

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: BAY AREA SURGICAL SPECIALISTS DEFINED BENEFIT PP&T
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2013
2a Plan sponsor's name (employer, if for a single-employer plan): BAY AREA SURGICAL SPECIALISTS MEDICAL CORPORATION
2b Employer Identification Number (EIN): 56-2605608
2c Plan Sponsor's telephone number: 925-627-3494
2d Business code (see instructions): 621111

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	679
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	431
	<b>6a(2)</b>	385
	<b>6b</b>	8
	<b>6c</b>	306
	<b>6d</b>	699
	<b>6e</b>	0
	<b>6f</b>	699
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		99
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1I 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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 \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

<b>A</b> Name of plan <u>BAY AREA SURGICAL SPECIALISTS DEFINED BENEFIT PP&amp;T</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BAY AREA SURGICAL SPECIALISTS MEDICAL CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>56-2605608</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>20511893</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>20511893</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>8</u>	<u>121075</u>
	<b>b</b> For terminated vested participants .....	<u>240</u>	<u>1474419</u>
	<b>c</b> For active participants .....	<u>431</u>	<u>1585486</u>
	<b>d</b> Total .....	<u>679</u>	<u>17180980</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.31 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>333861</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>333861</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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>10/07/2025</u>
	<u>MICHAEL J. ZELCH, MSEA, MAAA</u>	Date
	Type or print name of actuary	<u>23-09095</u>
	<u>ACTUARIAL DATA INC.</u>	Most recent enrollment number
	Firm name	<u>412-429-8700</u>
	<u>4068 MT. ROYAL BLVD SUITE 210 ALLISON PARK, PA 15101</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.87</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> 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>5.47</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	117.72 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	117.72 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	121.79 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
<b>Totals ▶</b>			<b>18(b)</b>		<b>18(c)</b>

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</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
	<b>c</b> 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: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 3

**22** Weighted average retirement age ..... **22** 65

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  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.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  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.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  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**

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

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	333861
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	333861

32 Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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 .....

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

**36** Additional cash requirement (line 34 minus line 35) .....

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....

**40** Unpaid minimum required contributions for all years .....

**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.  2019  2020  2021

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

<b>A</b> Name of plan <b>BAY AREA SURGICAL SPECIALISTS DEFINED BENEFIT PP&amp;T</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BAY AREA SURGICAL SPECIALISTS MEDICAL CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>56-2605608</b>	

**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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**(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)

ACTUARIAL DATA INC.

4068 MT. ROYAL BLVD  
SUITE 210  
ALLISON PARK, PA 15101

(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?
11	ACTUARY	193180	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)

WEALTHPLAN INVESTMENT MANAGEMENT LL

101 S 108TH AVE  
OMAHA, NE 68154

(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?
51	INVESTMENT ADVISOR	81285	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)

ARMANINO LLP

12657 ALCOSTA BLVD  
SUITE 500  
SAN RAMON, CA 94583

(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	INDEPENDENT AUDITOR	33075	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.

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

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

<b>a</b> Name: ARMANINO LLP	<b>b</b> EIN: 94-6214841
<b>c</b> Position: ACCOUNTANT	
<b>d</b> Address: 2700 CAMINO RAMON SUITE 350 SAN RAMON, CA 94583	<b>e</b> Telephone: 972-661-1843

Explanation: CHANGE IN EIN ONLY; NO CHANGE TO AUDITOR.

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BAY AREA SURGICAL SPECIALISTS DEFINED BENEFIT PP&amp;T</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BAY AREA SURGICAL SPECIALISTS MEDICAL CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>56-2605608</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	11573	2218
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	4417997	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	535826	17182471
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1344229	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	14073530	132581
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	128738	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	20511893	17317270
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	20511893	17317270

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	597481	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		597481
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		0
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		1075324
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1672805

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	4496028	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		4496028
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	33075	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	81285	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	230	
(7) Actuarial fees .....	<b>2i(7)</b>	193180	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	63630	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		371400
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		4867428

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-3194623
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **ARMANINO LLP**

(2) EIN: **33-2514127**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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 0.

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 561157.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>BAY AREA SURGICAL SPECIALISTS DEFINED BENEFIT PP&amp;T</b>	<b>B</b> Three-digit plan number (PN)	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BAY AREA SURGICAL SPECIALISTS MEDICAL CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>56-2605608</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	0
<b>2</b> 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): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	38

<b>Part II</b>	<b>Funding Information</b> (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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<b>4</b> 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
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> 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).....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> 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
<b>8</b> 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 checked="" type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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 checked="" type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (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.
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<b>10</b> 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
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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
<b>12</b> 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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 05 / 24 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501856A.

**Bay Area Surgical Specialists Defined Benefit  
Pension Plan and Trust**

Financial Statements  
and Supplemental Schedules

December 31, 2024 (in liquidation) and 2023  
(ongoing)



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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator  
Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust

### **Opinion**

We have audited the accompanying financial statements of Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 (in liquidation) and 2023 (ongoing), and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust as of December 31, 2024 (in liquidation) and 2023 (ongoing), and the changes in its net assets available for benefits for the years ended December 31, 2024 (in liquidation) and 2023 (ongoing), in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust 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 audit opinion.

### **Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting**

As discussed in Note 6 to the financial statements, on October 30, 2024, plan management adopted a resolution to terminate the Plan and has commenced the process of distributing all plan assets to participants and beneficiaries in accordance with ERISA requirements. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 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 Audits of the Financial Statements**

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 generally accepted auditing standards 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 audits in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust's 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.

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

### **Other Matter - Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 (in liquidation), and of reportable transactions for the year ended December 31, 2024 (in liquidation), (collectively, "supplemental schedules") 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 has been subjected to the 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Armanino LLP*

Dallas, Texas

October 15, 2025

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
 Statements of Net Assets Available for Benefits  
 December 31, 2024 (in liquidation) and 2023 (ongoing)

	2024	2023
ASSETS		
Investments, at fair value	\$ 17,315,052	\$ 16,091,481
Surrendered insurance receivable	-	4,417,997
Cash, non-interest bearing	2,218	2,415
Net assets available for benefits	\$ 17,317,270	\$ 20,511,893

The accompanying notes are an integral part of these financial statements.

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
 Statements of Changes in Net Assets Available for Benefits  
 For the Years Ended December 31, 2024 (in liquidation) and 2023 (ongoing)

	2024	2023
Additions to net assets		
Other receipts	\$ -	\$ 4,417,997
Investment income		
Net appreciation in fair value of investments	1,075,324	1,245,916
Interest and dividend income	597,481	392,390
Other income	-	32,705
Total investment income	1,672,805	1,671,011
Total additions to net assets	1,672,805	6,089,008
Deductions from net assets		
Benefit payments	4,496,028	47,713
Administrative expenses	371,400	405,755
Other disbursements	-	4,417,997
Total deductions from net assets	4,867,428	4,871,465
Net (decrease) increase in net assets available for benefits	(3,194,623)	1,217,543
Net assets available for benefits, beginning of year	20,511,893	19,294,350
Net assets available for benefits, end of year	\$ 17,317,270	\$ 20,511,893

The accompanying notes are an integral part of these financial statements.

