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 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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

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.)
- ☒ 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:
- ☒ 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.	07/12/2022	LISA BUSSELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ 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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	101
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)**	75
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	84
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	31
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	115
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	115
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	115
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

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	97697	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	13049	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	5055	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)

CHAMBERLAIN, HRDLICKA, WHITE, WILLI

1200 SMITH STREET, SUITE 1400
HOUSTON, TX 77002

74-1541761

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

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 reported 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)	201081	83599
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	64264	58323
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1015433	1022503
(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)	5061303	3875332
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	16571847	22280847
(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	601200
(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	22913928	27921804
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	94692	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	94692	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	22819236	27921804

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)	296180	
	(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)		296180
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)	141671	
	(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)		141671
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	469804	
	(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)		469804
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1697434	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1633767	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		63667
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	4446868	
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		4446868

		(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5418190
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	199771	
(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)		199771
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)	13049	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	102802	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		115851
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		315622
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5102568
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) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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	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	

			Yes	No	Amount
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		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**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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 sections 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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

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 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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

MEHAFFY & WEBER
A PROFESSIONAL CORPORATION

PROFIT SHARING PLAN

SEPTEMBER 30, 2021 AND 2020

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

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R. J. Demahy, CPA
rjd@ttdcpa.com

Theobald Demahy & Co., P.C.

CERTIFIED PUBLIC ACCOUNTANTS

2522 Calder St
Beaumont, TX 77702

July 11, 2022

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, 2021 and 2020, 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

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 presentation 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 the 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 K, 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. 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, 2021 and 2020, 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 as of or for the year ended September 30, 2021, 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, 2021 AND 2020

	2021	2020
ASSETS		
INVESTMENTS - AT FAIR VALUE - (NOTES B AND C)		
Mutual Fund	$ 601,200.00	$ -
Corporate Obligations	3,875,332.29	5,061,302.80
Common Stock	22,280,846.70	16,571,847.16
Total Investments	$ 26,757,378.99	$ 21,633,149.96
RECEIVABLES		
Employer	$ 83,598.76	$ 201,081.23
Accrued Interest and Dividends	58,323.17	64,263.53
Total Receivables	$ 141,921.93	$ 265,344.76
CASH AND CASH EQUIVALENTS	$ 1,022,503.45	$ 1,015,433.02
Total Assets	$ 27,921,804.37	$ 22,913,927.74
LIABILITIES		
Due to Brokers - Note J	$ -	$ 94,691.88
NET ASSETS AVAILABLE FOR BENEFITS	$ 27,921,804.37	$ 22,819,235.86

(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, 2021 AND 2020

	2021	2020
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments (Note D)	$ 4,510,535.02	$ 231,759.96
Interest	141,671.04	173,608.13
Dividends	469,804.36	430,817.24
Total Investment Income	$ 5,122,010.42	$ 836,185.33
CONTRIBUTIONS		
Employer	$ 295,875.15	$ 233,652.90
Other Income	304.62	-
Total Contributions	$ 296,179.77	$ 233,652.90
Total Additions	$ 5,418,190.19	$ 1,069,838.23
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	$ 199,770.84	$ 729,260.02
Administrative Expenses	115,850.84	118,226.90
Total Deductions	$ 315,621.68	$ 847,486.92
Net Increase in Net Assets	$ 5,102,568.51	$ 222,351.31
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	$ 22,819,235.86	$ 22,596,884.55
End of Year	$ 27,921,804.37	$ 22,819,235.86

(See accompanying notes and accountants' report)

NOTE A. DESCRIPTION OF PLAN

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

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

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

NOTE A. DESCRIPTION OF PLAN (CONTINUED)

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

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

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, 2020, the fair market value of the vested benefits due to terminated participants totaled $2,661,453.37. At September 30, 2021, the fair market value of the vested benefits due terminated participants totaled $2,455,211.70.

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, 2021 and 2020, sponsor contributions were reduced by $791.07 and $12,276.39 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, 2021 and September 30, 2020.

