

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
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: WEAVER BROTHERS, INC. PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/21/1962
2a Plan sponsor's name (employer, if for a single-employer plan): WEAVER BROTHERS, INC.
2b Employer Identification Number (EIN): 34-4468606
2c Plan Sponsor's telephone number: 937-526-3331
2d Business code (see instructions): 424500

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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	
5 Total number of participants at the beginning of the plan year	5	356
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	225
	6a(2)	257
	6b	30
	6c	99
	6d	386
	6e	0
	6f	386
	6g(1)	
6g(2)	386	
6h	30	
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:
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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan WEAVER BROTHERS, INC. PROFIT SHARING PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WEAVER BROTHERS, INC.</p>	<p>D Employer Identification Number (EIN) 34-4468606</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE BALTIMORE LIFE COMPANIES

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0236900	61212	405013	4	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	88123
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶ MORTALITY,PERSISTENCY	
b	Premiums paid to carrier	1238
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	
e	Type of contract: (1) <input checked="" type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	90217
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 3467
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 3467
d	Total of balance and additions (add lines 7b and 7c(6))	7d 93684
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2) 271
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ COST OF INSURANCE	7e(4) 6529
(5) Total deductions	7e(5) 6800	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 86884

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan WEAVER BROTHERS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WEAVER BROTHERS, INC.	D Employer Identification Number (EIN) 34-4468606	

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)

STATE BANK

34-6831594

(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	TRUSTEE	38804	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MCCRATE, DELAET & CO.

34-1205613

(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	ACCOUNTANT	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JACOB, HAXTON & BOORD LLC

20-0754801

(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?
14	THIRD PARTY ADMINISTRATOR	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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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

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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WEAVER BROTHERS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WEAVER BROTHERS, INC.	D Employer Identification Number (EIN) 34-4468606

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

		(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)	649663	1122215
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	101168	341704
(2) U.S. Government securities	1c(2)	371917	421459
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	530254	1276232
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	592276	638700
(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)	2263830	1488946
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	90217	88123
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	4599325	5377379
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4599325	5377379

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)	1122215	
(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)		1122215
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)	30970	
(C) Corporate debt instruments.....	2b(1)(C)	94328	
(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)		125298
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	19607	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	10613	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		30220
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4344430	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4299123	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		45307
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	60375	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		60375

		(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)		14272
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1397687

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	580829	
(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)		580829
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	38804	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		38804
j Total expenses. Add all expense amounts in column (b) and enter total	2j		619633

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		778054
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) 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) 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: **MCCRATE, DELAET & CO. CPA**

(2) EIN: **34-1205613**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>WEAVER BROTHERS, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WEAVER BROTHERS, INC.</u>	D Employer Identification Number (EIN) <u>34-4468606</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a 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

21b 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

22 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 _____.

Weaver Brothers, Inc.

Profit Sharing Plan

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To Management
Weaver Brothers, Inc. Profit Sharing Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Weaver Brothers, Inc. Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and the related statement of changes in net assets available for benefits as of December 31, 2024 and 2023 and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Weaver Brothers, Inc. Profit Sharing Plan financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by State Bank, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from State Bank as of December 31, 2024 and 2023, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Weaver Brothers, Inc. Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Weaver Brothers, Inc. Profit Sharing Plan ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Weavers Profit Sharing Plan internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Weavers Profit Sharing Plan ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

McCrack Delaet & Co

Sidney, Ohio
July 22, 2025

Weaver Brothers, Inc. Profit Sharing Plan
 Statements of Net Assets Available for Benefits
 December 31, 2024 and 2023

	2024	2023
Cash and Equivalents:		
Interest bearing deposits and money market	\$ 341,704	\$ 101,168
Investments at Fair Market Value:		
Registered investment companies	1,488,946	2,263,830
Common Stock	638,700	592,276
U.S. Government securities	421,459	371,917
Corporate bonds	1,276,232	530,254
Insurance contracts	88,123	90,217
Contributions receivable - employer	1,122,215	649,663
Net Assets Available for Benefits	\$ 5,377,379	\$ 4,599,325

