

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SURGICAL INFORMATION SYSTEMS, LLC</u></p> <p><u>LAURA O'TUEL</u> <u>8000 AVALON BOULEVARD,</u> <u>SUITE 350</u> <u>ALPHARETTA, GA 30009</u></p> <p><u>8000 AVALON BOULEVARD,</u> <u>SUITE 350</u> <u>ALPHARETTA, GA 30009</u></p>	<p>1c Effective date of plan <u>04/01/2006</u></p> <p>2b Employer Identification Number (EIN) <u>58-2535467</u></p> <p>2c Plan Sponsor's telephone number <u>678-507-1758</u></p> <p>2d Business code (see instructions) <u>541519</u></p>

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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2025	LAURA O'TUEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	432
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)	333
	6a(2)	358
	6b	0
	6c	81
	6d	439
	6e	1
	6f	440
	6g(1)	411
	6g(2)	417
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2G 2J 2K 3D

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 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 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 SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SURGICAL INFORMATION SYSTEMS, LLC	D Employer Identification Number (EIN) 58-2535467	

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	54581	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)

(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?
			Yes <input type="checkbox"/> No <input 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)

(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?
			Yes <input type="checkbox"/> No <input 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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BLKRK TECH OP I - BNY MELLON INVES 500 ROSS STREET PITTSBURGH, PA 53442	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
COHEN & STEERS RLTY - SS&C GIDS, I 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
COL DIVIDEND INC I2 - COLUMBIA MGT 430 W 7TH STREET STE 219104 KANSAS CITY, MO 64105	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
CRLN E MID CAP GR I - U.S. BANCORP 777 E WISCONSIN AVE MILWAUKEE, WI 53202	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
FKLN DYNATECH ADV - FRANKLIN TEMPL 94-3167260	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
INVS EQUITY & INC Y - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
J H TRITON T - JANUS HENDERSON SER 151 DETROIT STREET DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PGIM HIGH YIELD Z - PRUDENTIAL MUT 22-3703799	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
WA CORE BOND I - FRANKLIN TEMPLETO 94-3167260	0.10%	

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SURGICAL INFORMATION SYSTEMS, LLC	D Employer Identification Number (EIN) 58-2535467

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	373444	454483
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30448826	35660231
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	30822270	36114714
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	30822270	36114714

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)	720932	
(B) Participants.....	2a(1)(B)	2657941	
(C) Others (including rollovers).....	2a(1)(C)	165353	
(2) Noncash contributions.....	2a(2)	0	3544226
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	35448
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	35448	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		35448
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	918946
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	918946	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		918946
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	0
(B) Other.....	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3430384
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		7929004

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2578887	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2578887
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		3092
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	300	
(3) Recordkeeping fees	2i(3)	54281	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		54581
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2636560

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5292444
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **WILLIAMS, BENATOR & LIBBY**

(2) EIN: **58-1460137**

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

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

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

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

A Name of plan <u>SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SURGICAL INFORMATION SYSTEMS, LLC</u>	D Employer Identification Number (EIN) <u>58-2535467</u>	

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

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

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

1	
----------	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-6568107

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

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

3	
----------	--

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

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
-----------------	-------------------

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

SURGICAL INFORMATION SYSTEMS, LLC
401(K) PLAN

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2024

with

INDEPENDENT AUDITOR'S REPORT

Audited Financial Statements and Supplemental Schedule

SURGICAL INFORMATION SYSTEMS, LLC 401 (K) PLAN

December 31, 2024

Audited Financial Statements

Independent Auditor's Report	1
Statements of Net Assets Available for Benefits--Modified Cash Basis	5
Statement of Changes in Net Assets Available for Benefits--Modified Cash Basis	6
Notes to Financial Statements.....	7

Supplemental Information Required by ERISA

Schedule H, Line 4i--Schedule of Assets (Held at End of Year)--Modified Cash Basis	13
--	----

Preliminary & Tentative

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Surgical Information Systems, LLC 401(K) Plan
Alpharetta, Georgia

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

We have performed audits of the financial statements of the Surgical Information Systems, LLC 401(K) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits--modified cash basis as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits--modified cash basis for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Surgical Information Systems, LLC 401(K) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note I to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note B.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Surgical Information Systems, LLC 401(K) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the presentation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Surgical Information Systems, LLC 401(K) Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not

a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Surgical Information Systems, LLC 401(K) 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 the Surgical Information Systems, LLC 401(K) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter-- Supplemental Schedule Required by ERISA