   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, 2021 include $2,455,211.70 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, 2021 and 2020.

6. **Date of Managements' Review** – Subsequent events were evaluated through July 11, 2022 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, 2021 and 2020 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, 2021 and September 30, 2020.

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, 2021				
Corporate Bonds				
Aaa Rating	$ 122,214.00	$ 122,214.00	$	$
A1 Rating	219,382.00	219,382.00		
A2 Rating	837,372.00	837,372.00		
A-3 Rating	644,940.00	644,940.00		
Baa2 Rating	1,267,876.40	1,267,876.40		
Baa1 Rating	417,320.00	417,320.00		
B3 Rating	75,180.75	75,180.75		
NR Rating	291,047.14	291,047.14		
	$ 3,875,332.29	$ 3,875,332.29	$	$
Common Stocks				
Consumer Discretionary	$ 2,368,003.00	$ 2,368,003.00	$	$
Consumer Staples	2,260,813.00	2,260,813.00		
Energy	1,099,111.60	1,099,111.60		
Financial	3,154,208.00	3,154,208.00		
Health Care	3,308,025.80	3,308,025.80		
Industrial	3,362,796.30	3,362,796.30		
Information Technology	4,263,854.00	4,263,854.00		
Materials	822,750.48	822,750.48		
Telecommunications	1,125,044.52	1,125,044.52		
Utilities	365,100.00	365,100.00		
Other	151,140.00	151,140.00		
	$ 22,280,846.70	$ 22,280,846.70		
Mutual Fund	$ 601,200.00	$ 601,200.00		
TOTAL INVESTMENTS	$ 26,757,378.99	$ 26,757,378.99	$	$

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, 2020				
Corporate Bonds				
AAA Rating	$ 128,954.00	$ 128,954.00	$	$
AA Rating	-	-		
A Rating	1,148,307.00	1,148,307.00		
A- Rating	1,201,401.00	1,201,401.00		
BBB+ Rating	1,042,228.50	1,042,228.50		
BBB Rating	924,259.55	924,259.55		
BBB- Rating	101,009.00	101,009.00		
BB Rating	-	-		
B- Rating	-	-		
C Rating	186,000.00	186,000.00		
NR Rating	329,143.75	329,143.75		
	$ 5,061,302.80	$ 5,061,302.80	$	$
Common Stocks				
Consumer Discretionary	$ 1,797,012.75	$ 1,797,012.75	$	$
Consumer Staples	2,089,125.00	2,089,125.00		
Energy	637,685.40	637,685.40		
Financial	1,758,702.00	1,758,702.00		
Health Care	2,885,558.00	2,885,558.00		
Industrial	2,478,112.88	2,478,112.88		
Information Technology	3,219,535.00	3,219,535.00		
Materials	404,117.65	404,117.65		
Telecommunications	972,403.48	972,403.48		
Other	329,595.00	329,595.00		
	$ 16,571,847.16	$ 16,571,847.16		
TOTAL INVESTMENTS	$ 21,633,149.96	$ 21,633,149.96	$	$

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	2021	2020
Corporate Obligations	$ 3,875,332.29	$ 5,061,302.80
Common Stocks	22,280,846.70	16,571,847.16
Mutual Fund	601,200.00	
Total Investments	$ 26,757,378.99	$ 21,633,149.96

During the fiscal year ended September 30, 2021, the plan's investments (including investments bought, sold, and held during the year) increased in value by $4,510,535.02. For the plan year ended September 30, 2020, the plan's investments including investments bought, sold and held during the plan year, increased in value by $231,759.96. The following summarizes the net changes in fair value for the respective plan year ends:

NET CHANGES IN FAIR VALUE	2021	2020
INVESTMENTS AT FAIR VALUE AS DETERMINED BY QUOTED MARKET PRICE		
Corporate Obligations	$ (50,086.74)	$ 155,191.49
Common Stocks	4,561,821.76	76,568.47
Mutual Fund	(1,200.00)	
Net Changes in Fair Value	$ 4,510,535.02	$ 231,759.96

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, 2018, 2019, 2020 and 2021 are open years subject to examination by the Internal Revenue Service and the Department of Labor.