Weaver Brothers, Inc. Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023

	2024	2023
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation (depreciation) in fair market value of investments	\$ 60,375	\$ 212,567
Interest, dividends and capital gain distributions	169,790	127,008
Gain (loss) on sale of investments	45,307	28,113
Employer contributions	1,122,215	649,663
Total Additions	1,397,687	1,017,351
Deductions From Net Assets Attributed to:		
Benefits paid to participants	580,829	317,380
Administrative Expenses	38,804	32,323
Total Deductions	619,633	349,703
Net Increase (Decrease) in Net Assets	778,054	667,648
Net Assets Available for Benefits:		
Beginning of the Year	4,599,325	3,931,677
End of the Year	\$ 5,377,379	\$ 4,599,325

Weaver Brothers, Inc. Profit Sharing Plan
Notes to Financial Statements

Note 1 - Description Of Plan:

The following description of the Weaver Brothers, Inc. (Company) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the Company who have completed one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investments, monitors investment performance, and reports to the Plan's Board of Trustees.

Contributions

The amount and timing of Company contributions to the Plan are at the discretion of the Company's board of directors.

Participant Accounts

Each participant's account is credited with an allocation of (a) the Company's contribution, (b) Plan earnings and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

A participant is 100 percent vested after six years of credited service.

Payment of Benefits

On termination of service, participants may elect to receive either a lump-sum amount equal to the value of his or her account, or installments.

Administrative Expenses

Administrative expenses consist of asset management fees, audit fees, and third party administration fees.

Forfeitures

Forfeitures are reallocated on a salary ratio basis. Forfeitures were \$17,323 and \$22,374 for the years ended December 31, 2024 and 2023.

Note 2 - Summary Of Accounting Policies:

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Note 2 - (Continued)

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

The Plan has benefit-responsive investment contracts with Baltimore Life Company. The insurance companies maintain the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administration expenses. The contracts are included in the financial statements at fair value and adjusted for the difference between fair value and contract value as reported to the Plan by Provident Life Insurance Company and Baltimore Life Company. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against value for credit risk of the contract issuer or otherwise.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the use of management's estimates. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Actual results could differ from those estimates.

Expenses

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Administrative expenses of the plan are allocated to participant accounts.

Subsequent Events

Management has evaluated subsequent events through July 22, 2025, the date the financial statements were available to be issued.

Note 3 - Investments:

Unrealized investment gains (losses) for the year, per fund, are as follows:

	<u>12/31/2024</u>	<u>12/31/2023</u>
Equity Mutual Funds	\$ 39,400	\$ 105,783
Common Stock	37,754	40,493
U.S. Government Securities	(14,804)	7,116
Bond Mutual Funds	119	60,633
Life Insurance	(2,094)	(1,458)
Total Unrealized Gains (Losses)	<u>\$ 60,375</u>	<u>\$ 212,567</u>

Note 4 - Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 5 - Tax Status:

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan sponsor believes that the Plan continues to qualify and to operate as designed.

Note 6 - Risk And Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statement of net assets available for benefits.

Note 7 - Related Party And Party In Interest Transactions:

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan.

Certain employees and the officer of the Company, who are also participants in the Plan, perform administrative services to the Plan at no cost to the plan.

Note 8 - Market Conditions:

Changes in investment returns and fair values can have a significant effect on the Plan. Management is monitoring investment market conditions and the impact such volatility is having on the Plan's investment portfolio. Due to the volatility of the financial markets as of the date of this report, there is uncertainty regarding the impact which continued volatility may have on the Plan's investment portfolio.

Note 9 - Fair Value Measurements:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits, except for fully benefit-responsive investment contracts, which are reported at contract value. 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. The Investment Committee determines the Plan's valuation policies. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

Generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements), and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2024 and 2023. As required by FASB ASC 820, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement. The insurance contracts values are determined by the insurance company. The values are based on premiums paid less mortality charges and other expenses plus earnings.