The supplemental schedule H, line 4i--schedule of assets (held at end of year)--modified cash basis as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information

required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Atlanta, Georgia
August 26, 2024

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS--MODIFIED CASH BASIS

SURGICAL INFORMATION SYSTEMS, LLC 401 (K) PLAN

	December 31	
	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS		
Mutual funds--Note C	\$ 35,660,231	\$30,448,826
Notes receivable from participants	<u>454,483</u>	<u>373,444</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 36,114,714</u>	<u>\$30,822,270</u>

See independent auditor's report and notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS--MODIFIED CASH BASIS

SURGICAL INFORMATION SYSTEMS, LLC 401 (K) PLAN

Year Ended December 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:	
Net appreciation in fair value of investments	\$ 3,430,384
Dividends and interest	<u>918,946</u>
	4,349,330
Interest income on notes receivable from participants	35,448
Contributions:	
Participants	2,657,941
Employer	720,932
Rollover	<u>165,353</u>
	<u>3,544,226</u>
TOTAL ADDITIONS	7,929,004

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	2,581,979
Administrative and other expenses	<u>54,581</u>
	2,636,560
TOTAL DEDUCTIONS	<u>2,636,560</u>
NET INCREASE	5,292,444

Net assets available for benefits at beginning of year	<u>30,822,270</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 36,114,714</u>

See independent auditor's report and notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN

December 31, 2024

NOTE A--DESCRIPTION OF PLAN

The following description of the Surgical Information Systems, LLC 401(K) Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Surgical Information Systems, LLC ("the Plan Administrator" and "the Employer"), its subsidiary, Amkai LLC, and certain affiliated participating employers. The participating employers are Source Medical Solutions, Inc. and Health Information Systems, Inc. Employees are eligible to participate in the Plan on the first day of the month after beginning employment. Part time employees who work less than 1,000 hours annually were not eligible to participate in the Plan. Effective July 1, 2024, all part time employees are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions: The Plan provides for employee elective pre-tax and/or after-tax contributions, not to exceed the Federal statutory maximum, with an Employer discretionary matching provision. During 2024, the Employer matched 50% of the first 6% of participant compensation deferred. The maximum effective Employer match rate for a participating employee was 3% of participant compensation, except as limited by Internal Revenue Service requirements.

The Plan also provides for a discretionary employer profit-sharing contribution. Allocation of the annual profit-sharing contribution is made based on the ratio that each participant's total compensation (as defined in the Plan document) bears to the total annual compensation for all participants. The participant must be employed at the end of the Plan year and have completed 1,000 hours of service to receive a profit-sharing allocation. No discretionary profit-sharing contribution was made during the year ended December 31, 2024.

The Plan includes an automatic salary deferral feature for all newly hired eligible employees. The Employer automatically withholds 6% of the employee's compensation as an employee elective contribution. The percentage increases annually by 1% to a maximum withholding of 10%. Employees that have been automatically enrolled may request no deferral of compensation or may select an alternative deferral percentage.

NOTES TO FINANCIAL STATEMENTS--Continued

SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN

NOTE A--DESCRIPTION OF PLAN--Continued

Participant Accounts: Each participant's account is credited with their contributions, the Employer's discretionary matching contributions, their account's earnings or losses, less an allocation of administration expenses, and an allocation of any Employer's discretionary profit-sharing contribution. All investments are participant directed. Participants may change their investment options on a daily basis.

Vesting: Participants are immediately vested in their voluntary contributions and allocated earnings thereon. Employer contributions and earnings thereon vest at the rate of 25% per year of service, determined by their hire date. A participant becomes fully vested after four years of credited service, or in the event of participant death or disability. Forfeited amounts can be used first to pay administrative expenses of the Plan and then can be used to reduce future Employer contributions.

Notes Receivable from Participants: Participants can borrow from their accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are repaid through payroll deductions over periods of up to five years. The loans are secured by the vested balance in the participant's accounts and bear interest at rates that range from 4.25% to 9.50%, which are commensurate with local prevailing rates as determined by the Plan Administrator.