NOTE G. TAX STATUS (CONTINUED)

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, 2021 and 2020, fees totaling $115,850.84 and $118,226.90, respectively, were paid by the plan.

Administrative fees by the plan consist of the following for the years ended September 30, 2021 and 2020:

	2021	2020
Investment advisory and management fees	$ 97,696.57	$ 95,154.40
Audit fees	13,049.27	13,950.00
Participant earning and allocation consultant fees	5,105.00	8,805.00
Foreign taxes and other	-	317.50
Total Administrative Expense	$ 115,850.84	$ 118,226.90

NOTE I. UNCERTAINTY

In March 2020, the World Health Organization recognized the novel strain of Coronavirus, COVID-19, as a pandemic. The Coronavirus outbreak has severely restricted the level of economic activity worldwide. Given the uncertainty of the spread of the Coronavirus, the related financial impact to Mehaffy & Weber, P.C., Profit Sharing Plan, if any, cannot be determined at this time.

NOTE J. PLAN LIABILITIES

The Due to Brokers liability represents a trade that was initiated on September 30, 2020 to purchase 1,200 shares of Dominion Energy, Inc. This transaction was still outstanding at the plan year end as the trade did not settle until October 2, 2020.

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 Argent Trust Company, as trustee of the plan at September 30, 2021 and 2020:

	2021	2020
INVESTMENTS AT FAIR VALUE		
Mutual Fund	$ 601,200.00	$ -
Corporate Obligations	3,875,332.29	5,061,302.80
Common Stock	22,280,846.070	16,571,847.16
ACCRUED INTEREST AND DIVIDENDS	58,323.17	64,263.53
CASH AND CASH EQUIVALENTS	1,022,503.45	1,015,433.02
INVESTMENT INCOME	5,122,010.42	836,185.33

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, 2021

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 03/11/2024	$ 152,346.01	$ 160,293.00
	Abbie, Inc.	$100,000 par value; 3.600%; Due 05/14/2025	102,204.30	108,148.00
	Amazon com	$100,000 par value; 3.800%; Due 12/05/2024	103,388.68	109,154.00
	American Campus PPTYS	$320,000 par value; 6.250%; Due 08/01/2028	346,620.76	346,998.40
	American Int'l Group	$300,000 par value; 3.900%; Due 04/01/2026	308,298.98	332,298.00
	Bank of America SNR Global	$100,000 par value; 4.000%; Due 04/01/2024	100,923.74	108,241.00
	Citigroup Inc.	$200,000 par value; 2.900%; Due 12/08/2021	198,979.05	200,510.00
	Eastern Ill University CTLS	$75,000 par value; 6.200%; Due 04/01/2029	75,000.00	75,180.75
	Entergy Mississippi, Inc.	$200,000 par value; 3.100%; Due 07/01/2023	198,104.13	207,384.00
	Goldman Sachs Group	$300,000 par value; 5.750%; Due 01/24/2022	306,310.47	305,079.00
	Goldman Sachs Group	$100,000 par value; 3.750%; Due 05/22/2025	101,819.95	108,333.00
	Illinois St.	$100,000 par value; 4.310%; Due 04/01/2023	99,823.48	104,010.00
	JP Morgan Chase & Co	$200,000 par value; 3.875%; Due 09/10/2024	198,120.00	217,408.00
	McDonalds Corp Med Term	$100,000 par value; 3.700%; Due 01/30/2026	103,526.22	109,900.00
	Morgan Stanley	$100,000 par value; 3.625%; Due 01/20/2027	101,886.68	110,228.00
	Morgan Stanley	$100,000 par value; 4.875%; Due 11/01/2022	100,603.93	104,752.00
	Cibolo Canyons Special	$163,111.32 par value; 3.750%; Due 08/20/2025	161,188.24	153,324.64
	Qual Comm Inc.	$100,000 par value; 3.450%; Due 05/20/2025	101,518.11	108,335.00
	Red River Education Finance Corp	$125,000 par value; 4.500%; Due 10/01/2036	128,049.75	137,722.50
	Sherwin-Williams	$100,000 par value; 3.450%; Due 08/01/2025	101,487.74	108,587.00
	Southwest Airlines	$200,000 par value; 2.625%; Due 02/10/2030	176,326.51	202,668.00
	Texas St. Go Hwy Impt BDS	$100,000 par value; 4.631%; Due 04/01/2033	113,053.71	122,214.00
	Valero Energy	$100,000 par value; 3.400%; Due 09/15/2026	106,100.77	107,542.00
	Wells Fargo	$200,000 par value; 4.300%; Due 07/22/2027	207,203.73	227,022.00
	Total Corporate Bonds & Notes		$ 3,692,884.94	$ 3,875,332.29

