
A PROFESSIONAL CORPORATION

PROFIT SHARING PLAN

SEPTEMBER 30, 2016 AND 2015

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

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A PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
MEMBERS: American Institute of Certified Public Accountants • Texas Society of Certified Public Accountants

June 27, 2017

INDEPENDENT AUDITOR'S REPORT

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

We were engaged to audit the accompanying financial statements of Mehaffy & Weber, A Professional Corporation Profit Sharing Plan, which comprise the statements of net assets available for benefits as of September 30, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair representation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 I, which was certified by Argent Trust Company, 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 year ended September 30, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of Assets Held for Investment Purposes is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

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.
CERTIFIED PUBLIC ACCOUNTANTS

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2016 AND 2015

	2016	2015
ASSETS		
INVESTMENTS - AT FAIR VALUE - (NOTES B AND C)		
Corporate Obligations	$ 4,509,293.95	$ 4,357,015.55
Common Stock	12,255,213.30	10,662,159.28
Publicly Traded Limited Partnership	152,580.00	148,320.00
Total Investments	$ 16,917,087.25	$ 15,167,494.83
RECEIVABLES		
Employer	$ 22,464.59	$ 18,633.91
Accrued Interest and Dividends	68,898.05	70,316.59
Total Receivables	$ 91,362.64	$ 88,950.50
CASH AND CASH EQUIVALENTS	$ 1,053,977.61	$ 858,917.15
Total Assets	$ 18,062,427.50	$ 16,115,362.48
LIABILITIES		
ACCOUNTS PAYABLE	$ 36,649.52	$
NET ASSETS AVAILABLE FOR BENEFITS	$ 18,025,777.98	$ 16,115,362.48

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015

	2016	2015
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net Appreciation (Depreciation) in Fair Value of Investments (Note D)	$ 1,371,067.76	$ (1,153,071.46)
Interest	227,782.69	219,740.10
Dividends	348,681.19	320,339.09
Total Investment Income (Loss)	$ 1,947,531.64	$ (612,992.27)
CONTRIBUTIONS		
Employer	$ 222,464.59	$ 218,633.91
Other Income	101.39	1,994.28
Total Contributions	$ 222,565.98	$ 220,628.19
Total Additions (Loss)	$ 2,170,097.62	$ (392,364.08)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	$ 125,753.88	$ 680,566.06
Administrative Expenses	133,928.24	94,409.27
Total Deductions	$ 259,682.12	$ 774,975.33
Net Increase (Decrease) in Net Assets	$ 1,910,415.50	$ (1,167,339.41)
NET ASSETS AVILABLE FOR BENEFITS:		
Beginning of Year	$ 16,115,362.48	$ 17,282,701.89
End of Year	$ 18,025,777.98	$ 16,115,362.48

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2016 AND 2015

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

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

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

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

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

   a. Group A – consisting of members designated by the sponsor as shareholders who are at least 50 years old as of the last day of the plan year.

   b. Group B – consisting of members designated by the sponsor as shareholders who are at least 41 years old as of the last day of the plan year.

   c. Group C – consisting of members designated by the sponsor as shareholders who have not attained the age of 41 as of the last day of the plan year.

   d. Group D – consisting of members designated by the sponsor as highly compensated non shareholder members.

   e. Group E – consisting of all non-shareholders and all other non-highly compensated members.

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

   a. 5% of compensation, or

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

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

NOTE A. DESCRIPTION OF PLAN (CONTINUED)

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

5. **Investments** – Funds transferred into Argent Trust Company, the trustee, are invested by Argent Trust Company, NA, also the investment advisor. All investments acquired are held in safekeeping at Argent Trust through a custodial agreement with Argent Trust Company.

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

7. **Payment of Benefits** – On termination of employment due to death, disability, retirement or separation of employment, a participant may elect to receive a lump sum amount equal to the value of the participants vested interest in his or her account balance, or to receive benefits in substantially equal monthly, quarterly or annual installments over the life expectancy of the participant or the designated beneficiary. If the vested value of the terminated participant's account is $1,000.00 or less, the terminated participant will automatically receive a lump sum distribution. At September 30, 2015, the fair market value of the vested benefits due to terminated participants totaled $1,974,430.26. At September 30, 2016, the fair market value of the vested benefits due terminated participants totaled $2,182,230.06.

8. **Forfeited Accounts** – Non vested forfeited account balances for terminated participants are used annually to reduce the sponsor's contributions to the plan. During the plan year ended September 30, 2016 and 2015, sponsor contributions were reduced by $ – 0 – and $12,847.30 respectively, for forfeited non vested accounts.