Payment of Benefits: In the case of termination of service due to death, normal retirement (age 65), retirement due to permanent disability, or termination of employment, participants may elect to receive the value of their accumulated Plan benefits, in accordance with the provisions of the Plan, in a lump-sum distribution. Application may be made for withdrawal of funds from elective contribution accounts while the participant is an employee in the case of a financial hardship, as defined in the Plan. Effective July 1, 2024, upon reaching the age of 59½, participants are entitled to receive distributions from their vested account balances.

Administration: The Plan is administered by the Employer. At December 31, 2024 and 2023, all funds in the Plan were held in trust by the Trustee, Fidelity Management Trust Company ("Fidelity" or "Trustee"). Fidelity invests participants' contributions, as directed by the participants, in a combination of equity, fixed income, and balanced investments.

NOTES TO FINANCIAL STATEMENTS--Continued

SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Plan follows the Financial Accounting Standards Board Accounting Standards Codification as its sole source of authoritative guidance.

The financial statements of the Plan are prepared utilizing the modified cash basis method of accounting, which differs from generally accepted accounting principles, which uses the accrual method.

The Plan's investments are stated at fair value, as further described in Note C. Investment securities are exposed to various risks, including credit, interest, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is possible that changes in values of investment securities will occur and that such changes could materially affect the amounts reported in the statements of net assets available for benefits--modified cash basis.

Purchases and sales of securities are recorded on a trade-date basis (the date the order to buy or sell is executed). Realized gains and losses on the sale of investments are calculated based on the difference between the selling price and cost on an average cost basis. Interest income and dividends are recorded on the cash basis when received. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as the change in unrealized gains/losses for securities held at the end of the year.

Notes receivable from participants are reported separately from Plan investments and measured at their unpaid principal balance.

Contributions are recorded on the cash basis, which recognizes participants' contributions, the related Employer matching contributions, and any employer discretionary profit-sharing contributions at the time such contributions are received in cash by the Plan.

The Employer may pay some of the administrative expenses of the Plan.

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Subsequent events have been evaluated through **September __, 2025**, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS--Continued

SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN

NOTE C--FAIR VALUE MEASUREMENTS

Current accounting guidance establishes a framework for measuring fair value. That 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 or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the accounting guidance are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Mutual funds: Investments in exchange traded registered investment companies are valued at the quoted market price, which represents the net asset value of shares held by the Plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan 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.

NOTES TO FINANCIAL STATEMENTS--Continued

SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN

NOTE C--FAIR VALUE MEASUREMENTS--Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	<u>Assets at Fair Value as of December 31, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Mutual Funds	<u>\$35,660,231</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$35,660,231</u>

	<u>Assets at Fair Value as of December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Mutual Funds	<u>\$30,448,826</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ 30,448,826</u>

NOTE D--TRANSACTIONS WITH PARTIES IN INTEREST

The Plan has an agreement with Fidelity to maintain the investments of the Plan and to provide administrative and participant record keeping services for the Plan. For the year ended December 31, 2024, contributions to the Plan of \$3,544,226 were deposited with Fidelity for investment, and participants of the Plan received distributions of \$2,581,979 from funds held by Fidelity. At December 31, 2024 and 2023, respectively, the Plan had \$36,114,714 and \$30,822,270 of assets under Fidelity's custody.

NOTE E--TAX STATUS

The Plan is intended to satisfy the tax qualification requirements under Section 401(a) of the Internal Revenue Code; therefore, the trust funds of the Plan are intended to be exempt from Federal income taxes. The amended Plan has not requested a favorable determination letter from the IRS since the prototype on which the Plan is based has been determined to be qualified under Section 401(a) of the Internal Revenue Code.

NOTE F--FORFEITED NON-VESTED ACCOUNTS

At December 31, 2024 and 2023, net assets available for benefits included \$3,668 and \$4,793, respectively, in forfeited non-vested accounts. During the year ended December 31, 2024, the forfeiture account was utilized to reduce Employer contributions by \$47,679.

NOTES TO FINANCIAL STATEMENTS--Continued

SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN

NOTE G--PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts.

NOTE H--RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

As of December 31, 2024 and 2023 and for the year ended December 31, 2024, there were no significant differences between the financial statements and the Internal Revenue Service Form 5500.