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
Notes to Financial Statements  
December 31, 2024 (in liquidation) and 2023 (ongoing)

1. DESCRIPTION OF THE PLAN

The following description of the Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust (the "Plan") provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan was adopted by Bay Area Surgical Specialists Medical Corporation (the "Company", "Plan Sponsor", or "Employer") effective January 1, 2013, for the benefit of its employees. The Plan is a noncontributory defined benefit pension plan and trust sponsored by the Company. The Plan is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Internal Revenue Code (IRC), and is insured by the Pension Benefit Guaranty Corporation (PBGC).

On December 31, 2024, the Plan Sponsor adopted a resolution to terminate the Plan and initiated a standard termination in accordance with ERISA. See Note 6.

Plan administration

The Company is the administrator of the Plan and, as such, carries out the duties imposed by ERISA. The Company has delegated certain responsibilities for the operation and administration of the Plan. Charles Schwab is the asset custodian (the "Custodian") of the Plan's investments as of December 31, 2024, and for the period from September 5, 2023, through December 31, 2024, and TD Ameritrade (the "Prior Custodian") was the asset custodian of the Plan for the period from January 1, 2023, through September 4, 2023. The Custodian and Prior Custodian are collectively referred to herein as the "Custodians." The Plan additionally holds immaterial amounts of non-interest bearing cash in a bank account controlled by the Plan. Actuarial Data, Inc. is the Plan's actuary and recordkeeper and performs the actuarial valuations related to the Plan and maintains participant data for the Plan. The Company's executive committee directs the Custodians in all matters related to the preservation, investment, reinvestment, management, and disposition of the Plan's assets.

Eligibility

Employees who have attained 21 years of age and completed one year of service are eligible to participate in the Plan. A service year is defined as the earlier of one calendar year from the date of hire, or 1,000 service hours. Employees not eligible to enter the Plan include all non-highly compensated employees except those with the following job titles: Front Desk, Medical Assistant, Receptionist, and Surgery Scheduler. All highly compensated employees except five specific employees are excluded from participating in the Plan. Participants can enter into the Plan on the first day of the Plan year, or the first day of the seventh month of the Plan year coinciding with or following the satisfaction of eligibility requirements (See Note 6).

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
Notes to Financial Statements  
December 31, 2024 (in liquidation) and 2023 (ongoing)

1. DESCRIPTION OF THE PLAN (continued)

Contributions

The Company makes contributions to the Plan sufficient to provide assets with which to pay pension benefits to Plan participants. The Plan's funding policy is to contribute annually to the Plan an amount at least equal to the minimum required for a qualified retirement plan, as determined by Actuarial Data, Inc., but not in excess of the maximum tax-deductible contribution. The Plan has met the minimum funding requirements of the IRC and of ERISA. The Plan does not provide for participant contributions into the Plan.

Plan benefits

Benefits are generally payable upon the participant's normal retirement date. The Plan also provides for late retirement and death benefits. Participants, or their designated beneficiary, will receive an average final compensation benefit. The average final compensation benefit is determined based upon one of two participant classifications, defined in the plan document, and the three consecutive years that produce the highest average compensation.

- Classification A - determined by multiplying 10% of the average final compensation by the participant's years of service up to a maximum of 10 years.
- Classification B - determined by multiplying 0.5% of the average final compensation by the participant's years of service.

Participants may choose from several forms of distribution as defined by the Plan.

Administrative expenses

Administrative expenses which are not paid by the Sponsor are paid by the Plan. Insurance premiums of \$63,630 and \$252,088 were paid to the Pension Benefit Guaranty Corporation (PBGC) for the years ended December 31, 2024 and 2023, respectively, by the Plan and are reflected as part of administrative expenses on the statements of changes in net assets available for benefits.

Vesting

Participants vest ratably in their accrued benefit and are 100% vested upon completion of six years of service. In the event of a change in control, as defined in the plan documents, certain participants will become 100% vested in the Plan (See Note 6).

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
Notes to Financial Statements  
December 31, 2024 (in liquidation) and 2023 (ongoing)

1. DESCRIPTION OF THE PLAN (continued)

Vesting (continued)

The vesting schedule for Plan benefits is as follows:

<u>Years of Service</u>	<u>Percentage</u>
Less than 2	0 %
2	20 %
3	40 %
4	60 %
5	80 %
6	100 %

For vesting purposes, years of service with Muir Surgical Group, Bay Area Surgical Associates, Inc., East Bay Surgical Associates, Goldberg, Strznicka, Inc., Deborah Kerlin, MD, Inc., East Bay Cardiovascular and Thoracic Associates, and East Bay Vascular Medical Group, Inc. will be recognized (See Note 6).

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared using the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP), as liquidation was deemed imminent during 2024. Under the liquidation basis, assets are measured at their estimated realizable values and liabilities at their expected settlement amounts. The adoption of the liquidation basis did not result in any change to the reported value of plan assets, which continue to be presented at fair value.

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market fluctuations, and credit risks. 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 such changes could materially affect net assets available for benefits and changes therein.

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
Notes to Financial Statements  
December 31, 2024 (in liquidation) and 2023 (ongoing)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Risks and uncertainties (continued)

Plan contributions are made, and the actuarial present value of accumulated plan benefits reported are based upon certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. These assumptions changed during 2024 as a result of the Plan's termination and adoption of the liquidation basis of accounting. See Notes 5 and 6 for further details on these changes. Due to uncertainties inherent in the estimation process, it is reasonably possible that actual results will differ from these assumptions.

Investment valuation and income recognition

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 (Note 3). Purchases and sales of investments 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 or depreciation in fair value of investments includes the gains and losses on investments purchased and sold during the year.

Contributions and contributions receivable

Contributions are recorded on the accrual method of accounting in accordance with U.S. GAAP. Employer receivables are obligations arising from amounts owed to the Plan from the Company under its funding policy that have not been included in the Plan's investments at year end (Note 4).

Payment of benefits

Benefit payments are recorded when paid.

Administrative expenses

Administrative expenses are recorded when incurred.

Subsequent events

Management of the Plan has evaluated subsequent events through October 15, 2025, the date the financial statements were available to be issued. No subsequent events have occurred that would have a material impact on the presentation of the Plan's financial statements.

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
Notes to Financial Statements  
December 31, 2024 (in liquidation) and 2023 (ongoing)

3. FAIR VALUE MEASUREMENTS

Accounting standards define fair value, establish a framework for measuring fair value and expand disclosures about fair value measurements. The framework provides 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 and liabilities (Level 1 inputs) and the lowest priority to unobservable inputs (Level 3 inputs). The three levels of the fair value hierarchy under U.S. GAAP are described as follows:

- *Level 1* - Quoted prices in active markets for identical assets or liabilities.
- *Level 2* - Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- *Level 3* - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis. There have been no changes in the methodologies used at December 31, 2024 or 2023.

Common stock - Valued at the closing price reported on the major market on which the individual securities are traded. All common stocks are classified within Level 1 of the fair value hierarchy.

Mutual funds and exchange traded funds - Valued at the net asset or share value of units or shares held by the Plan at year-end which are quoted in an active market and are classified as Level 1 within of the fair value hierarchy.