(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, 2021 (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	$ 75,855.00	$ 175,420.00
	Abbott Labs Com	2,000 units	37,250.63	236,260.00
	Abbvie Inc. Com	2,000 units	40,395.12	215,740.00
	Accenture PLC A	1,100 units	50,007.30	351,912.00
	Air Products & Chemical	800 units	228,079.20	204,888.00
	Alcon, Inc.	600 units	25,811.41	48,282.00
	Allstate Corp	3,000 units	102,278.82	381,930.00
	Alphabet Inc.	100 units	84,393.31	266,531.00
	Amazon, Inc.	100 units	222,020.91	328,504.00
	American Express Co	2,000 units	103,783.00	335,060.00
	American Intl Group Inc.	4,000 units	169,866.40	219,560.00
	APA Corporation	2,000 units	17,099.60	42,860.00
	Apple Inc	6,800 units	83,197.21	962,200.00
	AT&T Inc	10,000 units	283,085.91	270,100.00
	Bank America Corp	7,000 units	245,980.88	297,150.00
	Baxter International Inc.	1,000 units	36,998.81	80,430.00
	Blackstone Group, Inc.	4,000 units	180,197.38	465,360.00
	Boeing Co	600 units	43,734.75	131,964.00
	Bristol Myers Squibb Co	2,000 units	24,105.24	118,340.00
	Caterpillar, Inc.	500 units	108,719.35	95,985.00
	Chevron Corp	1,900 units	88,388.08	192,755.00
	Cisco Systems Inc	5,000 units	77,564.48	272,150.00
	Citigroup Inc.	2,000 units	86,454.35	140,360.00
	Coca Cola Co	5,000 units	155,509.75	262,350.00
	Constallation Brands, Inc.	700 units	111,022.62	147,483.00
	CVS Health Corp	2,000 units	80,514.63	169,720.00
	Devon Energy Corp	860 units	18,157.46	30,538.60
	Dominion Energy Inc	5,000 units	387,522.00	365,100.00
	Dow Inc.	1,333 units	52,542.39	76,727.48
	DR Horton, Inc.	1,500 units	112,845.00	125,955.00
	Dupont De Memours Inc. Com	2,500 units	150,684.53	169,975.00
	Eaton Corp PLC	1,000 units	52,475.50	149,310.00
	Eli Lilly & Co	500 units	72,134.95	115,525.00
	Emerson Electric Co	3,000 units	89,517.57	282,600.00
	Enbridge Inc. Com	3,210 units	202,096.07	127,758.00
	Exxon Mobil Corp	4,000 units	51,337.92	235,280.00
	FMC Corp	2,400 units	111,505.00	91,560.00
	General Electric Co New	1,250 units	21,276.67	128,787.50
	General Motors Co	2,000 units	107,498.60	105,420.00
	Gilead Sciences	3,000 units	212,347.65	209,550.00
	Glaxosmithkline PLC	3,000 units	130,995.78	114,630.00
	Goldman Sachs Group Inc	600 units	100,186.50	226,818.00
	Halliburton Co	2,000 units	39,358.25	43,240.00
	Hartford Financial Services Group Inc	3,000 units	168,446.14	210,750.00
	Home Depot Inc	1,000 units	195,792.33	328,260.00
	Honeywell International Inc	3,000 units	87,732.92	636,840.00
	Illinois Tool Works Inc	2,000 units	22,052.31	413,260.00
	Intel Corp	5,000 units	71,809.72	266,400.00
	International Business Machines Corp	2,400 units	253,767.17	333,432.00
	International Paper Co	5,000 units	236,531.79	279,600.00
	Ishares MSCI Emerging Mkts	3,000 units	124,919.28	151,140.00

