

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: BASS CASH BALANCE PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/2013
2a Plan sponsor's name (employer, if for a single-employer plan): BASS MEDICAL GROUP, INC.
2b Employer Identification Number (EIN): 56-2605608
2c Plan Sponsor's telephone number: 925-494-2368
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	204
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	160
	6a(2)	146
	6b	0
	6c	40
	6d	186
	6e	0
	6f	186
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>BASS CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BASS MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>56-2605608</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>45222918</u>
	b Actuarial value	2b	<u>45222918</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>29</u>	<u>171041</u>
	c For active participants	<u>174</u>	<u>43863814</u>
	d Total	<u>203</u>	<u>44034855</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.00 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>7180027</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>7180027</u>

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

SIGN HERE		
	Signature of actuary	<u>09/16/2025</u>
	<u>JULIE HUPPERTS, FSA, EA</u>	Date
	Type or print name of actuary	<u>23-06632</u>
	<u>KRAVITZ, LLC</u>	Most recent enrollment number
	Firm name	<u>818-995-6100</u>
	<u>C/O FUTUREPLAN P.O. BOX 219073 KANSAS CITY, MO 64121</u>	Telephone number (including area code)
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.06</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1758
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.07</u> %		89
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		1847
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.42 %
15	Adjusted funding target attainment percentage	15	102.42 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.07 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/08/2024	500000	0	07/01/2024	500000	0		
03/15/2024	500000	0	07/10/2024	557611	0		
03/27/2024	500000	0	07/26/2024	500000	0		
04/05/2024	600000	0	08/01/2024	500000	0		
06/14/2024	500000	0	09/30/2024	500000	0		
06/21/2024	500000	0	08/07/2025	600000	0		
			Totals ▶	18(b)	7396604	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	7148343

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

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

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
08/15/2025	600000	0					
08/22/2025	538993	0					
			Totals ▶	18(b)		18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 63

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	7180027
b Excess assets, if applicable, but not greater than line 31a	31b	1072208

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	6107819
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 6107819

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 7148343

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

a Total (excess, if any, of line 37 over line 36)	38a	1040524
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

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

A Name of plan BASS CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BASS MEDICAL GROUP, INC.	D Employer Identification Number (EIN) 56-2605608	

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

TD AMERITRADE

47-0533629

(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)

TD AMERITRADE

47-0533629

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 28 50 51 52 63 64	RECORDKEEPER	142153	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

FUTUREPLAN BY ASCENSUS

200 DRYDEN RD
DRESHER, PA 19025

(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?
17 50	NONE	55493	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

94-6214841

(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 50	AUDITOR	19110	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation: CHANGE IN EIN ONLY; NO CHANGE TO AUDITOR

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BASS CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BASS MEDICAL GROUP, INC.	D Employer Identification Number (EIN) 56-2605608

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6000000	1738993
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	205590	575048
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3975512	7962906
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	35087852	44986368
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	45268954	55263315
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	45268954	55263315

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	7396604	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7396604
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2699	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2699
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	180414	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1554996	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1735410
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	98444467	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	96950738	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1493729
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		451453
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11079895

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	849891	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		849891
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	142153	
(4) IQPA audit fees	2i(4)	19110	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	55493	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	18887	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		235643
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1085534

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9994361
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 536869.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BASS CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BASS MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>56-2605608</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 47-0533629

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	4
--	---	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

BASS Cash Balance Plan

Financial Statements
and Supplemental Schedules

December 31, 2024 and 2023
and For the Year Ended December 31, 2024



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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
BASS Cash Balance Plan

Opinion

We have audited the accompanying financial statements of BASS Cash Balance 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 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the statements of accumulated plan benefits as of December 31, 2024 and 2023, and the related statement of changes in accumulated plan benefits for the year ended December 31, 2024, 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 BASS Cash Balance Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, and the accumulated plan benefits as of December 31, 2024 and 2023, and the changes in its accumulated plan benefits for the year ended December 31, 2024, 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 BASS Cash Balance Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about BASS Cash Balance Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the 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 BASS Cash Balance Plan'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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about BASS Cash Balance Plan's ability to continue as a going concern for a reasonable period of time.

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, and of reportable transactions for the year ended December 31, 2024 (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 supplemental 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.

Amosino LLP

Dallas, Texas

October 15, 2025

BASS Cash Balance Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value		
Mutual funds and ETFs	\$ 44,986,368	\$ 35,087,852
Common stock	7,962,906	3,975,512
Cash equivalents	575,048	205,590
Total investments, at fair value	53,524,322	39,268,954
Receivables		
Employer contributions	1,738,993	6,000,000
Total receivables	1,738,993	6,000,000
Net assets available for benefits	\$ 55,263,315	\$ 45,268,954

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

BASS Cash Balance Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

Additions to net assets	
Contributions	
Employer contributions	\$ 7,396,604
Total contributions	<u>7,396,604</u>
Investment income	
Interest and dividends	1,738,108
Net appreciation in fair value of investments	<u>1,945,183</u>
Total investment income	<u>3,683,291</u>
Total additions to net assets	<u>11,079,895</u>
Deductions from net assets	
Benefits paid to participants	849,891
Administrative expenses	<u>235,643</u>
Total deductions from net assets	<u>1,085,534</u>
Net increase in net assets available for benefits	9,994,361
Net assets available for benefits, beginning of year	<u>45,268,954</u>
Net assets available for benefits, end of year	<u><u>\$ 55,263,315</u></u>

