

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(K) PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 06/01/2023
2a Plan sponsor's name (employer, if for a single-employer plan): MEDICAL TECHNOLOGY SOLUTIONS LLC
2b Employer Identification Number (EIN): 26-3619381
2c Plan Sponsor's telephone number: 626-486-9330
2d Business code (see instructions): 518210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	153
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)	139
	6a(2)	267
	6b	0
	6c	36
	6d	303
	6e	0
	6f	303
	6g(1)	120
6g(2)	231	
6h	2	
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:
 2A 2E 2F 2G 2J 2K 3D 3H

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

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</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 checked="" 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 _____

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

<p>A Name of plan MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL TECHNOLOGY SOLUTIONS LLC</p>	<p>D Employer Identification Number (EIN) 26-3619381</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	553114	231	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	56163
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP PENSION FUNDING	
b	Balance at the end of the previous year	7b 15317
c	Additions: (1) Contributions deposited during the year	7c(1) 36593
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 451
	(4) Transferred from separate account	7c(4) 4292
	(5) Other (specify below)..... ▶ *	7c(5) 204
	(6) Total additions	7c(6) 41540
d	Total of balance and additions (add lines 7b and 7c(6))	7d 56857
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2) 92
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ *	7e(4) 602
(5) Total deductions	7e(5) 694	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 56163

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL TECHNOLOGY SOLUTIONS LLC	D Employer Identification Number (EIN) 26-3619381	

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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)

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71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	RECORDKEEPING FEES	9786	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	471	Yes <input type="checkbox"/> No <input checked="" 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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MEDICAL TECHNOLOGY SOLUTIONS LLC</u>	D Employer Identification Number (EIN) <u>26-3619381</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST COMPANY, LLC

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX AGGRESSIVE 2065 FUND - FEE CLASS R CIT

c EIN-PN <u>38-7271384-765</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7536</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST, N.A.

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX MODERATE 2035 FUND - CLASS R CIT

c EIN-PN <u>38-4097333-479</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2505819</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST, N.A.

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX MODERATE 2045 FUND - CLASS R CIT

c EIN-PN <u>38-4097334-480</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2956806</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST, N.A.

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX MODERATE 2055 FUND - CLASS R CIT

c EIN-PN <u>38-4097335-481</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>325552</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST, N.A.

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX AGGRESSIVE 2035 FUND - CLASS R CIT

c EIN-PN <u>38-4097328-474</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>71951</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST, N.A.

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX AGGRESSIVE 2055 FUND - CLASS R CIT

c EIN-PN <u>38-4097330-476</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32747</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST, N.A.

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX MODERATE 2065 FUND - FEE CLASS R CIT

c EIN-PN <u>38-7271385-766</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30450</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST, N.A.

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX AGGRESSIVE RETIREMENT FUND - FEE CLASS R CIT

c EIN-PN 38-4097326-472	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1498
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST, N.A.

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX AGGRESSIVE 2045 FUND - FEE CLASS R CIT

c EIN-PN 38-4097329-475	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 252446
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST, N.A.

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX MODERATE RETIREMENT FUND - FEE CLASS R CIT

c EIN-PN 38-4097331-477	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2014293
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST, N.A.

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX CONSERVATIVE RETIREMENT FD - FEE CLASS R CIT

c EIN-PN 38-4097336-482	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15897
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST, N.A.

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX CONSERVATIVE 2035 FUND - FEE CLASS R CIT

c EIN-PN 38-4097338-484	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16849
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST, N.A.

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX CONSERVATIVE 2045 FUND - FEE CLASS R CIT

c EIN-PN 38-4097339-485	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10705
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST, N.A.

b Name of sponsor of entity listed in (a): MYCOMPASS INDEX CONSERVATIVE 2055 FUND - FEE CLASS R CIT

c EIN-PN 38-4097340-486	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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 MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL TECHNOLOGY SOLUTIONS LLC	D Employer Identification Number (EIN) 26-3619381	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	85888
(9) Value of interest in common/collective trusts	1c(9)	7499550
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4258877
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	15317
(15) Other.....	1c(15)	163737
		8242709
		7107491
		56163

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11859632	15570100
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11859632	15570100

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)	589900	
(B) Participants.....	2a(1)(B)	1176597	
(C) Others (including rollovers).....	2a(1)(C)	80612	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1847109
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	11017	
(F) Other.....	2b(1)(F)	451	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		11468
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	121866	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		121866
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	684630
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	1178158
c Other income	2c	14
d Total income. Add all income amounts in column (b) and enter total.....	2d	3843245

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	120684
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	120684
f Corrective distributions (see instructions)	2f	1113
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	9096
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	1384
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	500
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	10980
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	132777

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	3710468
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WINDES, INC.**

(2) EIN: **95-3001179**

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

A Name of plan <u>MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDICAL TECHNOLOGY SOLUTIONS LLC</u>	D Employer Identification Number (EIN) <u>26-3619381</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): 71-0294708

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 Q702844A.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(K) PLAN

FINANCIAL STATEMENTS

December 31, 2024 and 2023

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Medical Technology Solutions, LLC 401(k) Plan:

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

We have performed audits of the accompanying financial statements of Medical Technology Solutions, LLC 401(k) Plan (the 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the year ended December 31, 2024 and the initial short period ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 and the initial short period ended December 31, 2023, stating that the certified investment information, as described in Note 3 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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.

