

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>WEAVER AND TIDWELL, L.L.P. RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>003</u>
	1c Effective date of plan <u>01/01/2016</u>
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) <u>WEAVER AND TIDWELL, L.L.P.</u> <u>2821 WEST SEVENTH STREET</u> <u>SUITE 700</u> <u>FORT WORTH, TX 76107</u>	2b Employer Identification Number (EIN) <u>75-0786316</u>
	2c Sponsor's telephone number <u>817-332-7905</u>
	2d Business code (see instructions) <u>541211</u>
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN
	3c Administrator's telephone number
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
5a Total number of participants at the beginning of the plan year	5a <u>106</u>
b Total number of participants at the end of the plan year.....	5b <u>133</u>
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)
d(1) Total number of active participants at the beginning of the plan year.....	5d(1) <u>94</u>
d(2) Total number of active participants at the end of the plan year.....	5d(2) <u>111</u>
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e <u>0</u>

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2024</u>	<u>JOHN MACKEL</u>
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 519082. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	13080093	17778119
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	13080093	17778119
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	3850833	
(2) Participants.....	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss).....	8b	1349038	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		5199871
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	437988	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	63857	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		501845
i Net income (loss) (subtract line 8h from line 8c).....	8i		4698026
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1C 3B
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions		Yes	No	Amount
10	During the plan year:			
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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....		X	
c	Was the plan covered by a fidelity bond?	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>WEAVER AND TIDWELL, L.L.P. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WEAVER AND TIDWELL, L.L.P.</u>	D Employer Identification Number (EIN) <u>75-0786316</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>13014332</u>
	b Actuarial value	2b	<u>13014332</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>14</u>	<u>1050416</u>
	c For active participants	<u>100</u>	<u>9230865</u>
	d Total	<u>114</u>	<u>10281281</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.08 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>2416116</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>2416116</u>

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>10/12/2024</u>
	<u>AMY BEERT</u>	Date
	Type or print name of actuary	<u>23-07195</u>
	<u>PWC US CONSULTING LLP</u>	Most recent enrollment number
	Firm name	<u>214-999-1400</u>
	<u>2121 N PEARL ST</u> <u>DALLAS, TX 75201</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3136578
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> %		164357
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		3300935
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	126.58 %
15	Adjusted funding target attainment percentage	15	126.58 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	126.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
05/16/2024	3850833	0					
			Totals ▶	18(b)	3850833	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3597400
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	2416116	
b Excess assets, if applicable, but not greater than line 31a	31b	2416116	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	3597400	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3597400	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

Weaver and Tidwell, LLP
 Weaver and Tidwell, LLP Retirement Plan
 EIN: 75-0786316; Plan Number: 003
 2023 Schedule SB, Line 26 - Schedule of Active Participant Data

Age and Service Distribution of Active Participants as of January 1, 2023

Attained Age	Completed Years of Service as of January 1, 2023 ^{1, 2}										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	Over 40	
<25											
25-29											
30-34											
35-39	1	11	5								17
40-44	3	10	18								31
45-49	1	2	9								12
50-54	3	1	18								22
55-59	1	2	5								8
60-64	1		6								7
65-69			3								3
70&Up											
Total	10	26	64								100

¹ Credited Service based on Plan Participation

² Because fewer than 1,000 employees are being reported, no average compensation data needs to be reported.

Weaver and Tidwell, LLP
Weaver and Tidwell, LLP Retirement Plan
EIN: 75-0786316; Plan Number: 003
2023 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions for Funding Purposes

Valuation Interest Rate	The 24-Month Average Segment Rates applicable for January 2023 adjusted for HATFA and ARPA (4.75%, 5.00%, 5.74%).
Cash Balance Interest Crediting Rate	2.60% per annum.
Retirement (Not-at-risk funding target)	Active participants are assumed to retire at age 62, or age at the end of the Plan Year, if older, but no earlier than December 31, 2023.
Mortality	IRS 2023 Mortality Table prescribed under Section 430(h)(3).
Expenses	\$0 per annum (included in the target normal cost).
Withdrawal	None.
Disability	None.
Salary Scale	Not Applicable.
New Entrants	No new entrants are assumed to enter the Plan during the Plan Year.
IRS Section 415(b) Limit	For 2023, the maximum benefit limitation is \$265,000.
Form of Payment	It has been assumed that all types of benefits will be paid in the form of a single lump sum at Retirement age.
Compensation Limit	For 2023, the compensation limitation is \$330,000.