NOTE I--SUMMARY OF INFORMATION CERTIFIED BY PLAN TRUSTEE

The total value of the Plan's assets was \$36,114,714 and \$30,822,270 at December 31, 2024 and 2023, respectively. Fidelity has supplied the Plan Administrator with a certification as to the completeness and accuracy of all information presented in the accompanying statements of net assets available for benefits--modified cash basis as of December 31, 2024 and 2023, and in the statement of changes in net assets available for benefits--modified cash basis for the year ended December 31, 2024, with regard to investment activity.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE J--SUBSEQUENT EVENT

Effective , 2025, the Surgical Notes 401(k) Plan (the "SN Plan") was merged into the Plan. An affiliate of the Employer acquired the SN Plan sponsor during October 2024. All employees of the SN Plan sponsor became employees of the Employer effective January 1, 2025. All assets of the SN Plan (totaling approximately \$4,200,000) were transferred into the Plan during June 2025.

SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA

Preliminary & Tentative

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS
(HELD AT END OF YEAR)--MODIFIED CASH BASIS

SURGICAL INFORMATION SYSTEMS, LLC 401 (K) PLAN

Employer Identification Number 58-2535467, Plan 001

December 31, 2024

(a)	(b)	(c)	(e)
Party- in Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value
	American Funds New World R6	Mutual Fund	\$ 63,575
	Cohen and Steers Rlty	Mutual Fund	175,861
	Blackrock Tech OP1	Mutual Fund	779,235
	Carillon Eagle Mid Cap GR1	Mutual Fund	151,202
	Columbia Dividend Inc 12	Mutual Fund	217,034
	Fidelity International Cap APPR K6	Mutual Fund	84,066
*	Fidelity Blue Chip GR K6	Mutual Fund	1,470,073
*	Fidelity 500 Index	Mutual Fund	4,568,347
*	Fidelity Emerging Market Index	Mutual Fund	170,312
*	Fidelity Extended Market Index	Mutual Fund	1,174,244
*	Fidelity FDM Index Income IPR	Mutual Fund	3,617
*	Fidelity FDM Index 2010 IPR	Mutual Fund	34,732
*	Fidelity FDM Index 2015 IPR	Mutual Fund	683
*	Fidelity FDM Index 2020 IPR	Mutual Fund	567,295
*	Fidelity FDM Index 2025 IPR	Mutual Fund	2,032,000
*	Fidelity FDM Index 2030 IPR	Mutual Fund	1,474,311
*	Fidelity FDM Index 2035 IPR	Mutual Fund	4,703,772
*	Fidelity FDM Index 2040 IPR	Mutual Fund	4,540,928
*	Fidelity FDM Index 2045 IPR	Mutual Fund	2,666,995
*	Fidelity FDM Index 2050 IPR	Mutual Fund	2,246,851
*	Fidelity FDM Index 2055 IPR	Mutual Fund	2,088,082
*	Fidelity FDM Index 2060 IPR	Mutual Fund	759,190
*	Fidelity FDM Index 2065 IPR	Mutual Fund	425,040
*	Fidelity Government Money Market	Mutual Fund	1,482,042
*	Fidelity International Index	Mutual Fund	552,187
*	Fidelity Small Cap Index	Mutual Fund	747,789
*	Fidelity US Bond Index	Mutual Fund	686,196
*	Fidelity SEL Healthcare	Mutual Fund	615,140

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)--MODIFIED CASH BASIS--Continued

SURGICAL INFORMATION SYSTEMS, LLC 401 (K) PLAN

Employer Identification Number 58-2535467, Plan 001

December 31, 2024

(a)	(b)	(c)	(e)
Party- in Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value
	Invesco Equity and Income Y	Mutual Fund	335,832
	Janus Henderson Triton Y	Mutual Fund	246,174
	PGIM High Yield Z	Mutual Fund	209,680
	PIMCO Income Interest	Mutual Fund	268,711
	PIMCO RAE US SM I	Mutual Fund	119,035
*	Participant Loans	Interest rates ranging from 4.25% to 9.50% with maturities ranging from March 2025 through December 2029	454,483
			<u>\$ 36,114,714</u>

* Designates party-in-interest.

See independent auditor's report.