9. **Plan Amendment** – On December 14, 2009, the plan was amended to add provisions to amend the plan's provisions to comply with certain requirements of the Pension Protection Act of 2006, the Heroes Earnings Assistance and Relief Act of 2008 and provisions of the Internal Revenue Code of 1986 as amended by the Worker, Retiree and Employer Recovery Act of 2008. On March 16, 2010 the plan administrators adopted an amended and restated the profit sharing plan and trust. On August 26, 2010 the plan administrators adopted an amendment to change the plan Trustee to Argent Trust Company. These amendments did not affect current participants' net assets. On October 7, 2015, the plan was again amended and restated to comply with the Internal Revenue Code, as amended, including the 2014 Cumulative List of Changes in IRS Notice 2014-77. On November 9, 2016, the plan received a favorable determination letter from the Internal Revenue Service.

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. **Investment Valuation and Income Recognition** – The plan's investments are stated at fair value as furnished by and certified to annually by Argent Trust Company, trustee of the plan at September 30, 2016 and September 30, 2015.

   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.

NOTE B. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

3. **Payment of Benefits** – Benefits are recorded when paid. Net assets available for benefits at September 30, 2016 include $2,182,230.06 of the vested benefits allocated to the accounts of participants who as of or prior to that date had withdrawn from participating in the operations of the plan.

4. **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.

5. **Operating Expenses** – All expenses of maintaining the plan were paid by the plan for the years ended September 30, 2016 and 2015.

6. **Date of Managements' Review** – Subsequent events were evaluated through June 27, 2016 which is the date the financial statements were available to be issued.

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. Level 2 inputs consist of observable inputs other than quoted prices for identical assets. Level 3 inputs are unobservable and have the lowest 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. Level 3 inputs would be used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair values of U. S. Government securities, corporate bonds, common stocks and publicly traded limited partnerships are based on the closing price reported in the active market where the individual securities are traded when available. The bond investments are classified using the Standard and Poor Bond Ratings at September 30, 2016 and 2015 as provided by the Trustee.

The following tables set forth by level 1 within the fair value hierarchy the plan's investments at fair value as of September 30, 2016 and September 30, 2015.

NOTE C. FAIR VALUE MEASUREMENTS (Continued)

		Fair Value Measurements at the End of the Reporting Period Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
September 30, 2016				
Corporate Bonds				
A Rating	$ 105,892.00	$ 105,892.00	$	$
A+ Rating	106,498.00	106,498.00		
A- Rating	348,047.00	348,047.00		
AA Rating	78,576.75	78,576.75		
BB- Rating	195,500.00	195,500.00		
BBB Rating	583,590.00	583,590.00		
BBB+ Rating	2,760,694.20	2,760,694.20		
BBB- Rating	330,796.00	330,796.00		
	$ 4,509,293.95	$ 4,509,293.95	$	$
Common Stocks				
Consumer Discretionary	$ 1,086,105.00	$ 1,086,105.00	$	$
Consumer Staples	1,347,260.00	1,347,260.00		
Energy	1,230,509.54	1,230,509.54		
Financial	1,379,347.00	1,379,347.00		
Health Care	1,970,101.80	1,970,101.80		
Industrial	2,439,873.26	2,439,873.26		
Information Technology	1,457,851.10	1,457,851.10		
Materials	266,590.00	266,590.00		
Mutual Funds	113,354.40	113,354.40		
Telecommunications	735,921.20	735,921.20		
Utilities	228,300.00	228,300.00		
	$ 12,255,213.30	$ 12,255,213.30	$	$
Entergy-Publicly Traded Limited Partnership	$ 152,582.00	$ 152,582.00	$	$
TOTAL INVESTMENTS	$ 16,917,087.25	$ 16,917,087.25	$	$

NOTE C. FAIR VALUE MEASUREMENTS (Continued)