Emphasis of Matter – Transfer of Assets

As described in Note 1, prior to the establishment of the Plan, the Company's employees participated in the ADP TotalSource Retirement Savings Plan (ADP TotalSource Plan), a multiple employer plan. In June 2023, the Company established the Medical Technology Solutions, LLC 401(k) Plan as a standalone defined contribution plan and ceased participation in the ADP TotalSource Plan. Retirement account assets held by ADP TotalSource Plan were transferred to the newly established Plan. Accordingly, the transferred assets are reported as transfers of assets into the Plan on the statement of changes in net assets available in the initial short period ending December 31, 2023.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplementary Information Required by ERISA

The supplementary information listed in the table of contents as of December 31, 2024 and 2023 are presented for purposes of additional analysis and are 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 supplementary information, 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 supplementary information 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 supplementary information, we evaluated whether the supplementary information, 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 supplementary information, other than the information in the supplementary information 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 supplementary information 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).



Irvine, California
September 30, 2025

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
ASSETS		
Investments, at fair value	\$ 15,350,200	\$ 11,758,427
Investments, at contract value	56,163	15,317
	15,406,363	11,773,744
 Receivables:		
Notes receivable from participants	163,737	85,888
 NET ASSETS AVAILABLE FOR BENEFITS	\$ 15,570,100	\$ 11,859,632

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

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Year Ended December 31, 2024	For the Initial Short Period Ended December 31, 2023
	<u> </u>	<u> </u>
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,862,802	\$ 722,869
Interest and dividends	122,317	43,986
	<u>1,985,119</u>	<u>766,855</u>
Interest income on notes receivable from participants	<u>11,017</u>	<u>3,588</u>
Contributions:		
Participants	1,176,597	494,017
Employer	589,900	235,689
Rollovers	80,612	99,533
	<u>1,847,109</u>	<u>829,239</u>
Total Additions	<u>3,843,245</u>	<u>1,599,682</u>
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	121,797	95,703
Administrative expenses	10,980	2,130
Total Deductions	<u>132,777</u>	<u>97,833</u>
NET INCREASE	3,710,468	1,501,849
TRANSFER INTO THE PLAN (Note 1)	-	10,357,783
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>11,859,632</u>	<u>-</u>
END OF YEAR	<u>\$ 15,570,100</u>	<u>\$ 11,859,632</u>

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

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 – Description of the Plan

The following description of the Medical Technology Solutions, 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 which covers substantially all employees of Medical Technology Solutions LLC (the Company) who have completed three months of service and are age 21 or older. Union employees, non-resident alien employees, Puerto Rico based employees, and any employee of an adopting employer that is not paid from the Company's United States payroll are excluded from the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrative Committee is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan Administrative Committee.

Transfer of Assets

The Plan was established in September 2021 and, effective June 7, 2023, was spun off from the ADP TotalSource Retirement Savings Plan (a multiple employer plan) into a standalone defined contribution plan, the Medical Technology Solutions, LLC 401(k) Plan. At that time, the Company ceased participation in the ADP TotalSource Plan, and retirement account assets held in the ADP TotalSource Plan on behalf of the Company's employees were transferred to the newly established Plan. Accordingly, the transferred assets totaling \$10,357,783 are reported as transfers of assets into the Plan on the statement of changes in net assets available for benefits for the initial short period ending December 31, 2023.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 – Description of the Plan (Continued)

Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan. In addition, participants may elect to make after-tax (Roth) contributions to the Plan of up to 100% of eligible compensation. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision, applicable to employees hired after June 7, 2023, whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan.

Automatically enrolled participants have their deferral rate set at 4% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. The Plan operates as a qualified safe harbor plan, and the Company contributes 100% of the first 4% of base compensation that a participant contributes to the Plan. The Company's contributions are invested as directed by the participant. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's safe harbor matching contributions and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in all contributions and related earnings. Employees who merged into the Plan from the Health One Technologies, LLC 401(k) Plan remain subject to vesting on employer contributions made under that plan prior to the merger. Vesting consists of a 6-year graded schedule for certain profit-sharing contributions and a 5-year graded schedule for matching and other profit-sharing contributions, with participants becoming 100% vested upon completion of the applicable service period.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 – Description of the Plan (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons a participant may elect to receive either a lump-sum amount equal to the value of the vested interest in the participant's account or substantially equal installments.