SURGICAL INFORMATION SYSTEMS, LLC
401(K) PLAN

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2024

with

INDEPENDENT AUDITOR'S REPORT

Audited Financial Statements and Supplemental Schedule

SURGICAL INFORMATION SYSTEMS, LLC 401 (K) PLAN

December 31, 2024

Audited Financial Statements

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Preliminary & Tentative

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Surgical Information Systems, LLC 401(K) Plan
Alpharetta, Georgia

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

We have performed audits of the financial statements of the Surgical Information Systems, LLC 401(K) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits--modified cash basis as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits--modified cash basis for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Surgical Information Systems, LLC 401(K) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note I to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note B.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Surgical Information Systems, LLC 401(K) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the presentation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Surgical Information Systems, LLC 401(K) Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not

a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Surgical Information Systems, LLC 401(K) 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 the Surgical Information Systems, LLC 401(K) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter-- Supplemental Schedule Required by ERISA

The supplemental schedule H, line 4i--schedule of assets (held at end of year)--modified cash basis as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information

required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Atlanta, Georgia
August 26, 2024

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS--MODIFIED CASH BASIS

SURGICAL INFORMATION SYSTEMS, LLC 401 (K) PLAN

	December 31	
	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS		
Mutual funds--Note C	\$ 35,660,231	\$30,448,826
Notes receivable from participants	<u>454,483</u>	<u>373,444</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 36,114,714</u>	<u>\$30,822,270</u>

See independent auditor's report and notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS--MODIFIED CASH BASIS

SURGICAL INFORMATION SYSTEMS, LLC 401 (K) PLAN

Year Ended December 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:	
Net appreciation in fair value of investments	\$ 3,430,384
Dividends and interest	<u>918,946</u>
	4,349,330
Interest income on notes receivable from participants	35,448
Contributions:	
Participants	2,657,941
Employer	720,932
Rollover	<u>165,353</u>
	<u>3,544,226</u>
TOTAL ADDITIONS	7,929,004

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	2,581,979
Administrative and other expenses	<u>54,581</u>
	2,636,560
TOTAL DEDUCTIONS	<u>2,636,560</u>
NET INCREASE	5,292,444

Net assets available for benefits at beginning of year	<u>30,822,270</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 36,114,714</u>

See independent auditor's report and notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN

December 31, 2024

NOTE A--DESCRIPTION OF PLAN

The following description of the Surgical Information Systems, LLC 401(K) Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Surgical Information Systems, LLC ("the Plan Administrator" and "the Employer"), its subsidiary, Amkai LLC, and certain affiliated participating employers. The participating employers are Source Medical Solutions, Inc. and Health Information Systems, Inc. Employees are eligible to participate in the Plan on the first day of the month after beginning employment. Part time employees who work less than 1,000 hours annually were not eligible to participate in the Plan. Effective July 1, 2024, all part time employees are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions: The Plan provides for employee elective pre-tax and/or after-tax contributions, not to exceed the Federal statutory maximum, with an Employer discretionary matching provision. During 2024, the Employer matched 50% of the first 6% of participant compensation deferred. The maximum effective Employer match rate for a participating employee was 3% of participant compensation, except as limited by Internal Revenue Service requirements.

The Plan also provides for a discretionary employer profit-sharing contribution. Allocation of the annual profit-sharing contribution is made based on the ratio that each participant's total compensation (as defined in the Plan document) bears to the total annual compensation for all participants. The participant must be employed at the end of the Plan year and have completed 1,000 hours of service to receive a profit-sharing allocation. No discretionary profit-sharing contribution was made during the year ended December 31, 2024.

The Plan includes an automatic salary deferral feature for all newly hired eligible employees. The Employer automatically withholds 6% of the employee's compensation as an employee elective contribution. The percentage increases annually by 1% to a maximum withholding of 10%. Employees that have been automatically enrolled may request no deferral of compensation or may select an alternative deferral percentage.

NOTES TO FINANCIAL STATEMENTS--Continued

SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN

NOTE A--DESCRIPTION OF PLAN--Continued

Participant Accounts: Each participant's account is credited with their contributions, the Employer's discretionary matching contributions, their account's earnings or losses, less an allocation of administration expenses, and an allocation of any Employer's discretionary profit-sharing contribution. All investments are participant directed. Participants may change their investment options on a daily basis.

Vesting: Participants are immediately vested in their voluntary contributions and allocated earnings thereon. Employer contributions and earnings thereon vest at the rate of 25% per year of service, determined by their hire date. A participant becomes fully vested after four years of credited service, or in the event of participant death or disability. Forfeited amounts can be used first to pay administrative expenses of the Plan and then can be used to reduce future Employer contributions.