		Fair Value Measurements at the End of the Reporting Period Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
September 30, 2015				
Corporate Bonds				
A Rating	$ 210,652.00	$ 210,652.00	$	$
A- Rating	1,523,357.05	1,523,357.05		
AA+ Rating	200,368.00	200,368.00		
AA-1 Rating	101,922.00	101,922.00		
BB+ Rating	153,000.00	153,000.00		
BBB Rating	656,291.00	656,291.00		
BBB+ Rating	1,054,058.00	1,054,058.00		
BBB- Rating	457,367.50	457,367.50		
	$ 4,357,015.55	$ 4,357,015.55	$	$
Common Stocks				
Consumer Discretionary	$ 906,730.00	$ 906,730.00	$	$
Consumer Staples	1,105,158.00	1,105,158.00		
Energy	1,066,993.92	1,066,993.92		
Financial	1,292,812.74	1,292,812.74		
Health Care	1,822,479.28	1,822,479.28		
Industrial	1,974,870.16	1,974,870.16		
Information Technology	1,293,006.00	1,293,006.00		
Materials	338,369.00	338,369.00		
Mutual Funds	101,240.00	101,240.00		
Telecommunications	575,220.18	575,220.18		
Utilities	185,280.00	185,280.00		
	$ 10,662,159.28	$ 10,662,159.28	$	$
Entergy-Publicly Traded Limited Partnership	$ 148,320.00	$ 148,320.00	$	$
TOTAL INVESTMENTS	$ 15,167,494.83	$ 15,167,494.83	$	$

NOTE D. INVESTMENTS

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

INVESTMENTS AT FAIR VALUE AS DETERMINED BY QUOTED MARKET PRICE	2016	2015
Corporate Obligations	$ 4,509,293.95	$ 4,357,015.55
Publicly Traded Limited Partnership	152,580.00	148,320.00
Common Stocks	12,255,213.30	10,662,159.28
Total Investments	$ 16,917,087.25	$ 15,167,494.83

During the fiscal year ended September 30, 2016, the plan's investments (including investments bought, sold, and held during the year) increased in value by $1,371,067.76. For the plan year ended September 30, 2015, the plan's investments including investments bought, sold and held during the plan year, decreased in value by ($1,153,071.46). The following summarizes the net changes in fair value for the respective plan year ends:

NET CHANGES IN FAIR VALUE	2016	2015
INVESTMENTS AT FAIR VALUE AS DETERMINED BY QUOTED MARKET PRICE		
Corporate Obligations	$ 66,372.25	$ (132,580.25)
Common Stocks	1,300,435.51	(935,711.21)
Other	4,260.00	(84,780.00)
Net Changes in Fair Value	$ 1,371,067.76	$ (1,153,071.46)

NOTE E. CASH AND CASH EQUIVALENTS

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

NOTE F. 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 G. TAX STATUS

Application for determination was filed with the Internal Revenue Service on August 25, 2004. On July 26, 2005 a favorable approval was received. On March 16, 2010 the plan sponsor adopted an amendment and restatement of the profit sharing and trust and filed for determination with the Internal Revenue Service for a favorable approval. On December 05, 2011, a favorable determination letter was received from the Internal Revenue Service for amendments dated March 20, 2008, December 14, 2009 and March 16, 2010 cumulatively. On October 7, 2015 the plan sponsor approved and authorized the adoption of the 2015 amendment and restatement of the plan. A favorable determination letter for the plan was received on November 9, 2016 for all plan amendments as of October 25, 2016. The plan administrator and the plan's legal counsel believe the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The plan annually files Form 5500 for its plan year ending September 30. The Form 5500 filed for the plan years ending September 30, 2013, 2014, 2015 and 2016 are open years subject to examination by the Internal Revenue Service and the Department of Labor.

Beginning on April 16, 2014, the Internal Revenue Service began an examination of the Form 5500 for the plan years ended September 30, 2012 and September 30, 2013. On April 9, 2015 the Internal Revenue Service issued an acceptance letter for the Form 5500 as filed for the plan year ended September 30, 2012 and 2013.

NOTE H. ADMINISTRATIVE FEES

Administrative fees are paid by the plan. Administrative fees for the year ended September 30, 2016 and 2015, fees totaling $133,928.24 and $94,409.27, respectively, were paid by the plan.