Forfeited Accounts

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$5,399 and \$4,470, respectively. These accounts may be used at the discretion of the Company. No forfeitures were utilized during the year ended December 31, 2024 or the initial short period ended December 31, 2023.

NOTE 2 – Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 – Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

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

Contributions

Contributions from plan participants and the safe harbor matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value investments.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 – Summary of Accounting Policies (Continued)

Subsequent Events

The Plan has evaluated subsequent events through September 30, 2025, the date the financial statements were available to be issued. (See Note 10).

NOTE 3 – Certified Investments

The plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Voya Retirement Insurance and Annuity Company (Voya), the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplementary information is complete and accurate with respect to investments:

- Investments at fair value and contract value
- Net appreciation in fair value of investments
- Interest and dividends, excluding interest income on notes receivable from participants
- Schedules of assets held at end of year

The Plan's independent public accountants 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 supplementary information.

NOTE 4 – Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Topic 820 are described as follows:

- Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 – Fair Value Measurements (Continued)

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; and
- 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 – Fair Value Measurements (Continued)

Common collective trusts: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that the liquidation of securities will be carried out in an orderly business manner.

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

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 7,107,491	\$ -	\$ -	\$ 7,107,491
Total assets in the fair value hierarchy	7,107,491	-	-	7,107,491
Investment measured at NAV ^(a)	-	-	-	8,242,709
Investments at fair value	\$ 7,107,491	\$ -	\$ -	\$ 15,350,200

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 – Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 4,258,877	\$ -	\$ -	\$ 4,258,877
Total assets in the fair value hierarchy	4,258,877	-	-	4,258,877
Investment measured at NAV ^(a)	-	-	-	7,499,550
Investments at fair value	\$ 4,258,877	\$ -	\$ -	\$ 11,758,427

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent), as a practical expedient, have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments Measured Using the NAV per Share Practical Expedient

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively:

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts	\$ 8,242,709	n/a	Daily	Up to 5 business days written notice for withdrawals which will exceed 1 million of plan assets

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 – Fair Value Measurements (Continued)

Investments Measured Using the NAV per Share Practical Expedient (Continued)

<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trusts	\$ 7,499,550	n/a	Daily	Up to 5 business days written notice for withdrawals which will exceed 1 million of plan assets

NOTE 5 – Guaranteed Interest Contract

The Plan holds a guaranteed interest contract. The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. The Plan's total traditional investment contract was valued at \$56,163 and \$15,317 at December 31, 2024 and 2023, respectively.

The traditional investment contract held by the Plan is a guaranteed interest contract issued by Voya. Voya is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The contract features a guaranteed minimum interest rate of 1% as well as a current rate. The current rate is reviewed on a monthly or quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on Voya's ability to meet its financial obligations. Voya's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 5 – Guaranteed Interest Contract (Continued)

Certain events might limit the ability of the Plan to transact at contract value with Voya. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with Voya and that also would limit the ability of the Plan to transact at contract value with participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of Voya.

NOTE 6 – Related-Party Transactions and Party-in-Interest Transactions

Certain plan investments are managed by Voya. Voya is the trustee and recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made a direct payment to the trustee and recordkeeper of \$9,786 and \$2,130 for the year ended December 31, 2024 and the initial short period ended December 31, 2023, respectively, which was not covered by revenue sharing. The plan sponsor pays directly certain other fees related to the Plan's operations.

NOTE 7 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 8 – Tax Status

On June 30, 2020, the IRS stated that the non-standardized pre-approved profit sharing Plan adopted by the Plan, as then designed, qualifies under Section 401(a) of the Internal Revenue Code (IRC). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator believes that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 – Risks and Uncertainties

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

NOTE 10 – Subsequent Events

Effective January 1, 2025, the Plan was restated. Pursuant to the restatement, annuities are now permitted as a form of distribution. In addition, effective January 1, 2025, the Stoltenberg Consulting, Inc. 401(k) Plan was merged into the Plan. Service with Stoltenberg Consulting, Inc. will be credited for eligibility and vesting purposes for anyone employed as of April 1, 2024. Effective January 1, 2025, participants of the Stoltenberg Consulting, Inc. 401(k) Plan became 100% vested in their retirement account transferred to the Plan.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2024
EIN: 26-3619381
PLAN 002**