Interest-bearing cash - Valued at the closing price or the amount held on deposit by the Custodian bank where quoted prices are available in an active market and are classified within Level 1 of the fair value hierarchy.

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
Notes to Financial Statements  
December 31, 2024 (in liquidation) and 2023 (ongoing)

3. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments, by type, at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Mutual funds and exchange traded funds	\$ 17,310,002	\$ -	\$ -	\$ 17,310,002
Interest-bearing cash	<u>5,050</u>	<u>-</u>	<u>-</u>	<u>5,050</u>
	<u>\$ 17,315,052</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 17,315,052</u>

The following table sets forth by level within the fair value hierarchy, the Plan's investments, by type, at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Common stock	\$ 1,472,967	\$ -	\$ -	\$ 1,472,967
Mutual funds and exchange traded funds	14,073,530	-	-	14,073,530
Interest-bearing cash	<u>544,984</u>	<u>-</u>	<u>-</u>	<u>544,984</u>
	<u>\$ 16,091,481</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,091,481</u>

4. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan to meet minimum funding requirements as determined by the Plan's independent actuary under the Plan. For the years ended December 31, 2024 or 2023, there were no Company contributions to the Plan.

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
Notes to Financial Statements  
December 31, 2024 (in liquidation) and 2023 (ongoing)

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments which are attributable under the Plan's provisions for the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to a) retired or terminated employees or their beneficiaries, b) beneficiaries of employees who have died, and c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, and termination of employment - are included, to the extent they are deemed attributable to the employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions:

Discount rate, for ASC 960 purposes:	5.31%
Mortality rates, for determining present value of accumulated plan benefits:	Mortality rates assumption using static mortality tables that apply under the IRC section 430(h)(3)(A) for pre-retirement nonannuitant and post-retirement annuitant male and female.

The actuarial present value of accumulated benefits was calculated as of January 1, 2024, for the Plan year ending December 31, 2024. As the Plan is terminating, the actuarial present value of accumulated plan benefits reflect all benefits payable under the Plan's provisions as of the valuation date, including those resulting from the Plan's termination amendment.

Actuarial assumption changes were made to the valuation as of January 1, 2024 from the valuation performed as of January 1, 2023, due to the Plan's imminent termination, as follows: Pre-retirement nonannuitant and post-retirement annuitant male and female static mortality tables were updated to 2024 from the 2023 static mortality tables.

Actuarial present value of accumulated plan benefits as of December 31, 2023:

Vested benefits	
Active employees not receiving benefits	\$ 16,251,125
Benefits in pay status	119,034
Deferred vested benefits	<u>1,559,892</u>
	17,930,051
Nonvested benefits	<u>250,322</u>
	<u><u>\$ 18,180,373</u></u>

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
Notes to Financial Statements  
December 31, 2024 (in liquidation) and 2023 (ongoing)

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

Change in actuarial present value of accumulated plan benefits for the year ended December 31, 2023:

Actuarial present value of accumulated plan benefits, at beginning of year	<u>\$ 16,040,583</u>
Increase (decrease) during the year attributable to:	
Additional benefits accumulated	1,202,936
Due to the passage of time	851,755
Assumption changes	132,812
Benefit payments	<u>(47,713)</u>
	<u>2,139,790</u>
Actuarial present value of accumulated plan benefits, at end of year	<u><u>\$ 18,180,373</u></u>

6. PLAN TERMINATION

On October 30, 2024, the Plan Sponsor adopted a resolution to terminate the Plan and initiated a standard termination in accordance with ERISA. The Plan was frozen and all benefit accruals ceased as of December 31, 2024. The Plan Administrator filed the standard termination notice (PBGC Form 500) with the PBGC, and no notice of noncompliance was issued by the PBGC within the required review period. The net assets available for benefits of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the plan documents.

As a result of the termination, the Plan is in the process of liquidating its assets and distributing benefits to participants and beneficiaries. The plan administrator, based on actuarial certification, has determined that the Plan's assets are sufficient to provide all accrued benefits as of the proposed distribution date. Plan assets will be allocated and distributed to participants and beneficiaries in accordance with ERISA, applicable regulations, and the plan documents. Any residual assets, after satisfaction of all benefit liabilities, will be allocated to participants and beneficiaries as provided under the Plan.

Certain benefits under the Plan are insured by the PBGC, which generally guarantees most normal retirement benefits, early retirement benefits, deferred vested termination benefits, and certain disability and survivor pensions, subject to statutory limits. The PBGC's guarantee ends once all Plan assets have been distributed.

As the Plan is in liquidation, the financial statements have been prepared on the liquidation basis of accounting. Under this basis, assets are stated at their estimated net realizable values and liabilities are stated at their estimated settlement amounts. The outcome of the liquidation process is not expected to result in any adjustments to participant benefits, as assets have been determined by management to be sufficient to satisfy all of the Plan's benefit obligations.

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
Notes to Financial Statements  
December 31, 2024 (in liquidation) and 2023 (ongoing)

6. PLAN TERMINATION (continued)

Benefits will be paid 1) equally among retired participants and their beneficiaries to whom payment commenced at least 3 years prior to the date of termination and to participants who could have retired and received payment of their benefits at least 3 years prior to the date of termination, 2) to all benefits guaranteed and insured by the PBGC, 3) to all other vested accrued benefits not insured by the PBGC, and 4) to all other accrued benefits under the Plan.

7. TAX STATUS

The Plan operates under a volume submitter plan document sponsored by Actuarial Data, Inc., which has received an opinion letter from the Internal Revenue Service (IRS) dated May 24, 2018, in which the IRS stated that the volume submitter plan design complies with the applicable requirements of the IRC and is approved for use by plan sponsors for their benefit plans. Although the Plan has been amended, plan management believes the Plan is designed and operating as a qualified plan, therefore, no provision for income taxes has been included in the Plan's financial statements.

8. RELATED PARTIES AND PARTIES-IN-INTEREST

ERISA defines a party-in-interest similarly to the financial accounting standards' definition of related party, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Plan; however, these entities may not necessarily be related parties. Management did not identify any related parties to the Plan that were not also considered to be parties-in-interest.

Parties-in-interest are defined under ERISA as any fiduciary of the Plan, any party rendering services to the Plan, the Plan Sponsor, and certain others. As such, transactions conducted by the Custodians and their affiliates qualify as party-in-interest transactions. Certain fund level fees charged by the funds in which the Plan invests and revenue sharing agreements qualify as party-in-interest transactions. These fees reduce fund earnings thereby impacting Plan revenue. The Company pays certain expenses for the administration of the Plan. The Plan is not required to reimburse the Company for expenses paid on its behalf.

As part of the Custodians' compensation, the Custodians retain float interest earned on balances, including without limitation, disbursement balances, and balances arising from purchase and sale transactions.