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

BASS Cash Balance Plan
 Statements of Accumulated Plan Benefits
 December 31, 2024 and 2023

	2024	2023
Actuarial present value of accumulated plan benefits		
Vested benefits		
Active participants	\$ 57,020,058	\$ 50,269,078
Terminated participants	4,796,731	184,097
Total vested benefits	61,816,789	50,453,175
Non-vested benefits	119,173	170,109
Total actuarial present value of accumulated plan benefits	\$ 61,935,962	\$ 50,623,284

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

BASS Cash Balance Plan
Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2024

	2024
Actuarial present value of accumulated plan benefits, beginning of year	\$ 50,623,284
Increase (decrease) during the year attributable to	
Benefits accumulated	9,369,022
Interest due to the decrease in the discount period	2,743,174
Benefits paid to participants	(849,891)
Actuarial gains	50,373
Net increase	11,312,678
Actuarial present value of accumulated plan benefits, end of year	\$ 61,935,962

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

BASS Cash Balance Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

The following description of the BASS Cash Balance Plan (the "Plan") provides only general information. Participants should refer to the plan document and related amendments for a more complete description of the Plan's provisions.

Effective January 1, 2023, and June 1, 2023, respectively, San Ramon Valley Anesthesia Group and Tri-Valley Orthopedics adopted the Plan as participating employers on behalf of their employees.

General

The Plan is a cash balance defined benefit pension plan covering certain employees of BASS Medical Group, Inc. (the "Company", "Employer" or "Plan Sponsor") and certain affiliates effective January 1, 2013. The Plan is designed to comply with the Internal Revenue Code (IRC) and to provide benefits to eligible employees of the Company in the event of retirement, disability, death, or termination of employment. 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) and the IRC.

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 in common stock, mutual funds, exchange traded funds and cash equivalents and serves as the broker for the Plan as of December 31, 2024, and for the period from September 5, 2023, through December 31, 2023, 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 Company's executive committee directs the Custodians in all matters related to the preservation, investment, reinvestment, management, and disposition of the Plan's assets.

Employees in an eligible class as defined in the plan documents and related amendments are eligible to participate in the Plan on January 1 or July 1 coincident with the latter of: (a) attaining the age of twenty-one (21), and (b) completing one (1) year of service. The one thousand (1,000) hours of service method is used in measuring this service.

Vesting

The accrued benefit of a participant will fully vest after three (3) years of credited service as defined by the Plan. Years of service at certain previous employers, as defined, may count towards the service requirement for vesting purposes.

BASS Cash Balance Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (continued)

Accumulation accounts

The Plan maintains a hypothetical accumulation account ("accumulation account") for each participant. The Company credits the participant's account with a certain number of dollars each Plan year, and promises earnings at a specified rate. Participants are eligible for an Employer contribution for a Plan year when they complete one (1) year of service as a participant. The annual contribution for 2024 and 2023 is set through an amendment to the Plan effective January 1, 2025, and January 1, 2024, respectively.

The current value of an accumulation account as of any valuation date is equal to all Employer contributions and any earnings or losses credited to the account as of such valuation date. The accumulation of any earnings or losses for any Plan year is the net rate of return on aggregate Plan assets for the Plan year, including both positive and negative rates of return. The net rate of return is equal to the actual rate of return on Plan assets, adjusted to reflect a reduction for Plan expenses paid out of the Plan. To compute the actual rate of return for a Plan year, the asset basis shall assume that all contributions for the Plan year are credited and deposited on the last day of the Plan year, and all benefit distributions are withdrawn on the first day of the Plan year.

Pension benefits

Generally, participants with three (3) or more years of vested service are entitled to annual pension benefits beginning at the age of sixty-two (62), or normal retirement. The normal retirement benefit of a participant will be equal to such participant's accrued benefit as of their normal retirement date. The pension benefit amount will equal the actuarial equivalent value of the accumulation account. For single participants and married participants, straight life annuity, reduced joint, and one hundred percent (100%) survivor annuities are available, respectively. Alternate forms of benefit payment include single-sum, direct transfer, and annuities.

Death and disability benefits

If an active employee has a termination of employment on account of death, a death benefit equal to the value of the participant's vested accumulated pension benefit is paid to the participant's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the value of the accrued pension they have received as of the time they become disabled.

Other distributions

Distributions of the present value of accrued benefits to a participant upon employment severance, prior to normal retirement date, will be permitted according to the Plan but participants will be entitled to a vested deferred benefit. The calculation of accrued benefits for a participant before the normal retirement date will be the accrued pension times the vested percentage. In-service distributions of a participant's accrued benefit are permitted at or after age 62 and may be made periodically.

BASS Cash Balance Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (continued)

Funding policy

The Company makes contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to participants, as determined by the Plan's actuary. For the years ended December 31, 2024 and 2023, the Plan was sufficiently funded so that Plan participants were not restricted from distributing their accumulation accounts. The contributions of the Company are also designed to fund the current service cost on a current basis (Note 2).

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

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, 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.

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. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

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 (depreciation) in fair value of investments includes the gains and losses on investments purchased and sold during the year.