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, 2021 (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 & Johnson	1,500 units	$ 82,537.45	$ 242,250.00
	JP Morgan Chase & Co	3,000 units	128,794.73	491,070.00
	Kinder Morgan Inc	4,000 units	62,678.40	66,920.00
	Kroger Co	8,000 units	199,017.20	323,440.00
	Lockheed Martin Corp	700 units	238,976.53	241,570.00
	McCormick & Co Inc	5,000 units	30,320.12	405,150.00
	McDonald's Corp	2,000 units	111,401.77	482,220.00
	Medtronic Inc	3,000 units	225,345.00	376,050.00
	Merck & Co Inc	4,200 units	150,137.29	315,462.00
	Metlife Inc	4,000 units	165,252.90	246,920.00
	Microsoft Corp	5,000 units	158,202.84	1,409,600.00
	NCR Corp	2,000 units	86,479.80	77,520.00
	Novartis AG ADR	1,800 units	88,278.42	147,204.00
	Nvent Electric Plc	2,479 units	29,722.05	80,146.07
	Pentair Inc	2,479 units	59,564.44	180,049.77
	Oracle Corp	2,000 units	96,779.80	174,260.00
	Organon Co	420 units	7,520.17	13,771.80
	Otis Worldwide Corp	700 units	30,797.94	57,596.00
	Palo Alto Networks Inc	600 units	122,938.40	287,400.00
	Pepsico Inc	2,000 units	57,442.73	300,820.00
	Pfizer Inc	5,000 units	77,261.74	215,050.00
	Procter & Gamble Co	2,200 units	34,144.04	307,560.00
	Qualcomm Inc	1,000 units	56,403.70	128,980.00
	Quest Diagnostics Inc	2,000 units	52,240.00	290,620.00
	Raytheon Co	4,201 units	269,511.88	361,117.96
	Republic Svcs Inc	3,000 units	88,008.80	360,180.00
	Schlumberger Ltd	3,000 units	90,992.00	88,920.00
	Service Corp Intl	12,000 units	66,888.55	723,120.00
	Stericycle Inc	1,000 units	54,024.95	67,970.00
	Target Corp	1,200 units	37,298.96	274,524.00
	United Health Group Inc	1,000 units	216,819.10	390,740.00
	Valero Energy Corp	2,000 units	128,677.10	141,140.00
	Verizon Communications	5,052 units	166,585.74	272,858.52
	Vodafone Group PLC ADR	4,000 units	163,982.00	61,800.00
	Wal Mart Inc	2,000 units	97,643.45	278,760.00
	Walgreen Boots Alliance Inc Com	5,000 units	197,201.80	235,250.00
	Walt Disney Co	1,500 units	114,850.38	253,755.00
	Wells Fargo Co Com	3,000 units	72,075.00	139,230.00
	Williams Cos Inc	5,000 units	80,224.13	129,700.00
	Viatris Inc	620 units	4,243.85	8,401.00
	Total Common Stock		$ 10,037,112.79	$ 22,280,846.70
	Mutual Fund			
	Wells Fargo Conservitive Income FD	60,000 units	$ 602,400.00	$ 601,200.00
	Total Investments		$ 14,332,397.73	$ 26,757,378.99