<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Current Value</u>
* Voya Gov Money Mkt Fnd A (Hold Acct)	Mutual Fund	\$ 5,399
American Funds New World R6	Mutual Fund	73,071
Fidelity International Idx Fd	Mutual Fund	186,479
Vanguard Explorer Fund Adm	Mutual Fund	139,579
Cohen & Steers Instit Realty Shares	Mutual Fund	15,560
DFA U.S. Targeted Value Port Inst	Mutual Fund	28,667
Allspg Spec MdCp VI Fd R6	Mutual Fund	55,121
Janus Hndrsn Enterprise Fund N	Mutual Fund	77,830
Fidelity Sm Cp Ind Fund	Mutual Fund	41,821
Fidelity Mid Cap Index Fd	Mutual Fund	169,777
JPMorgan Lrg Cp Growth Fnd R6	Mutual Fund	517,823
JPMorgan U.S. Equity Fund R6	Mutual Fund	98,399
Putnam Lrg Cp Val Fd - CI R6	Mutual Fund	99,408
Fidelity 500 Index Fund	Mutual Fund	5,349,454
VY TRowePrice Captl Apprec Pt R6	Mutual Fund	82,315
Vanguard Total Bnd Mrkt Ind F Adm	Mutual Fund	111,215
Fidelity Adv Total Bond Fund Z	Mutual Fund	25,207
PIMCO Income Fund Inst	Mutual Fund	30,366
		<u>7,107,491</u>
* MyCompass Ind Conservative Ret Fd	Common Collective Trust	15,897
* MyCompass Ind Conservative 2035 Fd	Common Collective Trust	16,849
* MyCompass Ind Conservative 2045 Fd	Common Collective Trust	10,705
* MyCompass Ind Conservative 2055 Fd	Common Collective Trust	162
* MyCompass Ind Moderate Ret Fd R	Common Collective Trust	2,014,293
* MyCompass Ind Moderate 2035 Fd R	Common Collective Trust	2,505,817

See Independent Auditors' Report

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
 SCHEDULE OF ASSETS HELD AT END OF YEAR
 DECEMBER 31, 2024
 EIN: 26-3619381
 PLAN 002
 (Continued)

Identity of Issuer	Description of Investment	Current Value
* MyCompass Ind Moderate 2045 Fd R	Common Collective Trust	2,956,806
* MyCompass Ind Moderate 2055 Fd R	Common Collective Trust	325,552
* MyCompass Ind Aggressive Ret Fd R	Common Collective Trust	1,498
* MyCompass Ind Aggressive 2035 Fd R	Common Collective Trust	71,951
* MyCompass Ind Aggressive 2045 Fd R	Common Collective Trust	252,446
* MyCompass Ind Aggressive 2055 Fd R	Common Collective Trust	32,747
* MyCompass Ind Aggressive 2065 Fd R	Common Collective Trust	7,536
* MyCompass Ind Moderate 2065 Fd R	Common Collective Trust	30,450
		<u>8,242,709</u>
* Voya Fixed Account (4450)	Guaranteed Interest Contract	<u>56,163</u>
* Notes receivable from participants	4.25% - 9.50%	<u>163,737</u>
		<u>\$ 15,570,100</u>

* Party-in-interest

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2023
EIN: 26-3619381
PLAN 002**

<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Current Value</u>
* Voya Gov Money Mkt Fnd A (Hold Acct)	Mutual Fund	\$ 4,470
American Funds New World R6	Mutual Fund	51,464
Fidelity International Idx Fd	Mutual Fund	81,051
Vanguard Explorer Fund Adm	Mutual Fund	76,560
Cohen & Steers Instit Realty Shares	Mutual Fund	9,849
DFA U.S. Targeted Value Port Inst	Mutual Fund	14,123
Allspg Spec MdCp VI Fd R6	Mutual Fund	35,113
Janus Hndrsn Enterprise Fund N	Mutual Fund	39,167
Fidelity Sm Cp Ind Fund	Mutual Fund	9,836
Fidelity Mid Cap Index Fd	Mutual Fund	34,003
JPMorgan Lrg Cp Growth Fnd R6	Mutual Fund	86,793
JPMorgan U.S. Equity Fund R6	Mutual Fund	61,023
Putnam Lrg Cp Val Fd - CI R6	Mutual Fund	67,904
Fidelity 500 Index Fund	Mutual Fund	3,586,265
VY TRowePrice Captl Apprec Pt R6	Mutual Fund	5,938
Vanguard Total Bnd Mrkt Ind F Adm	Mutual Fund	70,952
Fidelity Adv Total Bond Fund Z	Mutual Fund	9,981
PIMCO Income Fund Inst	Mutual Fund	14,385
		<u>4,258,877</u>
* MyCompass Ind Moderate 2025 Fd R	Common Collective Trust	1,703,514
* MyCompass Ind Moderate 2035 Fd R	Common Collective Trust	2,648,063
* MyCompass Ind Moderate 2045 Fd R	Common Collective Trust	2,892,093
* MyCompass Ind Moderate 2055 Fd R	Common Collective Trust	202,039
* MyCompass Ind Aggressive 2035 Fd R	Common Collective Trust	31,628