BASS Cash Balance Plan
Notes to Financial Statements
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to 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 payable under all circumstances (retirement, death, and termination of employment) are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuaries and is the 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, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions as of December 31, 2024:

- Actuarial Method - Unit credit.
- Interest Rates - Three percent (3%) per annum compounded annually, for all future years in relation to accumulation rate.
- Discount Rate - Five and a half percent (5.5%) for valuing accumulated benefits.
- Retirement - Normal retirement age is 62.
- Mortality – Static Mortality Tables for Defined Benefit Plans for 2024, published by the Internal Revenue Service under Notice 2019-26.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Contributions and contributions receivable

Contributions from the Employer are recorded in the year earned to coincide with the year which the Employer records the contributions.

Payment of benefits

Benefit payments are recorded when paid.

Administrative expenses

Administrative expenses are recorded when incurred.

BASS Cash Balance Plan
Notes to Financial Statements
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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.

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:

The three levels of fair value hierarchy are 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'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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value.

Cash equivalents - 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.

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 (ETFs) - 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.

BASS Cash Balance Plan
Notes to Financial Statements
December 31, 2024 and 2023

3. FAIR VALUE MEASUREMENTS (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, 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 ETFs	\$ 44,986,368	\$ -	\$ -	\$ 44,986,368
Cash equivalents	575,048	-	-	575,048
Common stock	<u>7,962,906</u>	<u>-</u>	<u>-</u>	<u>7,962,906</u>
	<u>\$ 53,524,322</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 53,524,322</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, 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>
Mutual funds and ETFs	\$ 35,087,852	\$ -	\$ -	\$ 35,087,852
Cash equivalents	205,590	-	-	205,590
Common stock	<u>3,975,512</u>	<u>-</u>	<u>-</u>	<u>3,975,512</u>
	<u>\$ 39,268,954</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 39,268,954</u>

4. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

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.

BASS Cash Balance Plan
Notes to Financial Statements
December 31, 2024 and 2023

4. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (continued)

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.

5. TAX STATUS

The Plan obtained its latest determination letter on June 20, 2018, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Prior to this date, the Company believes that the Plan has been designed and functioning in accordance with applicable sections of the IRC. 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.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to cease benefit accruals or terminate or partially terminate the Plan in accordance with its provisions, subject to the provisions of the IRC and ERISA. If the Plan were to terminate, the rights of participating employees are non-forfeitable with respect to the Plan benefits accrued through the date of such termination. 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 document.

If the Plan is terminated or partially terminated, the rights of all affected participants in their accrued benefits to the date of such termination or partial termination (to the extent funded as of such date) shall be fully vested and nonforfeitable. However, the Plan's trust shall continue until all participants' accrued benefits have been completely distributed to or for the benefit of the participants or their designated beneficiaries in accordance with the Plan, unless the Board specifies that distributions shall occur as a result of such Plan termination.

Certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

BASS Cash Balance Plan
Notes to Financial Statements
December 31, 2024 and 2023

6. PLAN TERMINATION (continued)

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and by the PBGC guaranty while other benefits may not be provided for at all. Upon termination of the Plan, benefits are paid in accordance with certain priorities. Benefits will be paid 1) to all benefits guaranteed and insured by the PBGC, 2) to all other vested accrued benefits not insured by the PBGC, and 3) to all other accrued benefits under the Plan. Any excess funds will revert to the Employer.

SUPPLEMENTAL SCHEDULES

BASS Cash Balance Plan
EIN: 56-2605608; Plan: 003
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issuer, 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
*	Cash and equivalents- Interest Bearing	Interest Bearing Cash	\$ 575,048	\$ 575,048
	AbbVie Inc	Common Stock	266,048	298,181
	Air Products & Chemicals Inc. Common Stock	Common Stock	277,676	300,191
	Albemarle Corporation Common Stock	Common Stock	262,642	199,103
	Amgen Inc	Common Stock	361,073	313,289
	Apple Inc. Common Stock	Common Stock	213,893	418,201
	Brown & Brown Inc	Common Stock	265,014	340,135
	Casey's General Stores Inc. Common Stock	Common Stock	163,165	323,720
	Chevron Corporation Company	Common Stock	292,265	320,676
	Cullen Frost Bankers Common Stock	Common Stock	248,015	342,472
	Dover Corporation	Common Stock	217,369	230,185
	Emerson Electric Co	Common Stock	220,552	251,454
	Genuine Parts Company Common Stock	Common Stock	366,723	358,336
	Graco Inc. Company	Common Stock	285,760	303,360
	Hormel Foods Corp	Common Stock	311,858	320,476
	IBM Corp.	Common Stock	188,530	277,425
	Johnson & Johnson Common Stock	Common Stock	277,859	267,836
	Lincoln Electric Holdings	Common Stock	219,650	221,777
	MSC Industrial Direct Co Common Stock Class A	Common Stock	298,133	271,423
	Nike Inc.	Common Stock	329,771	257,051
	Nucor Corporation Common Stock	Common Stock	287,587	277,186
	Pepsico Inc. Common Stock	Common Stock	342,210	342,743
	Realty Income Corp Common Stock USD1	Common Stock	331,498	317,095
	RPM International	Common Stock	314,893	359,335
	Texas Instruments Inc. Common Stock	Common Stock	211,245	275,640
	Verizon Communications Inc	Common Stock	223,993	240,020
	Walmart Inc. Common Stock	Common Stock	326,562	535,596
	Adaptive Alpha Opportunities ETF	Exchange Traded Fund	358,592	398,459
	AllianzIM US Large Cap 6 Month Buffer	Exchange Traded Fund	2,013,595	1,994,567
	AllianzIM US Large Cap Buffer10 Oct ETF	Exchange Traded Fund	2,688,622	2,650,238
	Avantis Emerging Markets Equity ETF	Exchange Traded Fund	380,438	426,463
	Columbia Seligman Semiconductor	Exchange Traded Fund	280,150	308,237
	Franklin Senior Loan ETF	Exchange Traded Fund	2,112,178	2,110,497
	FT Vest U.S. Equity Buffer ETF - November	Exchange Traded Fund	3,358,543	3,308,043
	FT Vest U.S. Equity Buffer ETF - October	Exchange Traded Fund	2,685,363	2,642,591
	Innovator US Equity Nov	Exchange Traded Fund	2,685,495	2,647,073
	iShares Trust Core Div Growth ETF	Exchange Traded Fund	297,742	348,779
	iShares Trust Dividend Growth ETF	Exchange Traded Fund	439,820	499,574
	Pacer Developed Markets International Cash Cows 10	Exchange Traded Fund	292,095	292,922
	Pacer US Cash Cows 100 ETF	Exchange Traded Fund	379,997	449,185
	ProShares S&P Technology Dividend Aristocrats	Exchange Traded Fund	235,823	281,971
	Regan Floating Rate ETF	Exchange Traded Fund	1,884,717	1,887,195
	Simplify Enhanced Income	Exchange Traded Fund	1,782,016	1,681,151
	SPDR Portfolio S&P 500 Growth ETF	Exchange Traded Fund	259,239	335,075

