

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 12/2/2025 12:24 PM EST

Confirmation Number: 15724

Amended Confirmation Number:

Employer Information

Name: Walter D Gracia, M.D., P.A.
Address: 1204 5th Avenue
City: Fort Worth
State: TX
Zip Code: 76104

Plan Administrator Information

Name: Walter Dietrich Gracia, M.D.
Address: 1204 5th Avenue
City: Fort Worth
State: TX
Zip Code: 76104
Phone: 8174804175
Email: wdgraciamd@hotmail.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Defined Contribution Plan for Walter D Gracia, MD, PA	Number of Employees: 2
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Additional Information:

On 7/9/2024 I received an email stating that the SF5500-2023 all signatures were completed and it was ready to submit. I am sure that I submitted it however I did not get a second email confirming this.



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 15724. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.