(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, 2021

FEDERAL IDENTIFICATION NUMBER 20-1958511 PLAN NUMBER 004

(a) Identity of Issue	(b) Description of Investment	(c) Costs	(d) Proceeds of Disposition
Federated Gov't Obligations	Fedfunds	$ 2,489,858.75	$ 2,482,788.32
Totals		$ 2,489,858.75	$ 2,482,788.32

(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, 2021

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								
Federated Gov't Obligations Fd Fed Funds	units	$ 2,489,858.75	$ -	$ -	$ -	$ -	$ 2,489,858.75	$ -
Federated Gov't Obligations Fd Fed Funds	units		2,482,788.32			2,482,788.32	2,482,788.32	
Totals		$ 2,489,858.75	$ 2,482,788.32	$	$	$ 2,482,788.32	$ 4,972,647.07	$

(See accompanying notes and accountants' report)

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 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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

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.)
- ☒ 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:
- ☒ 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	Lisa Bussell	7/12/22	Lisa Bussell
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ 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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	101
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)**	75
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	84
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	31
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	115
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	115
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	115
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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)	☐	**A** (Insurance Information)
(4)	☒	**C** (Service Provider Information)
(5)	☐	**D** (DFE/Participating Plan Information)
(6)	☐	**G** (Financial Transaction Schedules)

MEHAFFY & WEBER, A PROFESSIONAL CORPORATION
PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2021

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								
Federated Gov't Obligations Fd Fed Funds	units	$ 2,489,858.75	$ -	$ -	$ -	$ -	$ 2,489,858.75	$ -
Federated Gov't Obligations Fd Fed Funds	units		2,482,788.32			2,482,788.32	2,482,788.32	
Totals		$ 2,489,858.75	$ 2,482,788.32	$	$	$ 2,482,788.32	$ 4,972,647.07	$

(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, 2021

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 03/11/2024	$ 152,346.01	$ 160,293.00
	Abbie, Inc.	$100,000 par value; 3.600%; Due 05/14/2025	102,204.30	108,148.00
	Amazon com	$100,000 par value; 3.800%; Due 12/05/2024	103,388.68	109,154.00
	American Campus PPTYS	$320,000 par value; 6.250%; Due 08/01/2028	346,620.76	346,998.40
	American Int'l Group	$300,000 par value; 3.900%; Due 04/01/2026	308,298.98	332,298.00
	Bank of America SNR Global	$100,000 par value; 4.000%; Due 04/01/2024	100,923.74	108,241.00
	Citigroup Inc.	$200,000 par value; 2.900%; Due 12/08/2021	198,979.05	200,510.00
	Eastern Ill University CTLS	$75,000 par value; 6.200%; Due 04/01/2029	75,000.00	75,180.75
	Entergy Mississippi, Inc.	$200,000 par value; 3.100%; Due 07/01/2023	198,104.13	207,384.00
	Goldman Sachs Group	$300,000 par value; 5.750%; Due 01/24/2022	306,310.47	305,079.00
	Goldman Sachs Group	$100,000 par value; 3.750%; Due 05/22/2025	101,819.95	108,333.00
	Illinois St.	$100,000 par value; 4.310%; Due 04/01/2023	99,823.48	104,010.00
	JP Morgan Chase & Co	$200,000 par value; 3.875%; Due 09/10/2024	198,120.00	217,408.00
	McDonalds Corp Med Term	$100,000 par value; 3.700%; Due 01/30/2026	103,526.22	109,900.00
	Morgan Stanley	$100,000 par value; 3.625%; Due 01/20/2027	101,886.68	110,228.00
	Morgan Stanley	$100,000 par value; 4.875%; Due 11/01/2022	100,603.93	104,752.00
	Cibolo Canyons Special	$163,111.32 par value; 3.750%; Due 08/20/2025	161,188.24	153,324.64
	Qual Comm Inc.	$100,000 par value; 3.450%; Due 05/20/2025	101,518.11	108,335.00
	Red River Education Finance Corp	$125,000 par value; 4.500%; Due 10/01/2036	128,049.75	137,722.50
	Sherwin-Williams	$100,000 par value; 3.450%; Due 08/01/2025	101,487.74	108,587.00
	Southwest Airlines	$200,000 par value; 2.625%; Due 02/10/2030	176,326.51	202,668.00
	Texas St. Go Hwy Impt BDS	$100,000 par value; 4.631%; Due 04/01/2033	113,053.71	122,214.00
	Valero Energy	$100,000 par value; 3.400%; Due 09/15/2026	106,100.77	107,542.00
	Wells Fargo	$200,000 par value; 4.300%; Due 07/22/2027	207,203.73	227,022.00
	Total Corporate Bonds & Notes		$ 3,692,884.94	$ 3,875,332.29