BASS Cash Balance Plan
EIN: 56-2605608; Plan: 003
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issuer, 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
	VanEck CLO ETF	Exchange Traded Fund	2,088,930	2,109,481
	VanEck IG Floating Rate ETF	Exchange Traded Fund	1,412,703	1,427,669
	Vaneck Vectors ETF Trust Morningstar Wide	Exchange Traded Fund	349,748	422,733
	Vanguard Total Stock Market ETF	Exchange Traded Fund	350,008	473,550
	Acuitas US Microcap Fund Institutional Shares	Mutual Fund	438,449	461,408
	Alger Small Cap Focus Z	Mutual Fund	366,158	448,272
	Aristotle Strategic Income Fund	Mutual Fund	6,362,790	6,352,675
	Blackrock Funds Event Driven Equity Inst	Mutual Fund	777,835	788,744
	Campbell Systematic Macro Fund	Mutual Fund	1,270,956	1,328,509
	Longboard I	Mutual Fund	755,961	761,103
	PGIM Funds Sort Duration High Yield Inc Z	Mutual Fund	2,027,016	2,105,796
	Regan Total Return Income Fund Institutional Class	Mutual Fund	3,346,882	3,378,813
	The Private Shares Fund I	Mutual Fund	192,389	282,883
	Stone Ridge Diversified Alternatives Fund	Mutual Fund	1,069,817	1,057,893
	Victory Market Neutral Income Fund	Mutual Fund	1,423,529	1,324,819
			<u>\$ 52,046,628</u>	<u>\$ 53,524,322</u>

* Indicated party-in-interest to the Plan

BASS Cash Balance Plan
EIN: 56-2605608; Plan: 003
Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions
For The Year Ended December 31, 2024