SUPPLEMENTAL SCHEDULES

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
 EIN: 56-2605608; Plan: 002  
 Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)  
 December 31, 2024 (in liquidation)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Schwab Treasury Obligations Money Fund	Mutual Fund	17,177,421	\$ 17,177,421
	The Private Shares Fund Class I	Mutual Fund	94,933	132,581
*	Cash and equivalents - Interest Bearing	Interest Bearing Cash	5,050	<u>5,050</u>
				<u>\$ 17,315,052</u>
*	Indicated party-in-interest to the Plan			

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
 EIN: 56-2605608; Plan: 002  
 Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions  
 For The Year Ended December 31, 2024 (in liquidation)

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Innovator Grow 100 Power Buffer	Exchange Traded Fund	\$ 5,699,029	\$ -	\$ 5,699,029	\$ 5,699,029	\$ -
Innovator Grow 100 Power Buffer	Exchange Traded Fund	\$ -	\$ 7,352,215	\$ 5,699,029	\$ 7,352,215	\$ 1,653,186
Regan Total Return Income Fund	Mutual Fund	\$ 322,320	\$ -	\$ 322,320	\$ 322,320	\$ -
Regan Total Return Income Fund	Mutual Fund	\$ -	\$ 1,349,055	\$ 322,320	\$ 1,349,055	\$ 1,026,735
Schwab Treasury Obligations Money Fund	Mutual Fund	\$ 17,178,088	\$ -	\$ 17,178,088	\$ 17,178,088	\$ -

Columns e and f are not applicable

## Schedule SB, Part V - Statement of Actuarial Assumptions

### Target Assumptions:

**Male Nonannuitant:** 2024 Nonannuitant Male  
**Female Nonannuitant:** 2024 Nonannuitant Female  
**Male Annuitant:** 2024 Annuitant Male  
**Female Annuitant:** 2024 Annuitant Female  
**Applicable months from valuation month:** 3  
**Probability of lump sum:** 0.00%  
**Use pre-retirement mortality:** Yes

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
<b>Segment rates:</b>	3.82	4.59	4.63
<b>High Quality Bond rates:</b>	N/A	N/A	N/A
<b>Final rates:</b>	4.75	4.87	5.59
<b>Override:</b>	0.00	0.00	0.00

### Salary Scale

**Male:** 0.00%  
**Female:** 0.00%

### Withdrawal

**Male:** N/A  
**Female:** N/A

### Withdrawal-Select

**Male:** N/A  
**Female:** N/A

### Early Retirement Rates

**Male:** N/A  
**Female:** N/A

### Subsidized Early Retirement Rates

**Male:** N/A  
**Female:** N/A

### Options:

**Use optional combined mortality table for small plans:** No  
**Use discount rate transition:** No  
**Lump sums use proposed regulations:** Yes

### Actuarial Equivalent Floor

**Stability period:** plan year  
**Lookback months:** 3  
**Nonannuitant:** N/A  
**Annuitant:** 2024 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
<b>Current:</b>	5.77	6.14	6.19
<b>Override:</b>	0.00	0.00	0.00

### Late Retirement Rates

**Male:** N/A  
**Female:** N/A

### Marriage Probability

**Male:** 0.00%  
**Female:** 0.00%  
**Expense loading:** 0.00%

### Disability Rates

**Male:** N/A  
**Female:** N/A

	<u>Mortality</u>	<u>Setback</u>
<b>Male:</b>	N/A	0
<b>Female:</b>	N/A	0

**Name of Plan:** Bay Area Surgical Specialists Defined  
**Plan Sponsor's EIN:** 56-2605608  
**Plan Number:** 002

**Bay Area Surgical Specialists Defined Benefit PP&T  
Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

**Summary of Plan Provisions**

**Eligibility Requirements**

Age (yrs) : 21  
 Age (months) : 0  
 Wait (months) : 12  
 Two year eligibility : No

**Service/Participation Requirements**

**Definition of years:** Hours worked  
**Continuing hours:** 1,000  
**Excluded classes:** Union Members  
 Non-resident alien  
 Other

**Earnings**

**Total compensation excluding :** None

**Retirement                      Normal                      Early                      Subsidized Early                      Disability                      Death**

**Age:** 65  
**Service:** 0  
**Participation:** 5  
**Defined:** 1st of month following

**Benefit Reduction / Mortality table & setback**

<b>Male:</b>	Actuarial Equivalence	Actuarial Equivalence	N/A	0
<b>Female:</b>	Actuarial Equivalence	Actuarial Equivalence	N/A	0

<b>Rates - Male:</b>	N/A	N/A	N/A
<b>Rates - Female:</b>	N/A	N/A	N/A

<b>Use Social Security Retirement Age:</b>	No	<b>REACT Benefits Percentage:</b>	100.00%
<b>Vesting Schedule:</b>	2/20	<b>Insurance Method:</b>	100 times projected monthly benefit
<b>Vesting Definition:</b>	Hours Worked	<b>Percentage of Accrued Benefit:</b>	0.00%
		<b>Death Benefit Payment method:</b>	PVAB

	<b><u>Annuity</u></b>	<b><u>Percent</u></b>	<b><u>Years</u></b>
<b>Normal:</b>	Life only	0.00%	0
<b>QJSA:</b>	Joint and contingent	100.00%	0

**Significant Changes in Plan Provisions Since Last Valuation**

**Name of Plan:** Bay Area Surgical Specialists Defined Benefit PP&T  
**Plan Sponsor's EIN:** 56-2605608  
**Plan Number:** 002

**Bay Area Surgical Specialists Defined Benefit PP&T  
Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

**Summary of Plan Provisions**

**Benefits**

<b>Pension Formula:</b>	NHCE in BFP		
<b>Type of Formula:</b>	Unit benefit non-integrated		
<b>Effective Date:</b>	01/01/2013		
<b>Unit type:</b>	Percent		
<b>Unit based on:</b>	Service		
<b>Maximum total percent:</b>	0.00%		
<b>Tiers based on:</b>	None		
<b>First tier:</b>	0.50%	<b>for 1st</b>	None
<b>Second tier:</b>	None	<b>for next</b>	None
<b>Third tier:</b>	None	<b>for remaining yrs</b>	
<b>Maximum credit:</b>			
<b>Past years:</b>	17		
<b>Future years:</b>	99		
<b>Total years:</b>	25		

**Averaging**

<b>Projection method:</b>	Current Compensation	<b>Apply exclusion to accrued benefit:</b>	No
<b>Based on:</b>	Final Average	<b>Annualize short compensation years:</b>	No
<b>Highest:</b>	3	<b>Annualize short plan years:</b>	No
<b>In the last:</b>	0	<b>Include compensations based</b>	
<b>Excluding:</b>	0	<b>on years of:</b>	Accrual

**Accrual**

<b>Frozen:</b>	No						
<b>Definition of years:</b>	Hours worked				<b>Fractions based on:</b>	N/A	
<b>Accrual credit:</b>	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	<b>Precision:</b>	N/A
	1000	1000	1000	1000	1000	<b>Limit current credit to:</b>	N/A
<b>Years based on:</b>	Service			<b>Cap/floor years:</b>	0		
<b>Maximum past accrual years:</b>	0.0000			<b>Cap or floor:</b>	Floor		
<b>Method:</b>	Unit accrual			<b>Accrual % per year:</b>	0.00%		
				<b>Apply 415 before accrual:</b>	No		