(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, 2021 (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	$ 75,855.00	$ 175,420.00
	Abbott Labs Com	2,000 units	37,250.63	236,260.00
	Abbvie Inc. Com	2,000 units	40,395.12	215,740.00
	Accenture PLC A	1,100 units	50,007.30	351,912.00
	Air Products & Chemical	800 units	228,079.20	204,888.00
	Alcon, Inc.	600 units	25,811.41	48,282.00
	Allstate Corp	3,000 units	102,278.82	381,930.00
	Alphabet Inc.	100 units	84,393.31	266,531.00
	Amazon, Inc.	100 units	222,020.91	328,504.00
	American Express Co	2,000 units	103,783.00	335,060.00
	American Intl Group Inc.	4,000 units	169,866.40	219,560.00
	APA Corporation	2,000 units	17,099.60	42,860.00
	Apple Inc	6,800 units	83,197.21	962,200.00
	AT&T Inc	10,000 units	283,085.91	270,100.00
	Bank America Corp	7,000 units	245,980.88	297,150.00
	Baxter International Inc.	1,000 units	36,998.81	80,430.00
	Blackstone Group, Inc.	4,000 units	180,197.38	465,360.00
	Boeing Co	600 units	43,734.75	131,964.00
	Bristol Myers Squibb Co	2,000 units	24,105.24	118,340.00
	Caterpillar, Inc.	500 units	108,719.35	95,985.00
	Chevron Corp	1,900 units	88,388.08	192,755.00
	Cisco Systems Inc	5,000 units	77,564.48	272,150.00
	Citigroup Inc.	2,000 units	86,454.35	140,360.00
	Coca Cola Co	5,000 units	155,509.75	262,350.00
	Constallation Brands, Inc.	700 units	111,022.62	147,483.00
	CVS Health Corp	2,000 units	80,514.63	169,720.00
	Devon Energy Corp	860 units	18,157.46	30,538.60
	Dominion Energy Inc	5,000 units	387,522.00	365,100.00
	Dow Inc.	1,333 units	52,542.39	76,727.48
	DR Horton, Inc.	1,500 units	112,845.00	125,955.00
	Dupont De Memours Inc. Com	2,500 units	150,684.53	169,975.00
	Eaton Corp PLC	1,000 units	52,475.50	149,310.00
	Eli Lilly & Co	500 units	72,134.95	115,525.00
	Emerson Electric Co	3,000 units	89,517.57	282,600.00
	Enbridge Inc. Com	3,210 units	202,096.07	127,758.00
	Exxon Mobil Corp	4,000 units	51,337.92	235,280.00
	FMC Corp	2,400 units	111,505.00	91,560.00
	General Electric Co New	1,250 units	21,276.67	128,787.50
	General Motors Co	2,000 units	107,498.60	105,420.00
	Gilead Sciences	3,000 units	212,347.65	209,550.00
	Glaxosmithkline PLC	3,000 units	130,995.78	114,630.00
	Goldman Sachs Group Inc	600 units	100,186.50	226,818.00
	Halliburton Co	2,000 units	39,358.25	43,240.00
	Hartford Financial Services Group Inc	3,000 units	168,446.14	210,750.00
	Home Depot Inc	1,000 units	195,792.33	328,260.00
	Honeywell International Inc	3,000 units	87,732.92	636,840.00
	Illinois Tool Works Inc	2,000 units	22,052.31	413,260.00
	Intel Corp	5,000 units	71,809.72	266,400.00
	International Business Machines Corp	2,400 units	253,767.17	333,432.00
	International Paper Co	5,000 units	236,531.79	279,600.00
	Ishares MSCI Emerging Mkts	3,000 units	124,919.28	151,140.00