(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)
AllianzIM US Large Cap Buffer10 July ETF	Exchange Traded Fund	\$ 2,552,300	\$ -	\$ 2,552,300	\$ 2,552,300	\$ -
AllianzIM US Large Cap Buffer10 July ETF	Exchange Traded Fund	\$ -	\$ 2,653,622	\$ 2,552,300	\$ 2,653,622	\$ 101,322
AllianzIM US Large Cap Buffer10 June ETF	Exchange Traded Fund	\$ 2,443,095	\$ -	\$ 2,443,095	\$ 2,443,095	\$ -
AllianzIM US Large Cap Buffer10 June ETF	Exchange Traded Fund	\$ -	\$ 2,445,588	\$ 2,443,095	\$ 2,445,588	\$ 2,493
AllianzIM US Large Cap Buffer10 February ETF	Exchange Traded Fund	\$ 2,265,773	\$ -	\$ 2,265,773	\$ 2,265,773	\$ -
AllianzIM US Large Cap Buffer10 February ETF	Exchange Traded Fund	\$ -	\$ 2,289,490	\$ 2,265,773	\$ 2,289,490	\$ 23,717
Aristotle Strategic Income Fund	Mutual Fund	\$ 4,707,817	\$ -	\$ 4,707,817	\$ 4,707,817	\$ -
Bondbloxx Bloomberg Six Month Target Duration ETF	Exchange Traded Fund	\$ 2,316,292	\$ -	\$ 2,316,292	\$ 2,316,292	\$ -
Bondbloxx Bloomberg Six Month Target Duration ETF	Exchange Traded Fund	\$ -	\$ 2,305,356	\$ 2,316,292	\$ 2,305,356	\$ (10,936)
FT Vest U.S. Equity Buffer July ETF	Exchange Traded Fund	\$ 3,184,799	\$ -	\$ 3,184,799	\$ 3,184,799	\$ -
FT Vest U.S. Equity Buffer July ETF	Exchange Traded Fund	\$ -	\$ 3,307,826	\$ 3,184,799	\$ 3,307,826	\$ 123,027
FT Vest U.S. Equity Buffer May ETF	Exchange Traded Fund	\$ 2,442,115	\$ -	\$ 2,442,115	\$ 2,442,115	\$ -
FT Vest U.S. Equity Buffer May ETF	Exchange Traded Fund	\$ -	\$ -	\$ 2,442,115	\$ 2,446,028	\$ 3,913
FT Vest U.S. Equity Buffer January ETF	Exchange Traded Fund	\$ 2,269,371	\$ -	\$ 2,269,371	\$ 2,269,371	\$ -
FT Vest U.S. Equity Buffer January ETF	Exchange Traded Fund	\$ -	\$ 2,294,196	\$ 2,269,371	\$ 2,294,196	\$ 24,825
FT Vest U.S. Equity Moderate Buffer December ETF	Exchange Traded Fund	\$ 2,843,959	\$ -	\$ 2,843,959	\$ 2,843,959	\$ -
FT Vest U.S. Equity Moderate Buffer December ETF	Exchange Traded Fund	\$ -	\$ 2,871,348	\$ 2,843,959	\$ 2,871,348	\$ 27,389
Innovator U.S. Equity Buffer July ETF	Exchange Traded Fund	\$ 2,548,391	\$ -	\$ 2,548,391	\$ 2,548,391	\$ -
Innovator U.S. Equity Buffer July ETF	Exchange Traded Fund	\$ -	\$ 2,651,362	\$ 2,548,391	\$ 2,651,362	\$ 102,971
Innovator U.S. Equity Buffer June ETF	Exchange Traded Fund	\$ 2,443,052	\$ -	\$ 2,443,052	\$ 2,443,052	\$ -
Innovator U.S. Equity Buffer June ETF	Exchange Traded Fund	\$ -	\$ 2,444,612	\$ 2,443,052	\$ 2,444,612	\$ 1,560
Innovator U.S. Equity Power Buffer July ETF	Exchange Traded Fund	\$ 4,615,203	\$ -	\$ 4,615,203	\$ 4,615,203	\$ -
Innovator U.S. Equity Power Buffer July ETF	Exchange Traded Fund	\$ -	\$ 5,034,727	\$ 4,615,203	\$ 5,034,727	\$ 419,524
Innovator U.S. Equity Power Buffer December ETF	Exchange Traded Fund	\$ 2,234,539	\$ -	\$ 2,234,539	\$ 2,234,539	\$ -
Innovator U.S. Equity Power Buffer December ETF	Exchange Traded Fund	\$ -	\$ 2,298,126	\$ 2,234,539	\$ 2,298,126	\$ 63,587

Columns e and f are not applicable

BASS
CASH BALANCE PLAN
EIN 56-2605608 Plan Number 003

Schedule SB, Part V -- Statement of Actuarial Assumptions/Methods

Valuation Date First day of the plan year.
Current valuation date is January 1, 2024.

Actuarial Method Unit credit.

Actuarial Assumptions

- Interest Rates per annum, compounded annually
(use the rate for each participant based upon the date of payment being valued)

	95% of 25-Year averages <u>(minimum funding)</u>	24-month averages <u>(maximum)</u>	Spot rates <u>(PBGC)</u>
-- First 5 Years after valuation date	4.75%	4.37%	5.01%
Next 15 Years	4.96%	4.96%	5.13%
More than 20 years after val date	5.59%	4.95%	5.15%

First column, based on 25-year averages, is used to determine AFTAP and minimum contributions.
Second column, based on 24-month averages, is used to determine maximum deductible contributions.
Third column, based on spot interest rates, is used to determine PBGC standard target liabilities.

The interest rates above are from the set of interest rates prescribed in the Pension Protection Act of 2006, and the American Rescue Plan Act of 2021.

- Interest Crediting Rate (for account earnings) 3% per annum compounded annually, for current and all future years.
(changed from 3.50% per annum.)
- Actuarial Equivalent (for converting balances to annuities) 4% interest and Applicable Mortality table are used to convert balances to annuities.

- Experience - Active Employees
 - Retirement Normal Retirement Age.
 - Death None.
 - Other Separation None.
 - Earnings Progression None.
Compensation is based on expected Pay for the current year.
- Retired Mortality
 - Conversion to Annuities Applicable Mortality table.
 - Funding RP-2014 combined Mortality tables for males and females, projected to 2024.

The mortality rates for Funding are from the mortality tables prescribed in federal regulations and notices, as authorized by the Pension Protection Act of 2006.
- Form of Payment Lump Sum.
- Expense Loading None.
- Asset Valuation Basis Market Value, including discounted contributions receivable.

Notice to Plan Sponsor about the selection of Interest Rate assumptions and Asset valuation:

The Pension Protection Act of 2006 prescribes that the above segment interest rates will be used as a default unless the Plan Sponsor notifies the actuary that he elects to use different assumptions:

- a. The above segment interest rates represent the rates for the month prior to the valuation date. The Plan Sponsor may elect to use rates applicable to 1 to 4 months prior to the latest month.
- b. Assets are valued at fair market value, without any averaging. The Plan Sponsor may ask the actuary to use an average asset value over up to 24 months.