Weaver and Tidwell, LLP
Weaver and Tidwell, LLP Retirement Plan
EIN: 75-0786316; Plan Number: 003
2023 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Pre-Retirement Death Benefit

Because the assumed form of payment is a lump sum payable at Normal Retirement and there is no forfeiture upon death, the value of the Pre-Retirement Death Benefit was implicitly determined by not reflecting pre-retirement mortality.

Actuarial Methods for Funding Purposes

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the actuarial value of Plan Assets.

The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year plus expected expenses.

2. Asset Valuation Method

Market Value.

3. Changes in Actuarial Methods

None.

Weaver and Tidwell, LLP
Weaver and Tidwell, LLP Retirement Plan
EIN: 75-0786316; Plan Number: 003
2023 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Assumptions Rationale

Valuation Interest Rates	The interest rate assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Cash Balance Interest Crediting Rate	This interest rate of 2.60% is intended to represent the net yield after expenses on Deemed Account Balances over an extended period of time in the future, reflecting the investment policy established by the plan sponsor.
Mortality	The mortality assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Expenses	This assumption is set based on the plan sponsor's historical experience and expectations for future expenses to be paid from the trust. No expenses were paid from the trust in 2017 through 2021.
Withdrawal	No withdrawal is assumed. This assumption is not expected to generate material actuarial gains or losses given the population covered under the Plan.
Disability	No disability is assumed due to a low historical incidence of disability. This assumption is not expected to generate material actuarial gains or losses as there is no forfeiture upon disability and no additional disability benefit is provided under the Plan.
<u>Salary</u>	The salary assumption is not applicable due to the nature of the benefits provided in the Plan.
Form of Payment	100% of participants are assumed to elect a lump sum. This assumption was based on best expectations given plan provisions. Alternative forms of payment are not expected to generate material gains or losses.
Retirement	Retirement rates are based on the plan sponsor's historical experience and expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**

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A Name of plan WEAVER AND TIDWELL, L.L.P. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WEAVER AND TIDWELL, L.L.P.	D Employer Identification Number (EIN) 75-0786316	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2023</u>
2 Assets:			
a Market value.....	2a	13,014,332	
b Actuarial value	2b	13,014,332	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants.....	14	1,050,416	1,050,416
c For active participants.....	100	9,230,865	9,230,865
d Total	114	10,281,281	10,281,281
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	5.08%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	2,416,116	
b Expected plan-related expenses	6b	0	
c Target normal cost.....	6c	2,416,116	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Amy Beert <i>AB</i>	10/12/2024
	Signature of actuary	Date
AMY BEERT	Type or print name of actuary	2307195
		Most recent enrollment number
PWC US CONSULTING LLP	Firm name	214-999-1400
		Telephone number (including area code)
2121 N Pearl St	Address of the firm	
Dallas TX 75201		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	2,416,116	
b Excess assets, if applicable, but not greater than line 31a	31b	2,416,116	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	3,597,400	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3,597,400	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

Weaver and Tidwell, LLP
Weaver and Tidwell, LLP Retirement Plan
EIN: 75-0786316; Plan Number: 003
2023 Schedule SB, Part V - Summary of Plan Provisions

<u>Plan Name</u>	Weaver and Tidwell, LLP Retirement Plan
<u>Effective Date</u>	January 1, 2016 as amended and restated effective January 1, 2020.
<u>Eligible Employees</u>	Eligible Employees are Class A Partners and Class B Partners who are Highly Compensated Employees.
<u>Employer</u>	Weaver and Tidwell, LLP
<u>Entry Date</u>	The date on which an Eligible Employee enters the Plan and becomes a Participant. The Entry Date is January 1 each Plan Year.
<u>Participation Date</u>	An Eligible Employee shall become a Participant on the Entry Date of the Plan Year that coincides with or immediately precedes the date on which the Eligible Employee is credited with one Year of Service for Participation.
<u>Vesting</u>	A Participant shall be 100% vested in, and have a nonforfeitable right to, his Deemed Account Balance after completion of 3 Years of Service. Service.
<u>Normal Retirement Age</u>	Age 62.
<u>Normal Retirement</u>	The last day of the Plan Year during which, or coincident with when, a Participant attains his or her Normal Retirement Age.
<u>Deemed Account Balance</u>	For any Participant, as of any date, the Participant's Deemed Plan Year Allocations credited to such date, as increased or decreased to reflect his or her Deemed Investment Experience to such date and decreased by the amount of any distributions the Participant may have received to such date. At the time of benefit commencement, a Participant's Deemed Account Balance shall be no less than the sum of the Participant's Deemed Plan Year Allocations.