See Independent Auditors' Report

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
 SCHEDULE OF ASSETS HELD AT END OF YEAR
 DECEMBER 31, 2023
 EIN: 26-3619381
 PLAN 002
 (Continued)

<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Current Value</u>
* MyCompass Ind Aggressive 2055 Fd R	Common Collective Trust	12,888
* MyCompass Ind Moderate 2065 Fd R	Common Collective Trust	9,325
		<u>7,499,550</u>
* Voya Fixed Account (4450)	Guaranteed Interest Contract	<u>15,317</u>
* Notes receivable from participants	4.25% - 9.50%	<u>85,888</u>
		<u>\$ 11,859,632</u>
* Party-in-interest		



Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(K) PL

EIN#26-3619381

Plan# 002

As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	Allspg Spec MdCp VI Fd R6	Registered Investment Company		\$55,120.90
	American Funds New World R6	Registered Investment Company		\$73,070.50
	Cohen&Steers Inst RI Shares	Registered Investment Company		\$15,559.89
	DFA US Targeted VI Port Ins	Registered Investment Company		\$28,666.87
	Fidelity 500 Index Fund	Registered Investment Company		\$5,349,454.88
	Fidelity Adv Ttl Bnd Fd Z	Registered Investment Company		\$25,207.11
	Fidelity Intl Index Fnd	Registered Investment Company		\$186,478.82
	Fidelity Mid Cap Idx Fd	Registered Investment Company		\$169,776.78
	Fidelity Sm Cp Ind Fd	Registered Investment Company		\$41,820.92
	JPMorgan LgCp Grw Fnd R6	Registered Investment Company		\$517,823.47
	JPMorgan US Equity Fund R6	Registered Investment Company		\$98,399.43
	Janus Hndr Enterprise Fund N	Registered Investment Company		\$77,830.29
	MyCompass Ind Agg 2035 Fd R	Common Collective Trust		\$71,951.13
	MyCompass Ind Agg 2045 Fd R	Common Collective Trust		\$252,445.52
	MyCompass Ind Agg 2055 Fd R	Common Collective Trust		\$32,747.45
	MyCompass Ind Agg 2065 Fd R	Common Collective Trust		\$7,535.52
	MyCompass Ind Agg Ret Fd R	Common Collective Trust		\$1,497.57
	MyCompass Ind Cns 2035 F R	Common Collective Trust		\$16,848.87
	MyCompass Ind Cns 2045 F R	Common Collective Trust		\$10,704.68
	MyCompass Ind Cns 2055 F R	Common Collective Trust		\$162.01
	MyCompass Ind Cns Ret Fd R	Common Collective Trust		\$15,897.29
	MyCompass Ind Mod 2035 Fd R	Common Collective Trust		\$2,505,818.72



Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(K) PL

EIN#26-3619381

Plan# 002

	MyCompass Ind Mod 2045 Fd R	Common Collective Trust		\$2,956,805.84
	MyCompass Ind Mod 2055 Fd R	Common Collective Trust		\$325,551.59
	MyCompass Ind Mod 2065 Fd R	Common Collective Trust		\$30,449.77
	MyCompass Ind Mod Ret Fd R	Common Collective Trust		\$2,014,293.28
	PIMCO Income Fund Ins	Registered Investment Company		\$30,366.05
	Putnam Lrg Cp Val Fd - CI R6	Registered Investment Company		\$99,407.63
*	VY TRwPr Cap Apprec Port R6	Registered Investment Company		\$82,315.33
	Vangrd Explorer Fund Adm	Registered Investment Company		\$139,578.93
	Vangrd Tot Bd Mkt Ind Fd Adm	Registered Investment Company		\$111,214.56
*	Voya Fixed Account (4450)	Insurance Company General Account		\$56,163.05
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		\$5,398.88
	LOAN FUND	Participant Loans - Rates 4.25% to 9.50%		\$163,737.28
		TOTAL		\$15,570,100.81

* denotes party-in-interest

Column (d) is not required as the Plan investments are totally participant directed.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(K) PLAN

FINANCIAL STATEMENTS

December 31, 2024 and 2023

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Medical Technology Solutions, LLC 401(k) Plan:

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

We have performed audits of the accompanying financial statements of Medical Technology Solutions, LLC 401(k) Plan (the 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the year ended December 31, 2024 and the initial short period ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 and the initial short period ended December 31, 2023, stating that the certified investment information, as described in Note 3 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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.