Note 9 - (Continued)

Description	12/31/2024	Level 1	Level 2	Level 3
Registered Investment Co.	\$ 1,488,946	\$ 1,488,946		
Common Stock	638,700	638,700		
U.S. Government Securities	421,459	421,459		
Corporate Bonds	1,276,232	1,276,232		
Money Market Accounts	341,704	341,704		
Insurance Contracts	88,123			88,123
	\$ 4,255,164	\$ 4,167,041	\$ -	\$ 88,123

Description	12/31/2023	Level 1	Level 2	Level 3
Registered Investment Co.	\$ 2,263,830	\$ 2,263,830		
Common Stock	592,276	592,276		
U.S. Government Securities	371,917	371,917		
Corporate Bonds	530,254	530,254		
Money Market Accounts	101,168	101,168		
Insurance Contracts	90,217			90,217
	\$ 3,949,662	\$ 3,859,445	\$ -	\$ 90,217

Level 3, Gains & Losses	12/31/2024	12/31/2023
Insurance Contracts,		
Beginning Balance	\$ 90,217	\$ 91,675
Premiums	1,237	1,237
Interest credited	3,468	3,539
Expenses	(271)	(271)
Cost of Insurance	(6,528)	(5,963)
Ending Balance	\$ 88,123	\$ 90,217

Note 10 - Information Prepared And Certified By Trustee:

At December 31, 2024 and 2023, the Plan's investments were held by the Trustee. The following following is a summary of the Plan's financial information that is included in the financial statements based on the information certified by the Trustee as complete and accurate in accordance with section 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.

	12/31/24	12/31/23
Investments at fair value:		
Total Assets Certified	\$ 4,167,041	\$ 3,859,455

Supplemental Schedules

Weaver Brothers, Inc. Profit Sharing Plan
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN #34-4468606, Plan #001

(a) Identity of issuer, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)			Cost (d)	Current Value (e)
		UNITS	UNIT VALUE		
Alphabet Inc	Common Stock	70.00	189.30	9,746.59	13,251.00
Albermarle Corporation	Common Stock	42.00	86.08	4,300.42	3,615.36
Amazon com Inc	Common Stock	68.00	219.39	10,768.17	14,918.52
American Funds Mortgage	Coporate Bonds	74,741.77	8.61	651,750.14	643,526.66
Amg River RD Small-Mid Cap	Mutual Fd Equity	3,814.21	10.01	38,539.07	38,180.19
Astrazeneca PLC Sponsored A	Common Stock	167.00	65.52	12,175.38	10,941.84
Applied Materials Inc	Common Stock	29.00	162.63	5,603.54	4,716.27
AQR risk balanced commoditi	Commodities	4,303.66	8.72	35,299.47	37,527.94
Bae Systems PLC ARD	Foreign Stock	36.00	57.54	2,038.55	2,071.26
Blackrock FDG Inc	Common Stock	6.00	1025.11	5,207.00	6,150.66
Brandywine Global Corp	Corporate Bonds	18,149.61	10.60	189,855.60	192,385.90
Cadence Design Systems Inc	Common Stock	20.00	300.46	5,692.80	6,009.20
Canadian National RY Co.	Foreign Stock	37.00	101.51	4,714.78	3,755.87
CBRE Group Inc	Common Stock	64.00	131.29	8,207.46	8,402.56
Coca-Cola Co.	Common Stock	121.00	62.26	7,131.72	7,533.46
Copart Inc	Common Stock	114.00	57.39	5,766.07	6,542.46
CSX Corp Com	Common Stock	209.00	32.27	7,280.19	6,744.43
Deutsche Boerse Ag ADR	Common Stock	128.00	23.03	2,651.21	2,947.76
Dodge & Cox Global Bond	Corporate Bonds	17,850.57	10.51	194,197.73	187,609.52
Electronic Arts	Common Stock	39.00	146.30	5,335.59	5,705.70
EPAM Systmes Inc	Common Stock	30.00	233.82	5,691.09	7,014.60
Evergy Inc.	Common Stock	71.00	61.55	3,696.14	4,370.05
Extra Space Storage Inc.	Common Stock	36.00	149.60	6,143.31	5,385.60
Federal Gov Obligations	Cash	341,704.15	1.00	341,704.15	341,704.15
Fiserv Inc Com	Common Stock	20.00	205.42	3,081.17	4,108.40
FhImc Pool	#A76483 5.5% 4/1/38	1,017.91	1.01	1,047.98	1,030.98
Fmc Corp.	Common Stock	1,019.77	36.99	37,539.87	37,721.29
Fnma	6% 8/1/38 POOL 257307	528.10	1.03	551.26	545.67
Fnma pool	#913281 6% 4/1/37	4,325.19	1.03	4,482.90	4,435.14
Fnma pool	#AA0534 6% 12/1/38	511.40	1.01	531.61	518.56
Globant S.A.	Common Stock	17.00	214.42	2,946.73	3,645.14
Hartford div & growth	Mutual Fd Equity	927.99	34.48	31,662.27	31,997.23
HDFC Bank LTD ADR	Mutual Fd Equity	86.00	63.86	4,754.12	5,491.96
Hermes Intl SCA ADR	Common Stock	12.00	240.44	2,672.26	2,885.31
Infineon Technologies Ag ADI	Mutual Fd Equity	256.00	32.51	9,612.01	8,323.74
Intuitive Surgical Inc.	Common Stock	7.00	521.96	2,361.52	3,653.72
Intercont Exchange Inc	Common Stock	18.00	149.01	2,340.00	2,682.18
Ishares Barclays MBS Bd Fd	Corporate Bonds	2,890.00	91.68	269,574.88	264,955.20
Ishares expanded tech softw:	Equity ETF	436.00	100.12	36,306.68	43,652.32
Ishares Expanded Tech Sect:	Equity ETF	447.00	102.09	34,884.82	45,634.23
Ishares u.s. technology	Equity ETF	284.00	159.52	36,135.31	45,303.68
Ishares u.s. financial	Equity ETF	395.00	110.58	34,380.42	43,679.10
Ishares u.s. industrial	Equity ETF	321.00	133.52	37,741.37	42,859.92
Johnson & johnson	Common Stock	46.00	144.62	7,221.07	6,652.52
L'Aire Liquide SA	Foreign Stock	159.00	32.50	5,931.93	5,167.18
L3harris technologies	Common Stock	24.00	210.28	5,059.46	5,046.72
LVMH Moet Hennessey Louis	Common Stock	66.00	131.61	9,074.54	8,686.37
Lonza Group Ag	Common Stock	42.00	59.12	2,497.52	2,483.16
Masco corp com	Common Stock	31.00	72.57	2,096.81	2,249.67
Mastercard incorporated	Common Stock	20.00	526.57	8,530.20	10,531.40