<b>Name of Plan:</b>	Bay Area Surgical Specialists Defined Benefit PP&T
<b>Plan Sponsor's EIN:</b>	56-2605608
<b>Plan Number:</b>	002

**Bay Area Surgical Specialists Defined Benefit PP&T**  
**Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

**Summary of Plan Provisions**

**Benefits**

**Pension Formula:** NEW EXCL in BFP  
**Type of Formula:** Flat benefit  
**Effective Date:** 12/31/2018

**Flat benefit non-integrated type:** Percent  
**Total percent of salary:** 0.00%  
**Dollar amount:** None  
**Reduction based on:** Service  
**Benefit reduction for years less than:** 0

**Averaging**

<b>Projection method:</b>	Current Compensation	<b>Apply exclusion to accrued benefit:</b>	No
<b>Based on:</b>	Final Average	<b>Annualize short compensation years:</b>	No
<b>Highest:</b>	0	<b>Annualize short plan years:</b>	No
<b>In the last:</b>	0	<b>Include compensations based</b>	
<b>Excluding:</b>	0	<b>on years of:</b>	Accrual

**Accrual**

**Frozen:** No  
**Definition of years:** Hours worked  
**Fractions based on:** N/A

<b>Accrual credit:</b>	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	<b>Precision:</b>	N/A
	0	0	0	0	0	<b>Limit current credit to:</b>	N/A

<b>Years based on:</b>	Service	<b>Cap/floor years:</b>	0
<b>Maximum past accrual years:</b>	0.0000	<b>Cap or floor:</b>	Floor
<b>Method:</b>	Fractional	<b>Accrual % per year:</b>	0.00%
		<b>Apply 415 before accrual:</b>	No

**Frozen Benefits**

<b>Fresh Start Date:</b>	01/01/2023	<b>Fresh start approach</b>	No wear away
<b>Apply increase to frozen compensation:</b>	No	<b>Reduce years and/or caps</b>	Yes
<b>Selected Formula:</b>	NEW EXCL in BFP	<b>by frozen years:</b>	

**Name of Plan:** Bay Area Surgical Specialists Defined Benefit PP&T  
**Plan Sponsor's EIN:** 56-2605608  
**Plan Number:** 002

**Bay Area Surgical Specialists Defined Benefit PP&T**  
**Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

**Summary of Plan Provisions**

**Benefits**

**Pension Formula:** EXCL in BFP  
**Type of Formula:** Flat benefit  
**Effective Date:** 01/01/2016

**Flat benefit non-integrated type:** Percent  
**Total percent of salary:** 0.00%  
**Dollar amount:** None  
**Reduction based on:** Service  
**Benefit reduction for years less than:** 0

**Averaging**

<b>Projection method:</b>	Current Compensation	<b>Apply exclusion to accrued benefit:</b>	No
<b>Based on:</b>	Final Average	<b>Annualize short compensation years:</b>	No
<b>Highest:</b>	0	<b>Annualize short plan years:</b>	No
<b>In the last:</b>	0	<b>Include compensations based</b>	
<b>Excluding:</b>	0	<b>on years of:</b>	Accrual

**Accrual**

**Frozen:** No  
**Definition of years:** Hours worked  
**Fractions based on:** N/A

<b>Accrual credit:</b>	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	<b>Precision:</b> N/A
	0	0	0	0	0	<b>Limit current credit to:</b> N/A

<b>Years based on:</b>	Service	<b>Cap/floor years:</b>	0
<b>Maximum past accrual years:</b>	0.0000	<b>Cap or floor:</b>	Floor
<b>Method:</b>	Fractional	<b>Accrual % per year:</b>	0.00%
		<b>Apply 415 before accrual:</b>	No

**Name of Plan:** Bay Area Surgical Specialists Defined Benefit PP&T  
**Plan Sponsor's EIN:** 56-2605608  
**Plan Number:** 002

**Bay Area Surgical Specialists Defined Benefit PP&T  
Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

**Summary of Plan Provisions**

**Benefits**

<b>Pension Formula:</b>	HCE in BFP		
<b>Type of Formula:</b>	Unit benefit non-integrated		
<b>Effective Date:</b>	01/01/2013		
<b>Unit type:</b>	Percent		
<b>Unit based on:</b>	Service		
<b>Maximum total percent:</b>	0.00%		
<b>Tiers based on:</b>	None		
<b>First tier:</b>	10.00%	<b>for 1st</b>	None
<b>Second tier:</b>	None	<b>for next</b>	None
<b>Third tier:</b>	None	<b>for remaining yrs</b>	
<b>Maximum credit:</b>			
<b>Past years:</b>	17		
<b>Future years:</b>	99		
<b>Total years:</b>	25		

**Averaging**

<b>Projection method:</b>	Current Compensation	<b>Apply exclusion to accrued benefit:</b>	No
<b>Based on:</b>	Final Average	<b>Annualize short compensation years:</b>	No
<b>Highest:</b>	3	<b>Annualize short plan years:</b>	No
<b>In the last:</b>	0	<b>Include compensations based</b>	
<b>Excluding:</b>	0	<b>on years of:</b>	Accrual

**Accrual**

<b>Frozen:</b>	No						
<b>Definition of years:</b>	Hours worked				<b>Fractions based on:</b>	N/A	
<b>Accrual credit:</b>	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	<b>Precision:</b>	N/A
	1000	1000	1000	1000	1000	<b>Limit current credit to:</b>	N/A
<b>Years based on:</b>	Service			<b>Cap/floor years:</b>		0	
<b>Maximum past accrual years:</b>	0.0000			<b>Cap or floor:</b>		Floor	
<b>Method:</b>	Unit accrual			<b>Accrual % per year:</b>		0.00%	
				<b>Apply 415 before accrual:</b>		No	

**Name of Plan:** Bay Area Surgical Specialists Defined Benefit PP&T  
**Plan Sponsor's EIN:** 56-2605608  
**Plan Number:** 002

**Bay Area Surgical Specialists Defined Benefit PP&T**  
**Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

**Summary of Plan Provisions**

**Benefits**

**Pension Formula:** HCE Froz  
**Type of Formula:** Unit benefit non-integrated  
**Effective Date:** 12/31/2022

**Unit type:** Percent  
**Unit based on:** Service  
**Maximum total percent:** 0.00%  
**Tiers based on:** None  
**First tier:** 0.00% **for 1st** None  
**Second tier:** None **for next** None  
**Third tier:** None **for remaining yrs**

**Maximum credit:**  
**Past years:** 99  
**Future years:** 99  
**Total years:** 99

**Averaging**

**Projection method:** Current Compensation **Apply exclusion to accrued benefit:** No  
**Based on:** Final Average **Annualize short compensation years:** No  
**Highest:** 3 **Annualize short plan years:** No  
**In the last:** 0 **Include compensations based**  
**Excluding:** 0 **on years of:** Service

**Accrual**

**Frozen:** No  
**Definition of years:** Hours worked **Fractions based on:** N/A

**Accrual credit:** Continuing Died Disabled Retired Terminated **Precision:** N/A  
0 0 0 0 0 **Limit current credit to:** N/A