Emphasis of Matter – Transfer of Assets

As described in Note 1, prior to the establishment of the Plan, the Company's employees participated in the ADP TotalSource Retirement Savings Plan (ADP TotalSource Plan), a multiple employer plan. In June 2023, the Company established the Medical Technology Solutions, LLC 401(k) Plan as a standalone defined contribution plan and ceased participation in the ADP TotalSource Plan. Retirement account assets held by ADP TotalSource Plan were transferred to the newly established Plan. Accordingly, the transferred assets are reported as transfers of assets into the Plan on the statement of changes in net assets available in the initial short period ending December 31, 2023.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplementary Information Required by ERISA

The supplementary information listed in the table of contents as of December 31, 2024 and 2023 are presented for purposes of additional analysis and are 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 supplementary information, 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 supplementary information 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 supplementary information, we evaluated whether the supplementary information, 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 supplementary information, other than the information in the supplementary information 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 supplementary information 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).

Winder, Inc.

Irvine, California
September 30, 2025

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
ASSETS		
Investments, at fair value	\$ 15,350,200	\$ 11,758,427
Investments, at contract value	56,163	15,317
	<u>15,406,363</u>	<u>11,773,744</u>
Receivables:		
Notes receivable from participants	163,737	85,888
	<u>163,737</u>	<u>85,888</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 15,570,100</u>	<u>\$ 11,859,632</u>

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

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Year Ended December 31, 2024	For the Initial Short Period Ended December 31, 2023
	<u> </u>	<u> </u>
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,862,802	\$ 722,869
Interest and dividends	122,317	43,986
	<u>1,985,119</u>	<u>766,855</u>
Interest income on notes receivable from participants	<u>11,017</u>	<u>3,588</u>
Contributions:		
Participants	1,176,597	494,017
Employer	589,900	235,689
Rollovers	80,612	99,533
	<u>1,847,109</u>	<u>829,239</u>
Total Additions	<u>3,843,245</u>	<u>1,599,682</u>
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	121,797	95,703
Administrative expenses	10,980	2,130
Total Deductions	<u>132,777</u>	<u>97,833</u>
NET INCREASE	3,710,468	1,501,849
TRANSFER INTO THE PLAN (Note 1)	-	10,357,783
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>11,859,632</u>	<u>-</u>
END OF YEAR	<u>\$ 15,570,100</u>	<u>\$ 11,859,632</u>

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

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 – Description of the Plan

The following description of the Medical Technology Solutions, 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 which covers substantially all employees of Medical Technology Solutions LLC (the Company) who have completed three months of service and are age 21 or older. Union employees, non-resident alien employees, Puerto Rico based employees, and any employee of an adopting employer that is not paid from the Company's United States payroll are excluded from the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrative Committee is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan Administrative Committee.

Transfer of Assets

The Plan was established in September 2021 and, effective June 7, 2023, was spun off from the ADP TotalSource Retirement Savings Plan (a multiple employer plan) into a standalone defined contribution plan, the Medical Technology Solutions, LLC 401(k) Plan. At that time, the Company ceased participation in the ADP TotalSource Plan, and retirement account assets held in the ADP TotalSource Plan on behalf of the Company's employees were transferred to the newly established Plan. Accordingly, the transferred assets totaling \$10,357,783 are reported as transfers of assets into the Plan on the statement of changes in net assets available for benefits for the initial short period ending December 31, 2023.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 – Description of the Plan (Continued)

Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan. In addition, participants may elect to make after-tax (Roth) contributions to the Plan of up to 100% of eligible compensation. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision, applicable to employees hired after June 7, 2023, whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan.

Automatically enrolled participants have their deferral rate set at 4% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. The Plan operates as a qualified safe harbor plan, and the Company contributes 100% of the first 4% of base compensation that a participant contributes to the Plan. The Company's contributions are invested as directed by the participant. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's safe harbor matching contributions and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in all contributions and related earnings. Employees who merged into the Plan from the Health One Technologies, LLC 401(k) Plan remain subject to vesting on employer contributions made under that plan prior to the merger. Vesting consists of a 6-year graded schedule for certain profit-sharing contributions and a 5-year graded schedule for matching and other profit-sharing contributions, with participants becoming 100% vested upon completion of the applicable service period.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 – Description of the Plan (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons a participant may elect to receive either a lump-sum amount equal to the value of the vested interest in the participant's account or substantially equal installments.

Forfeited Accounts

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$5,399 and \$4,470, respectively. These accounts may be used at the discretion of the Company. No forfeitures were utilized during the year ended December 31, 2024 or the initial short period ended December 31, 2023.

NOTE 2 – Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 – Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

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

Contributions

Contributions from plan participants and the safe harbor matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value investments.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 – Summary of Accounting Policies (Continued)

Subsequent Events

The Plan has evaluated subsequent events through September 30, 2025, the date the financial statements were available to be issued. (See Note 10).

NOTE 3 – Certified Investments

The plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Voya Retirement Insurance and Annuity Company (Voya), the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplementary information is complete and accurate with respect to investments:

- Investments at fair value and contract value
- Net appreciation in fair value of investments
- Interest and dividends, excluding interest income on notes receivable from participants
- Schedules of assets held at end of year

The Plan's independent public accountants 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 supplementary information.