Weaver Brothers, Inc. Profit Sharing Plan
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN #34-4468606, Plan #001

(a) Identity of issuer, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)			Cost (d)	Current Value (e)
		UNITS	UNIT VALUE		
Mercadolibre Inc	Common Stock	3.00	1700.44	4,188.25	5,101.32
Meta platforms inc	Common Stock	31.00	585.51	13,798.05	18,150.81
Microsoft corp.	Common Stock	33.00	421.50	13,451.36	13,909.50
Moody's corp	Common Stock	9.00	473.37	3,515.04	4,260.33
MSCI Inc	Common Stock	5.00	600.01	2,413.66	3,000.05
NASDAQ Inc	Common Stock	40.00	77.31	2,938.82	3,092.40
Northrop grumman corp.	Common Stock	8.00	469.29	3,745.12	3,754.32
Palmer Square Income Plus	Corporate Bonds	86,169.64	10.05	861,828.29	866,004.88
Roche Holding LTD	Common Stock	168.00	35.24	5,361.91	5,920.56
S&p global inc	Common Stock	6.00	498.03	2,623.99	2,988.18
Spdr Port ST corp bd etf	Corporate Bonds	4,591.00	29.86	136,637.11	137,087.26
Service now inc	Common Stock	6.00	1060.12	4,314.89	6,360.72
Sociedad Quimca Minera	Foreign Stock	112.00	36.36	4,375.14	4,072.32
Spdr Port Int Tm Corp bd etf	Corporate Bonds	7,041.00	32.76	230,777.77	230,663.16
WM Blair Large Cap Growth	Mutual Fd Equity	2,493.43	29.33	63,935.51	73,132.16
Taiwan semiconductor Co	Common Stock	42.00	197.49	4,476.21	8,294.58
Techtronic Industries Lt ADR	Common Stock	82.00	65.98	5,869.96	5,410.05
Thermo fisher scientific inc	Common Stock	12.00	520.23	6,961.87	6,242.76
Transunion Company	Common Stock	67.00	92.71	6,005.76	6,211.57
US Treasury	TREASURY NOTES 2% 2/15,	21,000.00	0.58	13,671.31	12,215.27
US Treasury	TREASURY NOTES 3.875% 8/15,	10,000.00	0.90	9,781.25	9,007.81
US Treasury	TREASURY STRIPS 1.625% 5/15,	134,000.00	0.97	126,478.20	129,330.94
Union pac corp	Common Stock	15.00	228.04	3,656.83	3,420.60
US Treasury	TREASURY BONDS 2.875% 8/15,	69,000.00	0.90	64,056.80	61,967.93
US Treasury	TREASURY STRIPS 3% 5/15,	34,000.00	0.74	27,792.84	25,158.67
US Treasury	TREASURY NOTE .625% 5/1	16,000.00	0.82	13,095.00	13,126.88
US Treasury	TREASURY NOTE 4.00% 10/15,	68,000.00	0.98	68,592.09	66,847.19
US Treasury	TREASURY NOTE 4.93091%	21,000.00	1.00	20,999.88	21,000.68
US Treasury	TREASURY NOTE 4.625% 9/15,	36,000.00	1.01	37,016.69	36,331.88
US Treasury	TREASURY TIPS 0.125% 1/1	45,000.00	0.89	48,247.77	39,939.72
Vanguard Growth Index Adm	Mutual Fund Equity	89.33	211.22	16,371.92	18,868.49
Vanguard 500 index admiral	Mutual Fund Equity	47.15	542.76	20,950.67	25,591.13
Vertex pharmaceuticals inc	Common Stock	6.00	402.70	2,441.34	2,416.20
Visa inc	Common Stock	27.00	316.04	7,029.45	8,533.08
Vanguard Value Index Ad	Mutual Fund Equity	845.89	66.04	49,721.63	55,862.77
Wcm focused intl growth	Mutual Fund Equity	1,604.68	21.76	37,215.60	34,917.92
West Fraser Timber Co LTD	Common Stock	45.00	86.55	3,719.12	3,894.75
				4,104,571.98	4,167,040.59