**Years based on:** Service **Cap/floor years:** 0  
**Maximum past accrual years:** 0.0000 **Cap or floor:** Floor  
**Method:** Unit accrual **Accrual % per year:** 0.00%  
**Apply 415 before accrual:** No

**Frozen Benefits**

**Fresh Start Date:** 01/01/2023 **Fresh start approach** No wear away  
**Apply increase to frozen compensation:** No **Reduce years and/or caps** Yes  
**Selected Formula:** N/A **by frozen years:**

**Name of Plan:** Bay Area Surgical Specialists Defined Benefit PP&T  
**Plan Sponsor's EIN:** 56-2605608  
**Plan Number:** 002

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	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		40 & Up	
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp
Under 25	1	0	41	38110	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	65	44094	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	39	46660	29	47798	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	29	38035	23	61050	3	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	16	0	25	62877	1	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	26	47268	24	61113	3	0	0	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	17	0	17	0	4	0	2	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	4	0	7	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	2	0	18	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	2	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: Bay Area Surgical Specialists Defined Benefit PP&T  
 Plan sponsor's name: Bay Area Surgical Specialists Medical Corporation

Plan number: 002  
 EIN: 56-2605608

**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


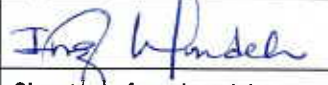
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report  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

<b>1a</b> Name of plan Bay Area Surgical Specialists Defined Benefit PP&T		<b>1b</b> Three-digit plan number (PN) ▶	002
		<b>1c</b> Effective date of plan	01/01/2013
<b>2a</b> 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) Bay Area Surgical Specialists Medical Corporation		<b>2b</b> Employer Identification Number (EIN)	56-2605608
2637 Shadelands Drive		<b>2c</b> Plan Sponsor's telephone number (925) 627-3494	
Walnut Creek CA 94598		<b>2d</b> Business code (see instructions)	621111

**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.

<b>SIGN HERE</b>		<u>10/9/25</u>	Inez Wondeh
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<u>10/9/25</u>	Inez Wondeh
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> 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:	<b>4b</b> EIN
<b>a</b> Sponsor's name	<b>4d</b> PN
<b>c</b> Plan Name	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 679
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b> 431
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b> 385
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b> 8
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b> 306
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b> 699
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b> 0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b> 699
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b> 99
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1I 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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)

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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 \_\_\_\_\_

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**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**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.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

▶ **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.

<b>A</b> Name of plan Bay Area Surgical Specialists Defined Benefit PP&T	<b>B</b> Three-digit plan number (PN) ▶	002
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<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Bay Area Surgical Specialists Medical Corporation	<b>D</b> Employer Identification Number (EIN) 56-2605608
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<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500
---	---

**Part I Basic Information**

**1** Enter the valuation date: Month 1 Day 1 Year 2024

<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> 20,511,893
<b>b</b> Actuarial value .....	<b>2b</b> 20,511,893

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	8	121,075	121,075
<b>b</b> For terminated vested participants.....	240	1,474,419	1,474,419
<b>c</b> For active participants .....	431	15,585,486	15,828,659
<b>d</b> Total.....	679	17,180,980	17,424,153

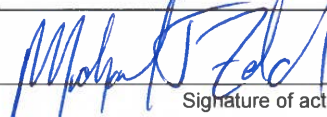
**4** If the plan is in at-risk status, check the box and complete lines (a) and (b).....

<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</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.....	<b>4b</b>

**5** Effective interest rate ..... 5.31 %

<b>6</b> Target normal cost.....	
<b>a</b> Present value of current plan year accruals.....	<b>6a</b> 333,861
<b>b</b> Expected plan-related expenses .....	<b>6b</b> 0
<b>c</b> Target normal cost .....	<b>6c</b> 333,861

**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.

<b>SIGN HERE</b>		10/07/2025
	Signature of actuary	Date
Michael J. Zelch, MSEA, MAAA		23-09095
Type or print name of actuary		Most recent enrollment number
Actuarial Data Inc.		(412) 429-8700
Firm name		Telephone number (including area code)
4068 Mt. Royal Blvd		
Suite 210		
Allison Park	PA 15101	
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 V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

**b** Applicable month (enter code) ..... **21b** 3

**22** Weighted average retirement age ..... **22** 65

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  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 .....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....  Yes  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 .....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  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** 333,861

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 333,861

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	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** 0

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0

**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.  2019  2020  2021

**Attachment to 2024 Form 5500**  
**Schedule SB, line 22 - Description of Weighted Average Retirement Age**

**Plan Name** Bay Area Surgical Specialists Defined Benefit PP&T **EIN:** 56-2605608  
**Plan Sponsor's Name** Bay Area Surgical Specialists Medical Corporation **PN:** 002

The weighted average retirement age is equal to the normal retirement age of 65.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.  
100% assumed to retire at age 65.

**Schedule SB, Part V - Statement of Actuarial Assumptions**

**Target Assumptions:**

Male Nonannuitant: 2024 Nonannuitant Male  
 Female Nonannuitant: 2024 Nonannuitant Female  
 Male Annuitant: 2024 Annuitant Male  
 Female Annuitant: 2024 Annuitant Female  
 Applicable months from valuation month: 3  
 Probability of lump sum: 0.00%  
 Use pre-retirement mortality: Yes

**Options:**

Use optional combined mortality table for small plans: No  
 Use discount rate transition: No  
 Lump sums use proposed regulations: Yes  
**Actuarial Equivalent Floor**  
 Stability period: plan year  
 Lookback months: 3  
 Nonannuitant: N/A  
 Annuitant: 2024 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	3.82	4.59	4.63
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.75	4.87	5.59
Override:	0.00	0.00	0.00

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	5.77	6.14	6.19
Override:	0.00	0.00	0.00

**Salary Scale**

Male: 0.00%  
 Female: 0.00%

**Late Retirement Rates**

Male: N/A  
 Female: N/A

**Withdrawal**

Male: N/A  
 Female: N/A

**Marriage Probability**

Male: 0.00%  
 Female: 0.00%  
 Expense loading: 0.00%

**Setback**

0

**Withdrawal-Select**

Male: N/A  
 Female: N/A

**Disability Rates**

Male: N/A  
 Female: N/A

**Early Retirement Rates**

Male: N/A  
 Female: N/A

**Mortality**

Male: N/A  
 Female: N/A

**Setback**

0  
 0

**Subsidized Early Retirement Rates**

Male: N/A  
 Female: N/A

Name of Plan: Bay Area Surgical Specialists Defined  
 Plan Sponsor's EIN: 56-2605608  
 Plan Number: 002

**Bay Area Surgical Specialists Defined Benefit PP&T  
Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

**Summary of Plan Provisions**

**Eligibility Requirements**

Age (yrs) : 21  
 Age (months) : 0  
 Wait (months) : 12  
 Two year eligibility : No

**Service/Participation Requirements**

Definition of years: Hours worked  
 Continuing hours: 1,000  
 Excluded classes: Union Members  
 Non-resident alien  
 Other

**Earnings**

Total compensation excluding : None

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	65				
Service:	0				
Participation:	5				
Defined:	1st of month following				