Administrative fees by the plan consist of the following for the years ended September 30, 2016 and 2015:

	2016	2015
Investment advisory and management fees	$ 76,950.70	$ 72,011.55
Professional fees	54,634.52	22,270.22
Foreign taxes and other	2,343.02	127.50
Total Administrative Expense	$ 133,928.24	$ 94,409.27

NOTE I. 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 Argent Trust Company, as trustee of the plan at September 30, 2016 and 2015:

	2016	2015
INVESTMENTS AT FAIR VALUE		
Corporate Obligations	$ 4,509,293.95	$ 4,357,015.55
Common Stock	12,255,213.30	10,662,159.28
Publicly Traded Limited Partnership	152,580.00	148,320.00
ACCRUED INTEREST AND DIVIDENDS	68,898.05	70,316.59
CASH AND CASH EQUIVALENTS	1,053,977.61	858,917.15
INVESTMENT INCOME	1,947,531.64	(612,992.27)

SUPPLEMENTAL SCHEDULES
REQUIRED FOR FORM 5500

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT THE END OF YEAR SEPTEMBER 30, 2016

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

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Market Value
	Fixed Income			
	Corporate Bonds & Notes			
	AT&T	$150,000 par value; 3.900%; Due 06/15/2024	$ 156,270.00	$ 160,575.00
	Alcoa	$200,000 par value; 6.150%; Due 08/15/2020	206,000.00	220,500.00
	American Campus PPTYS	$200,000 par value; 6.250%; Due 08/18/2028	239,404.00	242,253.00
	American Express	$200,000 par value; 6.150%; Due 08/28/2017	216,998.00	208,432.00
	American Int'l Group	$101,212 par value; 3.900%; Due 04/15/2026	101,212.00	105,794.00
	Bank America Corp SR NT	$200,000 par value; 5.875%; Due 01/05/2021	229,046.00	229,372.00
	Bank America Corp SR NT	$100,000 par value; 5.000%; Due 08/15/2020	109,873.00	109,104.00
	Citigroup Inc.	$200,000 par value; 8.500%; Due 05/22/2019	241,472.00	233,360.00
	Citigroup Inc. Gibl SR NT	$165,000 par value; 6.000%; Due 08/15/2017	177,865.05	171,365.70
	Duetsche NKAG FR	$150,000 par value; 2.800%; Due 07/15/2020	150,000.00	143,859.00
	Direct TV Hldgs LLC	$200,000 par value; 5.000%; Due 03/01/2021	217,990.00	223,932.00
	Eastern Ill University CTLS	$75,000 par value; 6.200%; Due 04/01/2029	79,403.25	78,576.75
	Entergy Corp.	$50,000 par value; 4.700%; Due 01/15/2017	51,305.50	50,314.00
	Ford Motor Credit Co	$200,000 par value; 3.000%; Due 04/20/2019	200,062.00	202,436.00
	Goldman Sachs Group	$300,000 par value; 5.750%; Due 01/24/2022	344,307.00	348,462.00
	Illinois St.	$100,000 par value; 4.310%; Due 04/15/2023	99,454.00	99,657.00
	JP Morgan Chase & Co	$200,000 par value; 3.875%; Due 09/10/2024	198,088.00	210,554.00
	Morgan Stanley	$200,000 par value; 6.625%; Due 04/01/2018	222,706.00	214,296.00
	Morgan Stanley	$100,000 par value; 4.875%; Due 11/01/2022	106,543.00	110,296.00
	Provident Cos Inc.	$200,000 par value; 7.000%; Due 07/15/2018	224,914.00	217,708.00
	Qual Comm Incorp	$100,000 par value; 3.450%; Due 05/15/2025	103,150.00	106,498.00
	Transocean	$200,000 par value; 6.500%; Due 11/15/2020	153,000.00	195,500.00
	Valero Energy Corp	$100,000 par value; 6.130%; Due 02/01/2020	113,388.00	112,832.00
	Verizon Communications Inc.	$350,000 par value; 5.150%; Due 09/15/2023	391,768.50	407,725.50
	Walt Disney Corp	$100,000 par value; 5.875%; Due 12/15/2017	110,116.00	105,892.00
	Total Corporate Bonds & Notes		$ 4,444,335.30	$ 4,509,293.95
	Total Fixed Income		$ 4,444,335.30	$ 4,509,293.95

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT THE END OF YEAR SEPTEMBER 30, 2016 (CONTINUED)