Notes Receivable from Participants: Participants can borrow from their accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are repaid through payroll deductions over periods of up to five years. The loans are secured by the vested balance in the participant's accounts and bear interest at rates that range from 4.25% to 9.50%, which are commensurate with local prevailing rates as determined by the Plan Administrator.

Payment of Benefits: In the case of termination of service due to death, normal retirement (age 65), retirement due to permanent disability, or termination of employment, participants may elect to receive the value of their accumulated Plan benefits, in accordance with the provisions of the Plan, in a lump-sum distribution. Application may be made for withdrawal of funds from elective contribution accounts while the participant is an employee in the case of a financial hardship, as defined in the Plan. Effective July 1, 2024, upon reaching the age of 59½, participants are entitled to receive distributions from their vested account balances.

Administration: The Plan is administered by the Employer. At December 31, 2024 and 2023, all funds in the Plan were held in trust by the Trustee, Fidelity Management Trust Company ("Fidelity" or "Trustee"). Fidelity invests participants' contributions, as directed by the participants, in a combination of equity, fixed income, and balanced investments.

NOTES TO FINANCIAL STATEMENTS--Continued

SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Plan follows the Financial Accounting Standards Board Accounting Standards Codification as its sole source of authoritative guidance.

The financial statements of the Plan are prepared utilizing the modified cash basis method of accounting, which differs from generally accepted accounting principles, which uses the accrual method.

The Plan's investments are stated at fair value, as further described in Note C. Investment securities are exposed to various risks, including credit, interest, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is possible that changes in values of investment securities will occur and that such changes could materially affect the amounts reported in the statements of net assets available for benefits--modified cash basis.

Purchases and sales of securities are recorded on a trade-date basis (the date the order to buy or sell is executed). Realized gains and losses on the sale of investments are calculated based on the difference between the selling price and cost on an average cost basis. Interest income and dividends are recorded on the cash basis when received. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as the change in unrealized gains/losses for securities held at the end of the year.

Notes receivable from participants are reported separately from Plan investments and measured at their unpaid principal balance.

Contributions are recorded on the cash basis, which recognizes participants' contributions, the related Employer matching contributions, and any employer discretionary profit-sharing contributions at the time such contributions are received in cash by the Plan.

The Employer may pay some of the administrative expenses of the Plan.

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Subsequent events have been evaluated through **September __, 2025**, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS--Continued

SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN

NOTE C--FAIR VALUE MEASUREMENTS

Current accounting guidance establishes a framework for measuring fair value. That 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 or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the accounting guidance are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Mutual funds: Investments in exchange traded registered investment companies are valued at the quoted market price, which represents the net asset value of shares held by the Plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan 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.

NOTES TO FINANCIAL STATEMENTS--Continued

SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN

NOTE C--FAIR VALUE MEASUREMENTS--Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	<u>Assets at Fair Value as of December 31, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Mutual Funds	<u>\$35,660,231</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$35,660,231</u>

	<u>Assets at Fair Value as of December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Mutual Funds	<u>\$30,448,826</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ 30,448,826</u>

NOTE D--TRANSACTIONS WITH PARTIES IN INTEREST

The Plan has an agreement with Fidelity to maintain the investments of the Plan and to provide administrative and participant record keeping services for the Plan. For the year ended December 31, 2024, contributions to the Plan of \$3,544,226 were deposited with Fidelity for investment, and participants of the Plan received distributions of \$2,581,979 from funds held by Fidelity. At December 31, 2024 and 2023, respectively, the Plan had \$36,114,714 and \$30,822,270 of assets under Fidelity's custody.

NOTE E--TAX STATUS

The Plan is intended to satisfy the tax qualification requirements under Section 401(a) of the Internal Revenue Code; therefore, the trust funds of the Plan are intended to be exempt from Federal income taxes. The amended Plan has not requested a favorable determination letter from the IRS since the prototype on which the Plan is based has been determined to be qualified under Section 401(a) of the Internal Revenue Code.

NOTE F--FORFEITED NON-VESTED ACCOUNTS

At December 31, 2024 and 2023, net assets available for benefits included \$3,668 and \$4,793, respectively, in forfeited non-vested accounts. During the year ended December 31, 2024, the forfeiture account was utilized to reduce Employer contributions by \$47,679.

NOTES TO FINANCIAL STATEMENTS--Continued

SURGICAL INFORMATION SYSTEMS, LLC 401(K) PLAN

NOTE G--PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts.