**Benefit Reduction / Mortality table & setback**

Male:	Actuarial Equivalence	Actuarial Equivalence	N/A	0
Female:	Actuarial Equivalence	Actuarial Equivalence	N/A	0
Rates - Male:	N/A	N/A	N/A	
Rates - Female:	N/A	N/A	N/A	

Use Social Security Retirement Age:	No	REACT Benefits Percentage:	100.00%
Vesting Schedule:	2/20	Insurance Method:	100 times projected monthly benefit
Vesting Definition:	Hours Worked	Percentage of Accrued Benefit:	0.00%
		Death Benefit Payment method:	PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	100.00%	0

**Significant Changes in Plan Provisions Since Last Valuation**

Name of Plan: Bay Area Surgical Specialists Defined Benefit PP&T  
 Plan Sponsor's EIN: 56-2605608  
 Plan Number: 002

**Bay Area Surgical Specialists Defined Benefit PP&T**  
**Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

**Summary of Plan Provisions**

**Benefits**

**Pension Formula:** NHCE in BFP  
**Type of Formula:** Unit benefit non-integrated  
**Effective Date:** 01/01/2013

**Unit type:** Percent  
**Unit based on:** Service  
**Maximum total percent:** 0.00%  
**Tiers based on:** None  
**First tier:** 0.50% **for 1st** None  
**Second tier:** None **for next** None  
**Third tier:** None **for remaining yrs**

**Maximum credit:**  
**Past years:** 17  
**Future years:** 99  
**Total years:** 25

**Averaging**

**Projection method:** Current Compensation **Apply exclusion to accrued benefit:** No  
**Based on:** Final Average **Annualize short compensation years:** No  
**Highest:** 3 **Annualize short plan years:** No  
**In the last:** 0 **Include compensations based**  
**Excluding:** 0 **on years of:** Accrual

**Accrual**

**Frozen:** No  
**Definition of years:** Hours worked **Fractions based on:** N/A

**Accrual credit:** Continuing Died Disabled Retired Terminated **Precision:** N/A  
1000 1000 1000 1000 1000 **Limit current credit to:**  
N/A

**Years based on:** Service **Cap/floor years:** 0  
**Maximum past accrual years:** 0.0000 **Cap or floor:** Floor  
**Method:** Unit accrual **Accrual % per year:** 0.00%  
**Apply 415 before accrual:** No

**Name of Plan:** Bay Area Surgical Specialists Defined Benefit PP&T  
**Plan Sponsor's EIN:** 56-2605608  
**Plan Number:** 002

**Bay Area Surgical Specialists Defined Benefit PP&T  
Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

**Summary of Plan Provisions**

**Benefits**

**Pension Formula:** NEW EXCL in BFP  
**Type of Formula:** Flat benefit  
**Effective Date:** 12/31/2018

**Flat benefit non-integrated type:** Percent  
**Total percent of salary:** 0.00%  
**Dollar amount:** None  
**Reduction based on:** Service  
**Benefit reduction for years less than:** 0

**Averaging**

<b>Projection method:</b>	Current Compensation	<b>Apply exclusion to accrued benefit:</b>	No
<b>Based on:</b>	Final Average	<b>Annualize short compensation years:</b>	No
<b>Highest:</b>	0	<b>Annualize short plan years:</b>	No
<b>In the last:</b>	0	<b>Include compensations based</b>	
<b>Excluding:</b>	0	<b>on years of:</b>	Accrual

**Accrual**

<b>Frozen:</b>	No	<b>Fractions based on:</b>	N/A
<b>Definition of years:</b>	Hours worked		
<b>Accrual credit:</b>	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>
	0	0	0
		<u>Retired</u>	<u>Terminated</u>
		0	0
			<b>Precision:</b> N/A
			<b>Limit current credit to:</b> N/A

<b>Years based on:</b>	Service	<b>Cap/floor years:</b>	0
<b>Maximum past accrual years:</b>	0.0000	<b>Cap or floor:</b>	Floor
<b>Method:</b>	Fractional	<b>Accrual % per year:</b>	0.00%
		<b>Apply 415 before accrual:</b>	No

**Frozen Benefits**

<b>Fresh Start Date:</b>	01/01/2023	<b>Fresh start approach</b>	No wear away
<b>Apply increase to frozen compensation:</b>	No	<b>Reduce years and/or caps</b>	Yes
<b>Selected Formula:</b>	NEW EXCL in BFP	<b>by frozen years:</b>	

**Name of Plan:** Bay Area Surgical Specialists Defined Benefit PP&T  
**Plan Sponsor's EIN:** 56-2605608  
**Plan Number:** 002

**Bay Area Surgical Specialists Defined Benefit PP&T**  
**Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

**Summary of Plan Provisions**

**Benefits**

**Pension Formula:** EXCL in BFP  
**Type of Formula:** Flat benefit  
**Effective Date:** 01/01/2016

**Flat benefit non-integrated type:** Percent  
**Total percent of salary:** 0.00%  
**Dollar amount:** None  
**Reduction based on:** Service  
**Benefit reduction for years less than:** 0

**Averaging**

<b>Projection method:</b>	Current Compensation	<b>Apply exclusion to accrued benefit:</b>	No
<b>Based on:</b>	Final Average	<b>Annualize short compensation years:</b>	No
<b>Highest:</b>	0	<b>Annualize short plan years:</b>	No
<b>In the last:</b>	0	<b>Include compensations based</b>	
<b>Excluding:</b>	0	<b>on years of:</b>	Accrual

**Accrual**

**Frozen:** No  
**Definition of years:** Hours worked  
**Fractions based on:** N/A

<b>Accrual credit:</b>	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	<b>Precision:</b> N/A
	0	0	0	0	0	<b>Limit current credit to:</b> N/A

<b>Years based on:</b>	Service	<b>Cap/floor years:</b>	0
<b>Maximum past accrual years:</b>	0.0000	<b>Cap or floor:</b>	Floor
<b>Method:</b>	Fractional	<b>Accrual % per year:</b>	0.00%
		<b>Apply 415 before accrual:</b>	No

**Name of Plan:** Bay Area Surgical Specialists Defined Benefit PP&T  
**Plan Sponsor's EIN:** 56-2605608  
**Plan Number:** 002

**Bay Area Surgical Specialists Defined Benefit PP&T  
Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

**Summary of Plan Provisions**

**Benefits**

<b>Pension Formula:</b>	HCE in BFP		
<b>Type of Formula:</b>	Unit benefit non-integrated		
<b>Effective Date:</b>	01/01/2013		
<b>Unit type:</b>	Percent		
<b>Unit based on:</b>	Service		
<b>Maximum total percent:</b>	0.00%		
<b>Tiers based on:</b>	None		
<b>First tier:</b>	10.00%	<b>for 1st</b>	None
<b>Second tier:</b>	None	<b>for next</b>	None
<b>Third tier:</b>	None	<b>for remaining yrs</b>	
<b>Maximum credit:</b>			
<b>Past years:</b>	17		
<b>Future years:</b>	99		
<b>Total years:</b>	25		