Weaver Brothers, Inc. Profit Sharing Plan
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
EIN #34-4468606, Plan #001

Identity of issuer, borrower, lessor, or similar party (a)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (b)		Cost of acquisitions (c)	Proceeds of dispositions (d)
	UNITS	UNIT VALUE		
Apple Computer	30	-5,529.75	-5,529.75	
Apple Computer	-10	2,118.67		2118.67
Apple Computer	-16	3,702.87		3,702.87
Apple Computer	-4	926.05		926.05
	0			
Atlassian Corp	2	-325.32	-325.32	
Atlassian Corp	15	-2,462.00	-2,462.00	
Atlassian Corp	-3	470.41		470.41
Atlassian Corp	-13	2,027.54		2,027.54
Atlassian Corp	-1	156.01		156.01
	0			
Brenntag SE ADR	1	-14.32	-14.32	
Brenntag SE ADR	29	-413.62	-413.62	
Brenntag SE ADR	18	-255.88	-255.88	
Brenntag SE ADR	1	-14.22	-14.22	
Brenntag SE ADR	19	-270.30	-270.30	
Brenntag SE ADR	4	-57.07	-57.07	
Brenntag SE ADR	23	-320.60	-320.60	
Brenntag SE ADR	27	-382.60	-382.60	
Brenntag SE ADR	26	-372.63	-372.63	
Brenntag SE ADR	40	-564.44	-564.44	
Brenntag SE ADR	4	-57.03	-57.03	
Brenntag SE ADR	3	-42.15	-42.15	
Brenntag SE ADR	4	-56.41	-56.41	
Brenntag SE ADR	-5	61.06		61.06
Brenntag SE ADR	-29	364.94		364.94
Brenntag SE ADR	-25	314.64		314.64
Brenntag SE ADR	-2	24.27		24.27
Brenntag SE ADR	-119	1,447.15		1,447.15
Brenntag SE ADR	-18	220.41		220.41
Brenntag SE ADR	-1	12.61		12.61
	0			
Dollar Tree Inc	1	-106.56	-106.56	
Dollar Tree Inc	19	-2035.59	-2035.59	
Dollar Tree Inc	2	-210.79	-210.79	
Dollar Tree Inc	18	-1889.63	-1889.63	
Dollar Tree Inc	13	-1392.42	-1392.42	

Weaver Brothers, Inc. Profit Sharing Plan
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
EIN #34-4468606, Plan #001