NOTE 4 – Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Topic 820 are described as follows:

- Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 – Fair Value Measurements (Continued)

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; and
- 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 – Fair Value Measurements (Continued)

Common collective trusts: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that the liquidation of securities will be carried out in an orderly business manner.

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

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 7,107,491	\$ -	\$ -	\$ 7,107,491
Total assets in the fair value hierarchy	7,107,491	-	-	7,107,491
Investment measured at NAV ^(a)	-	-	-	8,242,709
Investments at fair value	\$ 7,107,491	\$ -	\$ -	\$ 15,350,200

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 – Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 4,258,877	\$ -	\$ -	\$ 4,258,877
Total assets in the fair value hierarchy	4,258,877	-	-	4,258,877
Investment measured at NAV ^(a)	-	-	-	7,499,550
Investments at fair value	\$ 4,258,877	\$ -	\$ -	\$ 11,758,427

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent), as a practical expedient, have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments Measured Using the NAV per Share Practical Expedient

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively:

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts	\$ 8,242,709	n/a	Daily	Up to 5 business days written notice for withdrawals which will exceed 1 million of plan assets

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 – Fair Value Measurements (Continued)

Investments Measured Using the NAV per Share Practical Expedient (Continued)

<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trusts	\$ 7,499,550	n/a	Daily	Up to 5 business days written notice for withdrawals which will exceed 1 million of plan assets

NOTE 5 – Guaranteed Interest Contract

The Plan holds a guaranteed interest contract. The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. The Plan's total traditional investment contract was valued at \$56,163 and \$15,317 at December 31, 2024 and 2023, respectively.

The traditional investment contract held by the Plan is a guaranteed interest contract issued by Voya. Voya is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The contract features a guaranteed minimum interest rate of 1% as well as a current rate. The current rate is reviewed on a monthly or quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on Voya's ability to meet its financial obligations. Voya's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 5 – Guaranteed Interest Contract (Continued)

Certain events might limit the ability of the Plan to transact at contract value with Voya. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with Voya and that also would limit the ability of the Plan to transact at contract value with participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of Voya.

NOTE 6 – Related-Party Transactions and Party-in-Interest Transactions

Certain plan investments are managed by Voya. Voya is the trustee and recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made a direct payment to the trustee and recordkeeper of \$9,786 and \$2,130 for the year ended December 31, 2024 and the initial short period ended December 31, 2023, respectively, which was not covered by revenue sharing. The plan sponsor pays directly certain other fees related to the Plan's operations.

NOTE 7 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 8 – Tax Status

On June 30, 2020, the IRS stated that the non-standardized pre-approved profit sharing Plan adopted by the Plan, as then designed, qualifies under Section 401(a) of the Internal Revenue Code (IRC). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator believes that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 – Risks and Uncertainties

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

NOTE 10 – Subsequent Events

Effective January 1, 2025, the Plan was restated. Pursuant to the restatement, annuities are now permitted as a form of distribution. In addition, effective January 1, 2025, the Stoltenberg Consulting, Inc. 401(k) Plan was merged into the Plan. Service with Stoltenberg Consulting, Inc. will be credited for eligibility and vesting purposes for anyone employed as of April 1, 2024. Effective January 1, 2025, participants of the Stoltenberg Consulting, Inc. 401(k) Plan became 100% vested in their retirement account transferred to the Plan.

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2024
EIN: 26-3619381
PLAN 002**

<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Current Value</u>
* Voya Gov Money Mkt Fnd A (Hold Acct)	Mutual Fund	\$ 5,399
American Funds New World R6	Mutual Fund	73,071
Fidelity International Idx Fd	Mutual Fund	186,479
Vanguard Explorer Fund Adm	Mutual Fund	139,579
Cohen & Steers Instit Realty Shares	Mutual Fund	15,560
DFA U.S. Targeted Value Port Inst	Mutual Fund	28,667
Allspg Spec MdCp VI Fd R6	Mutual Fund	55,121
Janus Hndrsn Enterprise Fund N	Mutual Fund	77,830
Fidelity Sm Cp Ind Fund	Mutual Fund	41,821
Fidelity Mid Cap Index Fd	Mutual Fund	169,777
JPMorgan Lrg Cp Growth Fnd R6	Mutual Fund	517,823
JPMorgan U.S. Equity Fund R6	Mutual Fund	98,399
Putnam Lrg Cp Val Fd - CI R6	Mutual Fund	99,408
Fidelity 500 Index Fund	Mutual Fund	5,349,454
VY TRowePrice Captl Apprec Pt R6	Mutual Fund	82,315
Vanguard Total Bnd Mrkt Ind F Adm	Mutual Fund	111,215
Fidelity Adv Total Bond Fund Z	Mutual Fund	25,207
PIMCO Income Fund Inst	Mutual Fund	30,366
		<u>7,107,491</u>
* MyCompass Ind Conservative Ret Fd	Common Collective Trust	15,897
* MyCompass Ind Conservative 2035 Fd	Common Collective Trust	16,849
* MyCompass Ind Conservative 2045 Fd	Common Collective Trust	10,705
* MyCompass Ind Conservative 2055 Fd	Common Collective Trust	162
* MyCompass Ind Moderate Ret Fd R	Common Collective Trust	2,014,293
* MyCompass Ind Moderate 2035 Fd R	Common Collective Trust	2,505,817