NOTE H--RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

As of December 31, 2024 and 2023 and for the year ended December 31, 2024, there were no significant differences between the financial statements and the Internal Revenue Service Form 5500.

NOTE I--SUMMARY OF INFORMATION CERTIFIED BY PLAN TRUSTEE

The total value of the Plan's assets was \$36,114,714 and \$30,822,270 at December 31, 2024 and 2023, respectively. Fidelity has supplied the Plan Administrator with a certification as to the completeness and accuracy of all information presented in the accompanying statements of net assets available for benefits--modified cash basis as of December 31, 2024 and 2023, and in the statement of changes in net assets available for benefits--modified cash basis for the year ended December 31, 2024, with regard to investment activity.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE J--SUBSEQUENT EVENT

Effective January 1, 2025, the Surgical Notes 401(k) Plan (the "SN Plan") was merged into the Plan. An affiliate of the Employer acquired the SN Plan sponsor during October 2024. All employees of the SN Plan sponsor became employees of the Employer effective January 1, 2025. All assets of the SN Plan (totaling approximately \$4,200,000) were transferred into the Plan during June 2025.

SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA

Preliminary & Tentative

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS
(HELD AT END OF YEAR)--MODIFIED CASH BASIS

SURGICAL INFORMATION SYSTEMS, LLC 401 (K) PLAN

Employer Identification Number 58-2535467, Plan 001

December 31, 2024

(a)	(b)	(c)	(e)
Party- in Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value
	American Funds New World R6	Mutual Fund	\$ 63,575
	Cohen and Steers Rlty	Mutual Fund	175,861
	Blackrock Tech OP1	Mutual Fund	779,235
	Carillon Eagle Mid Cap GR1	Mutual Fund	151,202
	Columbia Dividend Inc 12	Mutual Fund	217,034
	Fidelity International Cap APPR K6	Mutual Fund	84,066
*	Fidelity Blue Chip GR K6	Mutual Fund	1,470,073
*	Fidelity 500 Index	Mutual Fund	4,568,347
*	Fidelity Emerging Market Index	Mutual Fund	170,312
*	Fidelity Extended Market Index	Mutual Fund	1,174,244
*	Fidelity FDM Index Income IPR	Mutual Fund	3,617
*	Fidelity FDM Index 2010 IPR	Mutual Fund	34,732
*	Fidelity FDM Index 2015 IPR	Mutual Fund	683
*	Fidelity FDM Index 2020 IPR	Mutual Fund	567,295
*	Fidelity FDM Index 2025 IPR	Mutual Fund	2,032,000
*	Fidelity FDM Index 2030 IPR	Mutual Fund	1,474,311
*	Fidelity FDM Index 2035 IPR	Mutual Fund	4,703,772
*	Fidelity FDM Index 2040 IPR	Mutual Fund	4,540,928
*	Fidelity FDM Index 2045 IPR	Mutual Fund	2,666,995
*	Fidelity FDM Index 2050 IPR	Mutual Fund	2,246,851
*	Fidelity FDM Index 2055 IPR	Mutual Fund	2,088,082
*	Fidelity FDM Index 2060 IPR	Mutual Fund	759,190
*	Fidelity FDM Index 2065 IPR	Mutual Fund	425,040
*	Fidelity Government Money Market	Mutual Fund	1,482,042
*	Fidelity International Index	Mutual Fund	552,187
*	Fidelity Small Cap Index	Mutual Fund	747,789
*	Fidelity US Bond Index	Mutual Fund	686,196
*	Fidelity SEL Healthcare	Mutual Fund	615,140

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)--MODIFIED CASH BASIS--Continued

SURGICAL INFORMATION SYSTEMS, LLC 401 (K) PLAN

Employer Identification Number 58-2535467, Plan 001

December 31, 2024

(a)	(b)	(c)	(e)
Party- in Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value
	Invesco Equity and Income Y	Mutual Fund	335,832
	Janus Henderson Triton Y	Mutual Fund	246,174
	PGIM High Yield Z	Mutual Fund	209,680
	PIMCO Income Interest	Mutual Fund	268,711
	PIMCO RAE US SM I	Mutual Fund	119,035
*	Participant Loans	Interest rates ranging from 4.25% to 9.50% with maturities ranging from March 2025 through December 2029	454,483
			<u>\$ 36,114,714</u>

* Designates party-in-interest.

See independent auditor's report.