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, 2021 (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 & Johnson	1,500 units	$ 82,537.45	$ 242,250.00
	JP Morgan Chase & Co	3,000 units	128,794.73	491,070.00
	Kinder Morgan Inc	4,000 units	62,678.40	66,920.00
	Kroger Co	8,000 units	199,017.20	323,440.00
	Lockheed Martin Corp	700 units	238,976.53	241,570.00
	McCormick & Co Inc	5,000 units	30,320.12	405,150.00
	McDonald's Corp	2,000 units	111,401.77	482,220.00
	Medtronic Inc	3,000 units	225,345.00	376,050.00
	Merck & Co Inc	4,200 units	150,137.29	315,462.00
	Metlife Inc	4,000 units	165,252.90	246,920.00
	Microsoft Corp	5,000 units	158,202.84	1,409,600.00
	NCR Corp	2,000 units	86,479.80	77,520.00
	Novartis AG ADR	1,800 units	88,278.42	147,204.00
	Nvent Electric Plc	2,479 units	29,722.05	80,146.07
	Pentair Inc	2,479 units	59,564.44	180,049.77
	Oracle Corp	2,000 units	96,779.80	174,260.00
	Organon Co	420 units	7,520.17	13,771.80
	Otis Worldwide Corp	700 units	30,797.94	57,596.00
	Palo Alto Networks Inc	600 units	122,938.40	287,400.00
	Pepsico Inc	2,000 units	57,442.73	300,820.00
	Pfizer Inc	5,000 units	77,261.74	215,050.00
	Procter & Gamble Co	2,200 units	34,144.04	307,560.00
	Qualcomm Inc	1,000 units	56,403.70	128,980.00
	Quest Diagnostics Inc	2,000 units	52,240.00	290,620.00
	Raytheon Co	4,201 units	269,511.88	361,117.96
	Republic Svcs Inc	3,000 units	88,008.80	360,180.00
	Schlumberger Ltd	3,000 units	90,992.00	88,920.00
	Service Corp Intl	12,000 units	66,888.55	723,120.00
	Stericycle Inc	1,000 units	54,024.95	67,970.00
	Target Corp	1,200 units	37,298.96	274,524.00
	United Health Group Inc	1,000 units	216,819.10	390,740.00
	Valero Energy Corp	2,000 units	128,677.10	141,140.00
	Verizon Communications	5,052 units	166,585.74	272,858.52
	Vodafone Group PLC ADR	4,000 units	163,982.00	61,800.00
	Wal Mart Inc	2,000 units	97,643.45	278,760.00
	Walgreen Boots Alliance Inc Com	5,000 units	197,201.80	235,250.00
	Walt Disney Co	1,500 units	114,850.38	253,755.00
	Wells Fargo Co Com	3,000 units	72,075.00	139,230.00
	Williams Cos Inc	5,000 units	80,224.13	129,700.00
	Viatris Inc	620 units	4,243.85	8,401.00
	Total Common Stock		$ 10,037,112.79	$ 22,280,846.70
	Mutual Fund			
	Wells Fargo Conservitive Income FD	60,000 units	$ 602,400.00	$ 601,200.00
	Total Investments		$ 14,332,397.73	$ 26,757,378.99

(See accompanying notes and accountants' report)