See Independent Auditors' Report

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
 SCHEDULE OF ASSETS HELD AT END OF YEAR
 DECEMBER 31, 2024
 EIN: 26-3619381
 PLAN 002
 (Continued)

Identity of Issuer	Description of Investment	Current Value
* MyCompass Ind Moderate 2045 Fd R	Common Collective Trust	2,956,806
* MyCompass Ind Moderate 2055 Fd R	Common Collective Trust	325,552
* MyCompass Ind Aggressive Ret Fd R	Common Collective Trust	1,498
* MyCompass Ind Aggressive 2035 Fd R	Common Collective Trust	71,951
* MyCompass Ind Aggressive 2045 Fd R	Common Collective Trust	252,446
* MyCompass Ind Aggressive 2055 Fd R	Common Collective Trust	32,747
* MyCompass Ind Aggressive 2065 Fd R	Common Collective Trust	7,536
* MyCompass Ind Moderate 2065 Fd R	Common Collective Trust	30,450
		<u>8,242,709</u>
* Voya Fixed Account (4450)	Guaranteed Interest Contract	<u>56,163</u>
* Notes receivable from participants	4.25% - 9.50%	<u>163,737</u>
		<u>\$ 15,570,100</u>

* Party-in-interest

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

**SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2023
EIN: 26-3619381
PLAN 002**

<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Current Value</u>
* Voya Gov Money Mkt Fnd A (Hold Acct)	Mutual Fund	\$ 4,470
American Funds New World R6	Mutual Fund	51,464
Fidelity International Idx Fd	Mutual Fund	81,051
Vanguard Explorer Fund Adm	Mutual Fund	76,560
Cohen & Steers Instit Realty Shares	Mutual Fund	9,849
DFA U.S. Targeted Value Port Inst	Mutual Fund	14,123
Allspg Spec MdCp VI Fd R6	Mutual Fund	35,113
Janus Hndrsn Enterprise Fund N	Mutual Fund	39,167
Fidelity Sm Cp Ind Fund	Mutual Fund	9,836
Fidelity Mid Cap Index Fd	Mutual Fund	34,003
JPMorgan Lrg Cp Growth Fnd R6	Mutual Fund	86,793
JPMorgan U.S. Equity Fund R6	Mutual Fund	61,023
Putnam Lrg Cp Val Fd - CI R6	Mutual Fund	67,904
Fidelity 500 Index Fund	Mutual Fund	3,586,265
VY TRowePrice Captl Apprec Pt R6	Mutual Fund	5,938
Vanguard Total Bnd Mrkt Ind F Adm	Mutual Fund	70,952
Fidelity Adv Total Bond Fund Z	Mutual Fund	9,981
PIMCO Income Fund Inst	Mutual Fund	14,385
		<u>4,258,877</u>
* MyCompass Ind Moderate 2025 Fd R	Common Collective Trust	1,703,514
* MyCompass Ind Moderate 2035 Fd R	Common Collective Trust	2,648,063
* MyCompass Ind Moderate 2045 Fd R	Common Collective Trust	2,892,093
* MyCompass Ind Moderate 2055 Fd R	Common Collective Trust	202,039
* MyCompass Ind Aggressive 2035 Fd R	Common Collective Trust	31,628

See Independent Auditors' Report

MEDICAL TECHNOLOGY SOLUTIONS, LLC 401(k) PLAN

SCHEDULE H, PART IV, ITEM 4i -
 SCHEDULE OF ASSETS HELD AT END OF YEAR
 DECEMBER 31, 2023
 EIN: 26-3619381
 PLAN 002
 (Continued)

<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Current Value</u>
* MyCompass Ind Aggressive 2055 Fd R	Common Collective Trust	12,888
* MyCompass Ind Moderate 2065 Fd R	Common Collective Trust	9,325
		<u>7,499,550</u>
* Voya Fixed Account (4450)	Guaranteed Interest Contract	<u>15,317</u>
* Notes receivable from participants	4.25% - 9.50%	<u>85,888</u>
		<u>\$ 11,859,632</u>

* Party-in-interest