The Plan Sponsor should notify us immediately if any of these alternative elections are desired.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: BASS Cash Balance Plan
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/2013
2a Plan sponsor's name (employer, if for a single-employer plan): BASS Medical Group, Inc.
2b Employer Identification Number (EIN): 56-2605608
2c Plan Sponsor's telephone number: 925-494-2368
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes handwritten signatures and dates (10/15/25) for INEZ WONDEH.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">204</td> </tr> </table>	5	204																		
5	204																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="text-align: right;">160</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">146</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">40</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">186</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">186</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">0</td> </tr> </table>	6a(1)	160	6a(2)	146	6b	0	6c	40	6d	186	6e	0	6f	186	6g(1)		6g(2)		6h	0
6a(1)	160																				
6a(2)	146																				
6b	0																				
6c	40																				
6d	186																				
6e	0																				
6f	186																				
6g(1)																					
6g(2)																					
6h	0																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td></td> </tr> </table>	7																			
7																					

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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)

BASS Cash Balance Plan
EIN: 56-2605608; Plan: 003
Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions
For The Year Ended December 31, 2024

(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)
AllianzIM US Large Cap Buffer10 July ETF	Exchange Traded Fund	\$ 2,552,300	\$ -	\$ 2,552,300	\$ 2,552,300	\$ -
AllianzIM US Large Cap Buffer10 July ETF	Exchange Traded Fund	\$ -	\$ 2,653,622	\$ 2,552,300	\$ 2,653,622	\$ 101,322
AllianzIM US Large Cap Buffer10 June ETF	Exchange Traded Fund	\$ 2,443,095	\$ -	\$ 2,443,095	\$ 2,443,095	\$ -
AllianzIM US Large Cap Buffer10 June ETF	Exchange Traded Fund	\$ -	\$ 2,445,588	\$ 2,443,095	\$ 2,445,588	\$ 2,493
AllianzIM US Large Cap Buffer10 February ETF	Exchange Traded Fund	\$ 2,265,773	\$ -	\$ 2,265,773	\$ 2,265,773	\$ -
AllianzIM US Large Cap Buffer10 February ETF	Exchange Traded Fund	\$ -	\$ 2,289,490	\$ 2,265,773	\$ 2,289,490	\$ 23,717
Aristotle Strategic Income Fund	Mutual Fund	\$ 4,707,817	\$ -	\$ 4,707,817	\$ 4,707,817	\$ -
Bondbloxx Bloomberg Six Month Target Duration ETF	Exchange Traded Fund	\$ 2,316,292	\$ -	\$ 2,316,292	\$ 2,316,292	\$ -
Bondbloxx Bloomberg Six Month Target Duration ETF	Exchange Traded Fund	\$ -	\$ 2,305,356	\$ 2,316,292	\$ 2,305,356	\$ (10,936)
FT Vest U.S. Equity Buffer July ETF	Exchange Traded Fund	\$ 3,184,799	\$ -	\$ 3,184,799	\$ 3,184,799	\$ -
FT Vest U.S. Equity Buffer July ETF	Exchange Traded Fund	\$ -	\$ 3,307,826	\$ 3,184,799	\$ 3,307,826	\$ 123,027
FT Vest U.S. Equity Buffer May ETF	Exchange Traded Fund	\$ 2,442,115	\$ -	\$ 2,442,115	\$ 2,442,115	\$ -
FT Vest U.S. Equity Buffer May ETF	Exchange Traded Fund	\$ -	\$ -	\$ 2,442,115	\$ 2,446,028	\$ 3,913
FT Vest U.S. Equity Buffer January ETF	Exchange Traded Fund	\$ 2,269,371	\$ -	\$ 2,269,371	\$ 2,269,371	\$ -
FT Vest U.S. Equity Buffer January ETF	Exchange Traded Fund	\$ -	\$ 2,294,196	\$ 2,269,371	\$ 2,294,196	\$ 24,825
FT Vest U.S. Equity Moderate Buffer December ETF	Exchange Traded Fund	\$ 2,843,959	\$ -	\$ 2,843,959	\$ 2,843,959	\$ -
FT Vest U.S. Equity Moderate Buffer December ETF	Exchange Traded Fund	\$ -	\$ 2,871,348	\$ 2,843,959	\$ 2,871,348	\$ 27,389
Innovator U.S. Equity Buffer July ETF	Exchange Traded Fund	\$ 2,548,391	\$ -	\$ 2,548,391	\$ 2,548,391	\$ -
Innovator U.S. Equity Buffer July ETF	Exchange Traded Fund	\$ -	\$ 2,651,362	\$ 2,548,391	\$ 2,651,362	\$ 102,971
Innovator U.S. Equity Buffer June ETF	Exchange Traded Fund	\$ 2,443,052	\$ -	\$ 2,443,052	\$ 2,443,052	\$ -
Innovator U.S. Equity Buffer June ETF	Exchange Traded Fund	\$ -	\$ 2,444,612	\$ 2,443,052	\$ 2,444,612	\$ 1,560
Innovator U.S. Equity Power Buffer July ETF	Exchange Traded Fund	\$ 4,615,203	\$ -	\$ 4,615,203	\$ 4,615,203	\$ -
Innovator U.S. Equity Power Buffer July ETF	Exchange Traded Fund	\$ -	\$ 5,034,727	\$ 4,615,203	\$ 5,034,727	\$ 419,524
Innovator U.S. Equity Power Buffer December ETF	Exchange Traded Fund	\$ 2,234,539	\$ -	\$ 2,234,539	\$ 2,234,539	\$ -
Innovator U.S. Equity Power Buffer December ETF	Exchange Traded Fund	\$ -	\$ 2,298,126	\$ 2,234,539	\$ 2,298,126	\$ 63,587