Identity of issuer, borrower, lessor, or similar party (a)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (b)		Cost of acquisitions (c)	Proceeds of dispositions (d)
	UNITS	UNIT VALUE		
Dollar Tree Inc	-28	2011.70		2011.70
Dollar Tree Inc	-1	72.35		72.35
Dollar Tree Inc	-19	1409.07		1409.07
Dollar Tree Inc	-5	372.73		372.73
	0			
Humana, Inc	6	-2219.54	-2219.54	
Humana, Inc	2	-678.57	-678.57	
Humana, Inc	-8	1924.29		1924.29
	0			
Phillip Morris International Inc	17	-1528.91	-1528.91	
Phillip Morris International Inc	9	-822.2	-822.2	
Phillip Morris International Inc	3	-267.05	-267.05	
Phillip Morris International Inc	36	-3226.65	-3226.65	
Phillip Morris International Inc	-23	2756.91		2756.91
Phillip Morris International Inc	-7	839.72		839.72
Phillip Morris International Inc	-5	600.92		600.92
Phillip Morris International Inc	-30	3594.16		3594.16
	0			
Constellation Brands Inc CL A	14	-3727.37	-3727.37	
Constellation Brands Inc CL A	-5	1205.27		1205.27
Constellation Brands Inc CL A	-1	241.33		241.33
Constellation Brands Inc CL A	-1	241.02		241.02
Constellation Brands Inc CL A	-7	1682.99		1682.99
	0			
I Shares Broad USD High Yield	917	-33274.91	-33274.91	
I Shares Broad USD High Yield	103	-3746.26	-3746.26	
I Shares Broad USD High Yield	113	-4108.12	-4108.12	
I Shares Broad USD High Yield	-1133	41155.41		41155.41
	0			
SMC Corp Japan Sponsored ADR	21	-435.10	-435.10	
SMC Corp Japan Sponsored ADR	17	-357.78	-357.78	
SMC Corp Japan Sponsored ADR	9	-189.75	-189.75	
SMC Corp Japan Sponsored ADR	45	-949.98	-949.98	
SMC Corp Japan Sponsored ADR	30	-620.78	-620.78	
SMC Corp Japan Sponsored ADR	15	-309.16	-309.16	
SMC Corp Japan Sponsored ADR	7	-150.23	-150.23	
SMC Corp Japan Sponsored ADR	7	-150.97	-150.97	

Weaver Brothers, Inc. Profit Sharing Plan
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
EIN #34-4468606, Plan #001

Identity of issuer, borrower, lessor, or similar party (a)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (b)		Cost of acquisitions (c)	Proceeds of dispositions (d)
	UNITS	UNIT VALUE		
SMC Corp Japan Sponsored ADR	6	-129.42	-129.42	
SMC Corp Japan Sponsored ADR	9	-194.51	-194.51	
SMC Corp Japan Sponsored ADR	3	-61.67	-61.67	
SMC Corp Japan Sponsored ADR	31	-635.96	-635.96	
SMC Corp Japan Sponsored ADR	2	-43.13	-43.13	
SMC Corp Japan Sponsored ADR	-95	2011.31		2011.31
SMC Corp Japan Sponsored ADR	-100	2122.83		2122.83
SMC Corp Japan Sponsored ADR	-6	130.13		130.13
SMC Corp Japan Sponsored ADR	-1	21.72		21.72
	0			
U S Treasury Strips 2.50% 5/15/2024	7000	-7017.90	-7017.9	
U S Treasury Strips 2.50% 5/15/2024	-7000	7080.72		7080.72
	0			
UnitedHealth Group Inc	1	-475.77	-475.77	
UnitedHealth Group Inc	1	-502.57	-502.57	
UnitedHealth Group Inc	3	-1510.41	-1510.41	
UnitedHealth Group Inc	-5	2840.9		2840.9
	0			
Vail Resorts Inc	3	-670.49	-670.49	
Vail Resorts Inc	5	-1102.78	-1102.78	
Vail Resorts Inc	1	-220.96	-220.96	
Vail Resorts Inc	3	-690.26	-690.26	
Vail Resorts Inc	3	-695.07	-695.07	
Vail Resorts Inc	3	-690.18	-690.18	
Vail Resorts Inc	4	-908.46	-908.46	
Vail Resorts Inc	-4	782.04		782.04
Vail Resorts Inc	-4	791.34		791.34
Vail Resorts Inc	-3	586		586
Vail Resorts Inc	-3	586.06		586.06
Vail Resorts Inc	-3	586.72		586.72
Vail Resorts Inc	-1	195.39		195.39
Vail Resorts Inc	-4	790.42		790.42
	0			