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

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Market Value
	Common Stock			
	3M CO	1,000 units	$ 141,770.00	$ 176,230.00
	Abbott Labs Com	2,000 units	80,440.00	84,580.00
	Abbvie Inc. Com	2,000 units	108,820.00	126,140.00
	Accenture PLC Ireland Shrs CLA	1,100 units	108,086.00	134,387.00
	Allstate Corp	4,000 units	232,960.00	276,720.00
	Alphabet Incorporation	50 units	26,164.31	38,864.50
	American Express Co	2,000 units	148,260.00	128,080.00
	American Intl Group Inc.	2,000 units	113,640.00	118,680.00
	American Water Works Co, Inc.	1,000 units	55,080.00	74,840.00
	Apache Corp	1,500 units	58,740.00	95,805.00
	Apple Inc	2,100 units	231,630.00	237,405.00
	AT&T Inc	8,784 units	286,182.72	356,718.24
	Bank America Corp	6,000 units	90,962.58	93,900.00
	Baxter International Inc.	2,000 units	65,700.00	95,200.00
	Boeing Co Com	2,000 units	261,900.00	263,480.00
	Bristol Myers Squibb Co	3,200 units	189,440.00	172,544.00
	Cardinal Health Inc.	1,200 units	92,184.00	93,240.00
	Carnival Corp	2,500 units	125,298.00	122,050.00
	Chevron Texaco Corporation	1,500 units	118,320.00	154,380.00
	Cisco Systems Inc	5,000 units	131,250.00	158,600.00
	Citigroup Inc.	1,500 units	60,675.00	70,845.00
	Coca Cola Co	4,000 units	160,480.00	169,280.00
	CVS Corporation	1,000 units	96,480.00	88,990.00
	Danaher Corp	1,000 units	88,118.52	78,390.00
	Dell Techlologies	557 units	26,304.56	26,624.60
	Delta Air Lines Inc.	1,000 units	40,054.50	39,360.00
	DOW Chemical Company	2,000 units	84,800.00	103,660.00
	DuPont El De Nemours & Co.	1,000 units	48,200.00	66,970.00
	Eaton Corp PLC	2,000 units	104,674.00	131,420.00
	Emerson Electric Co	4,000 units	176,680.00	218,040.00
	Entergy Corporation	2,000 units	130,200.00	153,460.00
	Exxon Mobil Corp	4,000 units	297,400.00	349,120.00
	Fortive Corp	500 units	20,654.46	25,450.00
	General Electric Co	10,000 units	252,200.00	296,200.00
	General Motors Corp	4,000 units	120,084.80	127,080.00
	Glaxosmithkline PLC	1,600 units	61,520.00	69,008.00
	Goldman Sachs Group Inc	600 units	104,256.00	96,762.00
	Halliburton Co	2,000 units	70,700.00	89,760.00
	Hartford Financial Services Group Inc	3,000 units	137,340.00	128,460.00
	Honeywell International Inc	3,000 units	284,070.00	349,770.00
	Illinois Tool Works Inc	2,000 units	164,620.00	239,680.00
	Intel Corp	5,000 units	150,700.00	188,750.00
	International Business Machines	1,200 units	173,964.00	190,620.00
	International Paper Company	2,000 units	78,032.50	95,960.00

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT THE END OF YEAR SEPTEMBER 30, 2016 (CONTINUED)

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

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Market Value
	Common Stock (continued)			
	Johnson CTLS	1,910 units	$ 38,585.48	$ 88,872.30
	Johnson & Johnson	1,500 units	140,025.00	177,195.00
	JP Morgan Chase & Co	3,000 units	182,910.00	199,770.00
	Kroger Co.	4,000 units	137,272.80	118,720.00
	Marathon Oil Corp	3,000 units	46,200.00	47,430.00
	McCormick & Co Inc	2,500 units	205,450.00	249,800.00
	McDonald's Corp	2,000 units	197,060.00	230,720.00
	Medtronic Inc	3,912 units	261,869.28	337,996.80
	Merck & Co Inc	3,500 units	172,865.00	218,435.00
	Metlife Inc	3,000 units	141,450.00	133,290.00
	Microsoft Corp	6,000 units	265,560.00	345,600.00
	National Oilwell Varco Inc.	1,500 units	56,475.00	55,110.00
	Novartis AG Sponsored ADR	1,800 units	165,456.00	142,128.00
	Pentair Inc	2,479 units	126,528.16	159,250.96
	Pepsico Inc	2,000 units	188,600.00	217,540.00
	Pfizer Inc	5,000 units	157,050.00	169,350.00
	Procter & Gamble Co	2,200 units	158,268.00	197,450.00
	Qualcomm Inc	2,000 units	106,470.00	137,000.00
	Quest Diagnostics	2,000 units	122,940.00	169,260.00
	Republic Svcs Inc	3,000 units	123,600.00	151,350.00
	Schlumberger Ltd - FOR	2,000 units	137,940.00	157,280.00
	Service Corp Intl	12,000 units	325,200.00	318,480.00
	Stericycle Inc.	1,000 units	139,310.00	80,140.00
	Target Corp	2,500 units	194,594.00	171,700.00
	TEVA Pharmaceutical Inds ADR	2,500 units	141,150.00	115,025.00
	United Technologies Corp Com	1,400 units	124,586.00	142,240.00
	Valero Energy Corp	2,000 units	115,028.90	106,000.00
	Verizon Communications	5,052 units	219,812.52	262,602.96
	Vodafone Group PLC New ADR	4,000 units	126,969.10	116,600.00
	Wal Mart Stores Inc	2,000 units	129,680.00	144,240.00
	Walgreen Co	2,000 units	166,200.00	161,240.00
	Walt Disney Company	1,250 units	127,750.00	116,075.00
	Wells Fargo Co Com	3,000 units	154,050.00	132,840.00
	Williams Cos Inc Del	5,000 units	184,250.00	153,650.00
	WPX Engergy	1,666 units	11,028.92	21,974.54
	BLDRS Asia 50 ADR	4,000 units	101,240.00	113,354.40
	Total Common Stock		$ 10,992,460.11	$ 12,255,213.30
	Publicly Traded Limited Partnerships			
	Enbridge Energy Partners	6,000 units	$ 148,320.00	$ 152,580.00
	Total Investments		$ 15,585,115.41	$ 16,917,087.25