Columns e and f are not applicable

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

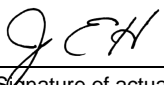
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan BASS Cash Balance Plan	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BASS Medical Group, Inc.	D Employer Identification Number (EIN) 56-2605608	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a		45,222,918
b Actuarial value	2b		45,222,918
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	29	171,041	171,041
c For active participants	174	43,863,814	43,979,669
d Total	203	44,034,855	44,150,710
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.00%
6 Target normal cost			
a Present value of current plan year accruals	6a		7,180,027
b Expected plan-related expenses	6b		0
c Target normal cost	6c		7,180,027

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	September 16, 2025 Date
	Julie Hupperts, FSA, EA Type or print name of actuary	2306632 Most recent enrollment number
	Kravitz, LLC Firm name	818-995-6100 Telephone number (including area code)
	c/o FuturePlan P.O. Box 219073 Kansas City MO 64121 Address of the firm	

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

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.06%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1,758
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.07%</u>		89
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		1,847
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	102.42%
15	Adjusted funding target attainment percentage	15	102.42%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.07%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
03/08/2024	500,000	0				
03/15/2024	500,000	0				
03/27/2024	500,000	0				
04/05/2024	600,000	0				
06/14/2024	500,000	0				
06/21/2024	500,000	0				
07/01/2024	500,000	0				
07/10/2024	557,611	0				
07/26/2024	500,000	0				
08/01/2024	500,000	0				
09/30/2024	500,000	0				
08/07/2025	600,000	0				
08/15/2025	600,000	0				
08/22/2025	538,993	0				
Totals ▶			18(b)	7,396,604	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	7,148,343

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	-----------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 63

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	7,180,027
b Excess assets, if applicable, but not greater than line 31a	31b	1,072,208

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	6,107,819
---	-----------	-----------

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35).....	36	6,107,819
--	-----------	-----------

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	7,148,343
--	-----------	-----------

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

a Total (excess, if any, of line 37 over line 36)	38a	1,040,524
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

**BASS
CASH BALANCE PLAN
EIN 56-2605608 Plan Number 003**

Schedule SB, Line 22 - Description of Weighted Average Retirement Age.

The assumed average retirement age is 63.

Participants are assumed to retire at the plan's Normal Retirement Age,
or at the end of the current plan year if later.

**BASS
CASH BALANCE PLAN
EIN 56-2605608 Plan Number 003**

Schedule SB, Part V -- Summary of Plan Provisions

Effective Date	January 1, 2013 as amended through May 2, 2024.
Definitions	
- Plan Year	January 1 through December 31.
- Compensation	Total compensation paid during Plan Year.
- Years of Service	Service for eligibility, benefits and vesting based upon entire period of service. The 1000 hours of service method is used in measuring this service.
- Accrued Pension	Actuarial equivalent of the balance of the Participant's Cash Balance Account as of Valuation Date projected to his Normal Retirement Date.
- Actuarial Equivalence	Based on the interest rate of 4% and mortality in accordance with the Applicable Mortality table.
- Cash Balance Account	Hypothetical account established for each participant. Each plan year, the account is credited with participant's Contribution Credit in accordance with the plan. Account accumulates earnings based on actual rate of return (net of expenses) on aggregate Plan assets for such period, including both positive and negative rates of return, not exceeding 5.5% annually.
- Contribution Credit	Contribution formula varies by participant. Contribution amounts this year range from 2.90% to 115.00% of expected compensation.

Eligibility Employees become eligible upon attainment of age 21 and completion of 1 year of service, and enter the plan on the January 1 or July 1 following completion of the eligibility requirements.

However, employees not listed in the Appendix of Eligible Employees are excluded from the Plan.

Normal Retirement

- Age The later of age 62 and the third anniversary of the Participant's entry date.
- Annual Pension The participant's Accrued Benefit determined as of his Normal Retirement Date based on the actuarial equivalent value of the Cash Balance Account.
- Payment of Pensions Straight life annuity for single employees. Reduced Joint and 100% Survivor annuity for married employees. Optional forms of benefits include single sum and annuities.

Early Retirement Benefit Same as Severance Benefit.

Late Retirement Benefit Actuarial equivalent of the Cash Balance Account as of the participant's late retirement date.

Disability Benefit Actuarial equivalent value of accrued pension.

Severance Benefit Accrued Benefit times Vested Percentage. The Vested Percentage is based on Years of Service after 2012 as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
0 years	0%
1 years	0%
2 years	0%
3 years or more	100%

Death Benefit Before Retirement

- Active Participants Actuarial equivalent value of accrued pension.
- Former Participants 100% of the value of the vested deferred pension.

Top-Heavy Provisions

- Minimum Benefit For employees also participating in the Bay Area Surgical Specialist Corporation 401(k) Plan, contribution of 5% of total compensation to be provided under that plan.
- Minimum Vesting 100% after 3 years of service.

Voluntary Contributions Not Permitted.

Rollover Contributions Not Permitted.

Loans to Participants Not Permitted.