Weaver Brothers, Inc. Profit Sharing Plan
SCHEDULE H, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS
EIN #34-4468606, Plan #001

Identity of party involved (a)	Description of asset (include interest rate and maturity in case of a loan) (b)	Purchase Price (c)	Selling price (d)	Lease rental (e)	Expenses incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain or (loss) (i)
	UNITS							
WEAVER BRC AMERICAN FUNDS MORTGAGE F	60,215.97	-525,083.26				525,083.26	518,458.00	-
WEAVER BRC PALMER SQUARE INCOME PLUS	26,822.56	-269,834.94				269,834.94	269,570.00	-
WEAVER BRC SPDR S&P 500	379.00	-228,802.72	230,003.02			228,802.72	-	1,200.30
WEAVER BRC SPDR S&P 500	386.00	-217,087.56	199,704.00			217,087.56	0.00	(17,383.56)
WEAVER BRC SPDR S&P 500	416.00	-214,181.93	210,293.27			214,181.93	-	(3,888.66)
WEAVER BRC SPDR S&P 500	406.00	-211,423.40	216,540.17				-	5,116.77
WEAVER BRC VANGUARD SH-TERM INV GR BOI	-51,709.63		534,160.51			535,265.00	-	(1,104.49)

2564 Weaver Brothers, Inc.

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Federal Statements
WEAVER BROTHERS, INC. PROFIT SHARING PLAN
Plan: 001

Plan transactions in excess of 5% of plan assets

<u>Name</u>								
<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>	
AMERICAN FUNDS MORTGAGE F3 MUTUAL FUND	\$ 525,083	\$	\$	\$	\$ 525,083	\$ 518,458	\$	
PALMER SQUARE INCOME PLUS MUTUAL FUND	269,835				269,835	269,570		
SPDR S&P 500 ETF	228,803	230,003			228,803		1,200	
SPDR S&P 500 ETF	217,088	199,716			217,088		-17,372	
SPDR S&P 500 ETF	214,182	210,293			214,182		3,889	
SPDR S&P 500 ETF	211,423	216,540			211,423		5,117	
VANGUARD SH-TERM INV GR BON MUTUAL FUND		534,161			535,265		-1,104	

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<u>Identity</u>	<u>Description</u>	<u>Costs of Acquisitions</u>	<u>Proceeds of Dispositions</u>
037833100	APPLE COMPUTER	\$ -5,530	\$
037833100	APPLE COMPUTER		2,119
037833100	APPLE COMPUTER		3,703
037833100	APPLE COMPUTER		926
049468101	ATLASSIAN CORP	-325	
049468101	ATLASSIAN CORP	-2,462	
049468101	ATLASSIAN CORP		470
049468101	ATLASSIAN CORP		2,028
049468101	ATLASSIAN CORP		156
107180101	BRENNTAG SE ADR	-14	
107180101	BRENNTAG SE ADR	-414	
107180101	BRENNTAG SE ADR	-256	
107180101	BRENNTAG SE ADR	-14	
107180101	BRENNTAG SE ADR	-270	
107180101	BRENNTAG SE ADR	-57	
107180101	BRENNTAG SE ADR	-321	
107180101	BRENNTAG SE ADR	-383	
107180101	BRENNTAG SE ADR	-373	
107180101	BRENNTAG SE ADR	-564	
107180101	BRENNTAG SE ADR	-57	
107180101	BRENNTAG SE ADR	-42	
107180101	BRENNTAG SE ADR	-56	
107180101	BRENNTAG SE ADR		61
107180101	BRENNTAG SE ADR		365
107180101	BRENNTAG SE ADR		315
107180101	BRENNTAG SE ADR		24
107180101	BRENNTAG SE ADR		1,447
107180101	BRENNTAG SE ADR		220
107180101	BRENNTAG SE ADR		13
256746108	DOLLAR TREE INC	-107	
256746108	DOLLAR TREE INC	-2,036	
256746108	DOLLAR TREE INC	-211	
256746108	DOLLAR TREE INC	-1,890	
256746108	DOLLAR TREE INC	-1,392	
256746108	DOLLAR TREE INC		2,012
256746108	DOLLAR TREE INC		72
256746108	DOLLAR TREE INC		1,409
256746108	DOLLAR TREE INC		373
444859102	HUMANA, INC	-2,220	
444859102	HUMANA, INC	-679	
444859102	HUMANA, INC		1,924
718172109	PHILLIP MORRIS INTER	-1,529	
718172109	PHILLIP MORRIS INTER	-822	
718172109	PHILLIP MORRIS INTER	-267	
718172109	PHILLIP MORRIS INTER	-3,227	
718172109	PHILLIP MORRIS INTER		2,757
718172109	PHILLIP MORRIS INTER		840