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR
FOR THE YEAR ENDED SEPTEMBER 30, 2016

FEDERAL IDENTIFICATION NUMBER 20-1958511 PLAN NUMBER 004

(a) Identity of Issue	(b) Description of Investment	(c) Costs	(d) Proceeds of Disposition
Bank of Ruston	Money Market Account	$ 265,350.17	$ 265,350.17
Community Trust Bank	Money Market Account	86,766.85	86,766.85
Blackrock Liquidity Funds	Fedfunds	68,323.30	68,323.30
Blackrock Liquidity Funds	Tempfunds	1,415,417.32	1,415,417.32
Totals		$ 1,835,857.64	$ 1,835,857.64

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2016

FEDERAL IDENTIFICATION NUMBER 20-1958511 PLAN NUMBER 004

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Trans.	(g) Cost of Asset	(h) Current Value of Asset on Trans. Date	(i) Net Gain (Loss)
Series of Transactions 5% In the Aggregate								
Blackrock Liquidity Tempfund	1415417.32 units	$ 1,415,417.32	$ -	$ -	$ -	$ -	$ 1,415,417.32	$ -
Blackrock Liquidity Tempfund	1774334.47 units	-	1,774,334.47	-	-	1,774,334.47	1,774,334.47	-
Totals		$ 1,415,417.32	$ 1,774,334.47	$	$	$ 1,774,334.47	$ 3,189,751.79	$

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2016

FEDERAL IDENTIFICATION NUMBER 20-1958511 PLAN NUMBER 004

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Trans.	(g) Cost of Asset	(h) Current Value of Asset on Trans. Date	(i) Net Gain (Loss)
Series of Transactions 5% In the Aggregate								
Blackrock Liquidity Tempfund	1415417.32 units	$ 1,415,417.32	$ -	$ -	$ -	$ -	$ 1,415,417.32	$ -
Blackrock Liquidity Tempfund	1774334.47 units	-	1,774,334.47	-	-	1,774,334.47	1,774,334.47	-
Totals		$ 1,415,417.32	$ 1,774,334.47	$	$	$ 1,774,334.47	$ 3,189,751.79	$

(See accompanying notes and accountants' report)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2016 AND 2015

	2016	2015
ASSETS		
INVESTMENTS - AT FAIR VALUE - (NOTES B AND C)		
Corporate Obligations	$ 4,509,293.95	$ 4,357,015.55
Common Stock	12,255,213.30	10,662,159.28
Publicly Traded Limited Partnership	152,580.00	148,320.00
Total Investments	$ 16,917,087.25	$ 15,167,494.83
RECEIVABLES		
Employer	$ 22,464.59	$ 18,633.91
Accrued Interest and Dividends	68,898.05	70,316.59
Total Receivables	$ 91,362.64	$ 88,950.50
CASH AND CASH EQUIVALENTS	$ 1,053,977.61	$ 858,917.15
Total Assets	$ 18,062,427.50	$ 16,115,362.48
LIABILITIES		
ACCOUNTS PAYABLE	$ 36,649.52	$
NET ASSETS AVAILABLE FOR BENEFITS	$ 18,025,777.98	$ 16,115,362.48

(See accompanying notes and accountants' report)