BASS Cash Balance Plan
EIN: 56-2605608; Plan: 003
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issuer, 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
*	Cash and equivalents- Interest Bearing	Interest Bearing Cash	\$ 575,048	\$ 575,048
	AbbVie Inc	Common Stock	266,048	298,181
	Air Products & Chemicals Inc. Common Stock	Common Stock	277,676	300,191
	Albemarle Corporation Common Stock	Common Stock	262,642	199,103
	Amgen Inc	Common Stock	361,073	313,289
	Apple Inc. Common Stock	Common Stock	213,893	418,201
	Brown & Brown Inc	Common Stock	265,014	340,135
	Casey's General Stores Inc. Common Stock	Common Stock	163,165	323,720
	Chevron Corporation Company	Common Stock	292,265	320,676
	Cullen Frost Bankers Common Stock	Common Stock	248,015	342,472
	Dover Corporation	Common Stock	217,369	230,185
	Emerson Electric Co	Common Stock	220,552	251,454
	Genuine Parts Company Common Stock	Common Stock	366,723	358,336
	Graco Inc. Company	Common Stock	285,760	303,360
	Hormel Foods Corp	Common Stock	311,858	320,476
	IBM Corp.	Common Stock	188,530	277,425
	Johnson & Johnson Common Stock	Common Stock	277,859	267,836
	Lincoln Electric Holdings	Common Stock	219,650	221,777
	MSC Industrial Direct Co Common Stock Class A	Common Stock	298,133	271,423
	Nike Inc.	Common Stock	329,771	257,051
	Nucor Corporation Common Stock	Common Stock	287,587	277,186
	Pepsico Inc. Common Stock	Common Stock	342,210	342,743
	Realty Income Corp Common Stock USD1	Common Stock	331,498	317,095
	RPM International	Common Stock	314,893	359,335
	Texas Instruments Inc. Common Stock	Common Stock	211,245	275,640
	Verizon Communications Inc	Common Stock	223,993	240,020
	Walmart Inc. Common Stock	Common Stock	326,562	535,596
	Adaptive Alpha Opportunities ETF	Exchange Traded Fund	358,592	398,459
	AllianzIM US Large Cap 6 Month Buffer	Exchange Traded Fund	2,013,595	1,994,567
	AllianzIM US Large Cap Buffer10 Oct ETF	Exchange Traded Fund	2,688,622	2,650,238
	Avantis Emerging Markets Equity ETF	Exchange Traded Fund	380,438	426,463
	Columbia Seligman Semiconductor	Exchange Traded Fund	280,150	308,237
	Franklin Senior Loan ETF	Exchange Traded Fund	2,112,178	2,110,497
	FT Vest U.S. Equity Buffer ETF - November	Exchange Traded Fund	3,358,543	3,308,043
	FT Vest U.S. Equity Buffer ETF - October	Exchange Traded Fund	2,685,363	2,642,591
	Innovator US Equity Nov	Exchange Traded Fund	2,685,495	2,647,073
	iShares Trust Core Div Growth ETF	Exchange Traded Fund	297,742	348,779
	iShares Trust Dividend Growth ETF	Exchange Traded Fund	439,820	499,574
	Pacer Developed Markets International Cash Cows 10	Exchange Traded Fund	292,095	292,922
	Pacer US Cash Cows 100 ETF	Exchange Traded Fund	379,997	449,185
	ProShares S&P Technology Dividend Aristocrats	Exchange Traded Fund	235,823	281,971
	Regan Floating Rate ETF	Exchange Traded Fund	1,884,717	1,887,195
	Simplify Enhanced Income	Exchange Traded Fund	1,782,016	1,681,151
	SPDR Portfolio S&P 500 Growth ETF	Exchange Traded Fund	259,239	335,075

BASS Cash Balance Plan
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Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issuer, 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
	VanEck CLO ETF	Exchange Traded Fund	2,088,930	2,109,481
	VanEck IG Floating Rate ETF	Exchange Traded Fund	1,412,703	1,427,669
	Vaneck Vectors ETF Trust Morningstar Wide	Exchange Traded Fund	349,748	422,733
	Vanguard Total Stock Market ETF	Exchange Traded Fund	350,008	473,550
	Acuitas US Microcap Fund Institutional Shares	Mutual Fund	438,449	461,408
	Alger Small Cap Focus Z	Mutual Fund	366,158	448,272
	Aristotle Strategic Income Fund	Mutual Fund	6,362,790	6,352,675
	Blackrock Funds Event Driven Equity Inst	Mutual Fund	777,835	788,744
	Campbell Systematic Macro Fund	Mutual Fund	1,270,956	1,328,509
	Longboard I	Mutual Fund	755,961	761,103
	PGIM Funds Sort Duration High Yield Inc Z	Mutual Fund	2,027,016	2,105,796
	Regan Total Return Income Fund Institutional Class	Mutual Fund	3,346,882	3,378,813
	The Private Shares Fund I	Mutual Fund	192,389	282,883
	Stone Ridge Diversified Alternatives Fund	Mutual Fund	1,069,817	1,057,893
	Victory Market Neutral Income Fund	Mutual Fund	1,423,529	1,324,819
			<u>\$ 52,046,628</u>	<u>\$ 53,524,322</u>

* Indicated party-in-interest to the Plan

**BASS
CASH BALANCE PLAN
EIN 56-2605608 Plan Number 003**

Schedule SB, line 24 -- Change in Actuarial Assumptions

Accumulation Rate (for account earnings and converting balances to annuities)	3% per annum compounded annually, for current and all future years.
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(changed from 3.50% per annum.)*

*Actuarial assumptions changed to provide a more appropriate estimate of anticipated plan experience.