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Federal StatementsFYE: 12/31/2024 **WEAVER BROTHERS, INC. PROFIT SHARING PLAN****Plan: 001****Assets Acquired / Disposed During Year (continued)**

<u>Identity</u>	<u>Description</u>	<u>Costs of Acquisitions</u>	<u>Proceeds of Dispositions</u>
718172109	PHILLIP MORRIS INTER	\$	\$ 601
718172109	PHILLIP MORRIS INTER		3,594
21036P108	CONSTELLATION BRANDS	-3,727	
21036P108	CONSTELLATION BRANDS		1,205
21036P108	CONSTELLATION BRANDS		241
21036P108	CONSTELLATION BRANDS		241
21036P108	CONSTELLATION BRANDS		1,683
46435U853	I SHARES BROAD USD H	-33,275	
46435U853	I SHARES BROAD USD H	-3,746	
46435U853	I SHARES BROAD USD H	-4,108	
46435U853	I SHARES BROAD USD H		41,155
78445W306	SMC CORP JAPAN SPONS	-435	
78445W306	SMC CORP JAPAN SPONS	-358	
78445W306	SMC CORP JAPAN SPONS	-190	
78445W306	SMC CORP JAPAN SPONS	-950	
78445W306	SMC CORP JAPAN SPONS	-621	
78445W306	SMC CORP JAPAN SPONS	-309	
78445W306	SMC CORP JAPAN SPONS	-150	
78445W306	SMC CORP JAPAN SPONS	-151	
78445W306	SMC CORP JAPAN SPONS	-129	
78445W306	SMC CORP JAPAN SPONS	-195	
78445W306	SMC CORP JAPAN SPONS	-62	
78445W306	SMC CORP JAPAN SPONS	-636	
78445W306	SMC CORP JAPAN SPONS	-43	
78445W306	SMC CORP JAPAN SPONS		2,011
78445W306	SMC CORP JAPAN SPONS		2,123
78445W306	SMC CORP JAPAN SPONS		130
78445W306	SMC CORP JAPAN SPONS		22
912828WJ5	U S TREASURY STRIPS	-7,018	
912828WJ5	U S TREASURY STRIPS		7,081
91324P102	UNITEDHEALTH GROUP I	-476	
91324P102	UNITEDHEALTH GROUP I	-503	
91324P102	UNITEDHEALTH GROUP I	-1,510	
91324P102	UNITEDHEALTH GROUP I		2,841
91879Q109	VAIL RESORTS INC	-670	
91879Q109	VAIL RESORTS INC	-1,103	
91879Q109	VAIL RESORTS INC	-221	
91879Q109	VAIL RESORTS INC	-690	
91879Q109	VAIL RESORTS INC	-695	
91879Q109	VAIL RESORTS INC	-690	
91879Q109	VAIL RESORTS INC	-908	
91879Q109	VAIL RESORTS INC		782
91879Q109	VAIL RESORTS INC		791
91879Q109	VAIL RESORTS INC		586
91879Q109	VAIL RESORTS INC		586

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FYE: 12/31/2024 **WEAVER BROTHERS, INC. PROFIT SHARING PLAN**
Plan: 001

Assets Acquired / Disposed During Year (continued)

<u>Identity</u>	<u>Description</u>	<u>Costs of Acquisitions</u>	<u>Proceeds of Dispositions</u>
91879Q109	VAIL RESORTS INC	\$	\$ 587
91879Q109	VAIL RESORTS INC		195
91879Q109	VAIL RESORTS INC		790

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FYE: 12/31/2024 **WEAVER BROTHERS, INC. PROFIT SHARING PLAN**
Plan: 001

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	STATE BANK	PER SCHEDULE	\$ 4,112,840	\$ 4,167,040