**Averaging**

<b>Projection method:</b>	Current Compensation	<b>Apply exclusion to accrued benefit:</b>	No
<b>Based on:</b>	Final Average	<b>Annualize short compensation years:</b>	No
<b>Highest:</b>	3	<b>Annualize short plan years:</b>	No
<b>In the last:</b>	0	<b>Include compensations based</b>	
<b>Excluding:</b>	0	<b>on years of:</b>	Accrual

**Accrual**

<b>Frozen:</b>	No	<b>Fractions based on:</b>	N/A
<b>Definition of years:</b>	Hours worked		
<b>Accrual credit:</b>	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>
	1000	1000	1000
		<u>Retired</u>	<u>Terminated</u>
		1000	1000
			<b>Precision:</b> N/A
			<b>Limit current credit to:</b> N/A
<b>Years based on:</b>	Service	<b>Cap/floor years:</b>	0
<b>Maximum past accrual years:</b>	0.0000	<b>Cap or floor:</b>	Floor
<b>Method:</b>	Unit accrual	<b>Accrual % per year:</b>	0.00%
		<b>Apply 415 before accrual:</b>	No

<b>Name of Plan:</b>	Bay Area Surgical Specialists Defined Benefit PP&T
<b>Plan Sponsor's EIN:</b>	56-2605608
<b>Plan Number:</b>	002

**Bay Area Surgical Specialists Defined Benefit PP&T**  
**Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

**Summary of Plan Provisions**

**Benefits**

**Pension Formula:** HCE Froz  
**Type of Formula:** Unit benefit non-integrated  
**Effective Date:** 12/31/2022

**Unit type:** Percent  
**Unit based on:** Service  
**Maximum total percent:** 0.00%  
**Tiers based on:** None  
**First tier:** 0.00% for 1st None  
**Second tier:** None for next None  
**Third tier:** None for remaining yrs

**Maximum credit:**  
**Past years:** 99  
**Future years:** 99  
**Total years:** 99

**Averaging**

**Projection method:** Current Compensation **Apply exclusion to accrued benefit:** No  
**Based on:** Final Average **Annualize short compensation years:** No  
**Highest:** 3 **Annualize short plan years:** No  
**In the last:** 0 **Include compensations based**  
**Excluding:** 0 **on years of:** Service

**Accrual**

**Frozen:** No  
**Definition of years:** Hours worked **Fractions based on:** N/A

**Accrual credit:** Continuing Died Disabled Retired Terminated **Precision:** N/A  
0 0 0 0 0 **Limit current credit to:** N/A

**Years based on:** Service **Cap/floor years:** 0  
**Maximum past accrual years:** 0.0000 **Cap or floor:** Floor  
**Method:** Unit accrual **Accrual % per year:** 0.00%  
**Apply 415 before accrual:** No

**Frozen Benefits**

**Fresh Start Date:** 01/01/2023 **Fresh start approach** No wear away  
**Apply increase to frozen compensation:** No **Reduce years and/or caps** Yes  
**Selected Formula:** N/A **by frozen years:**

**Name of Plan:** Bay Area Surgical Specialists Defined Benefit PP&T  
**Plan Sponsor's EIN:** 56-2605608  
**Plan Number:** 002

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	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		40 & Up		
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	
Under 25	1	0	41	38110	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	65	44094	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	39	46660	29	47798	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	29	38035	23	61050	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	16	0	25	62877	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	26	47268	24	61113	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	17	0	17	0	4	0	0	2	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	4	0	7	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	2	0	18	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	2	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: Bay Area Surgical Specialists Defined Benefit PP&T  
 Plan sponsor's name: Bay Area Surgical Specialists Medical Corporation

Plan number: 002  
 EIN: 56-2605608

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
 EIN: 56-2605608; Plan: 002  
 Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)  
 December 31, 2024 (in liquidation)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Schwab Treasury Obligations Money Fund	Mutual Fund	17,177,421	\$ 17,177,421
	The Private Shares Fund Class I	Mutual Fund	94,933	132,581
*	Cash and equivalents - Interest Bearing	Interest Bearing Cash	5,050	<u>5,050</u>
				<u>\$ 17,315,052</u>
*	Indicated party-in-interest to the Plan			

Bay Area Surgical Specialists Defined Benefit Pension Plan and Trust  
 EIN: 56-2605608; Plan: 002  
 Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions  
 For The Year Ended December 31, 2024 (in liquidation)

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Innovator Grow 100 Power Buffer	Exchange Traded Fund	\$ 5,699,029	\$ -	\$ 5,699,029	\$ 5,699,029	\$ -
Innovator Grow 100 Power Buffer	Exchange Traded Fund	\$ -	\$ 7,352,215	\$ 5,699,029	\$ 7,352,215	\$ 1,653,186
Regan Total Return Income Fund	Mutual Fund	\$ 322,320	\$ -	\$ 322,320	\$ 322,320	\$ -
Regan Total Return Income Fund	Mutual Fund	\$ -	\$ 1,349,055	\$ 322,320	\$ 1,349,055	\$ 1,026,735
Schwab Treasury Obligations Money Fund	Mutual Fund	\$ 17,178,088	\$ -	\$ 17,178,088	\$ 17,178,088	\$ -

Columns e and f are not applicable

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**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.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

For calendar plan year 2024 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

▶ **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.

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

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month _____ Day _____ Year _____		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	
	<b>b</b> Actuarial value .....	<b>2b</b>	
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....		(3) Total Funding Target
	<b>b</b> For terminated vested participants .....		
	<b>c</b> For active participants .....		
	<b>d</b> Total .....		
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	%
<b>6</b>	Target normal cost .....		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	
	<b>c</b> Target normal cost .....	<b>6c</b>	

**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.

<b>SIGN HERE</b>		
	Signature of actuary	Date
	Type or print name of actuary	Most recent enrollment number
	Firm name	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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2024  
v. 240311**

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

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

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
<b>Totals ▶</b>			<b>18(b)</b>		<b>18(c)</b>

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>b</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	
	<b>c</b> 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: %	2nd segment: %	3rd segment: %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b**

**22** Weighted average retirement age ..... **22**

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  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.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  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.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment...  Yes  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**

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29**

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30**

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

**a** Target normal cost (line 6c) ..... **31a**

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b**

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....		
<b>b</b> Waiver amortization installment.....		

**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**

	Carryover balance	Prefunding balance	
<b>35</b> Balances elected for use to offset funding requirement .....			Total balance

**36** Additional cash requirement (line 34 minus line 35) ..... **36**

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37**

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a**

**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**

**40** Unpaid minimum required contributions for all years ..... **40**

**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.  2019  2020  2021

**Attachment to 2024 Form 5500**  
**Schedule SB, line 22 - Description of Weighted Average Retirement Age**

<b>Plan Name</b>	<u>Bay Area Surgical Specialists Defined Benefit PP&amp;T</u>	<b>EIN:</b>	<u>56-2605608</u>
<b>Plan Sponsor's Name</b>	<u>Bay Area Surgical Specialists Medical Corporation</u>	<b>PN:</b>	<u>002</u>

The weighted average retirement age is equal to the normal retirement age of 65 .

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.  
100% assumed to retire at age 65.