Weaver and Tidwell, LLP
 Weaver and Tidwell, LLP Retirement Plan
 EIN: 75-0786316; Plan Number: 003
 2023 Schedule SB, Part V - Summary of Plan Provisions

Deemed Plan Year Allocation

An amount that is credited to a Deemed Account Balance for a Plan Year as follows:

- (a) For a Participant, who is an Eligible Employee and a Class A Partner as of the earlier of December 31 or his or her date of termination, the amount that is credited to his or her Deemed Account Balance for a Plan Year shall, subject to (d) and (e) below, be equal to the lesser of (i) the amount in Table A (shown below) based on the Class A Partner's Compensation for the Plan Year and age as of the last day of such Plan Year or (ii) the Maximum Accrual Margin.

Table A					
Accrual Compensation¹		Age as of Dec. 31, 2022		After Dec. 31, 2022, Age as of Dec. 31	
<i>Lower Bound</i>	<i>Upper Bound</i>	<i>< Age 50</i>	<i>≥ Age 50</i>	<i>< Age 50</i>	<i>≥ Age 50</i>
\$250,000.00	\$299,999.99	\$5,000	\$5,000	\$5,000	\$5,000
\$300,000.00	\$399,999.99	\$10,000	\$10,000	\$10,000	\$10,000
\$400,000.00	\$549,999.99	\$20,000	\$20,000	\$20,000	\$20,000
\$550,000.00	\$699,999.99	\$30,000	\$30,000	\$30,000	\$30,000
\$700,000.00	\$849,999.99	\$35,000	\$40,000	\$35,000	\$40,000
\$850,000.00	\$999,999.99	\$40,000	\$60,000	\$40,000	\$60,000
\$1,000,000.00	\$1,199,999.99	\$50,000	\$100,000	\$50,000	\$100,000
\$1,200,000.00	\$1,599,999.99	\$75,000	\$150,000	\$75,000	\$150,000
\$1,600,000.00	N/A	\$100,000	\$150,000	\$100,000	\$150,000

¹Accrual compensation shall mean compensation as defined in Section 2.10, but calculated for any Plan Year on an accrual basis.

- (b) For a Participant, who is an Eligible Employee and a Class B Partner as of the earlier of December 31 or his or her date of termination, the amount that is credited to his or her Deemed Account Balance for a Plan Year shall, subject to (d) and (e) below, be equal to the lesser of (i) the amount in Table A (shown above) based on the Class B Partner's Compensation for the Plan Year and age as of the last day of such Plan Year or (ii) the Maximum Accrual Margin.
- (c) A Participant's Deemed Plan Year Allocation for a Plan Year shall be credited to his or her Deemed Account Balance as of the last day of such Plan Year. If, during a Plan Year, a Participant shall change from being in one category of Eligible Employee to being in another category of Eligible Employee, the amount of his or her Deemed Plan Year Allocation for such Plan Year shall be determined in accordance with the category on the last day of such Plan Year.
- (d) For the Plan Year during which a Participant terminates his or her employment with the Employer, his or her Deemed Plan Year Allocation shall be multiplied by a fraction, the numerator of which is the number of calendar months during which the Participant is credited with at least one (1) Hour of Service while he or she is an Eligible Employee and the denominator of which is twelve (12).

Weaver and Tidwell, LLP
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Deemed Plan Year Allocation
(continued)

(e) In the event a Participant incurs a loan to fund his or her partnership capital contribution to the Employer, such loan is guaranteed by the Employer, and the loan remains outstanding as of December 31 of any Plan Year, the amount otherwise determined in (a) or (b) above, as applicable, shall be limited to a maximum of \$5,000 for such Year.

Deemed Investment
Experience

As of any Valuation Date, a credit for earnings, or a debit for losses based on the actual return (taking into account fees and expenses) on the Plan's aggregate assets held in the Trust since the immediately preceding Valuation Date.

Valuation Date

June 30, the last day of a Plan Year and such other day(s) as may be prescribed by the Plan Administrator.

Changes in
Plan Provisions

None.