

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	BELL AMBULANCE, INC. 401(K) SAVINGS PLAN		1b Three-digit plan number (PN) ▶ <u>001</u>
			1c Effective date of plan <u>02/01/1990</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	BELL AMBULANCE, INC. 549 EAST WILSON STREET MILWAUKEE, WI 53207		2b Employer Identification Number (EIN) <u>39-1307909</u> 2c Plan Sponsor's telephone number <u>414-486-4015</u> 2d Business code (see instructions) <u>621900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	BENJAMIN JENSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ 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		5 453
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		6a(1) 402
a(2) Total number of active participants at the end of the plan year		6a(2) 494
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 55
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 549
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 549
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 268
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan BELL AMBULANCE, INC. 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BELL AMBULANCE, INC.	D Employer Identification Number (EIN) 39-1307909	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

PRIVATE ADVISOR GROUP, LLC

27-3463733

(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?
27	INVESTMENT ADVISOR/ADV	30202	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	-1471	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK TECH OP I - BNY MELLON INVES 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COHEN & STEERS RLTY - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RT NY LIFE AA CL 50 - SEE NOTE *2 1033 DORCHESTER AVE DORCHESTER, MA 02125	0.50%	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan BELL AMBULANCE, INC. 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BELL AMBULANCE, INC.	D Employer Identification Number (EIN) 39-1307909	

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)			
a Name of MTIA, CCT, PSA, or 103-12 IE: RT NY LIFE AA CL 50			
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY			
c EIN-PN 46-6350416-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1572507	
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)	
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)	

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)

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)

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)

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)

Part II **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>BELL AMBULANCE, INC. 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BELL AMBULANCE, INC.</u>	D Employer Identification Number (EIN) <u>39-1307909</u>	

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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	00
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	00
(2) Participant contributions.....		1b(2)	00
(3) Other.....		1b(3)	00
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	011
(2) U.S. Government securities		1c(2)	00
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	00
(B) All other		1c(3)(B)	00
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	00
(B) Common.....		1c(4)(B)	00
(5) Partnership/joint venture interests		1c(5)	00
(6) Real estate (other than employer real property)		1c(6)	00
(7) Loans (other than to participants).....		1c(7)	00
(8) Participant loans.....		1c(8)	110390148054
(9) Value of interest in common/collective trusts.....		1c(9)	18615611572507
(10) Value of interest in pooled separate accounts		1c(10)	00
(11) Value of interest in master trust investment accounts.....		1c(11)	00
(12) Value of interest in 103-12 investment entities		1c(12)	00
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	1104418010530510
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	00
(15) Other		1c(15)	00

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	13016131	12251082

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13016131	12251082
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	681482	
(B) Participants	2a(1)(B)	949430	
(C) Others (including rollovers)	2a(1)(C)	24711	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1655623

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	5884	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5884

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	798409	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		798409

(3) Rents	2b(3)		0
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		52868
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2898635
c Other income	2c		1542
d Total income. Add all income amounts in column (b) and enter total	2d		-384309
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	342346	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		342346
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	38394	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		38394
j Total expenses. Add all expense amounts in column (b) and enter total	2j		380740
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-765049
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SCHUMACHER SAMA LLP

(2) EIN: 39-1079140

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		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.)			
4c		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.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		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?			
4g		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?			
4h		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		
4i	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.)			
4j		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?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	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.			
4n	X		

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan BELL AMBULANCE, INC. 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BELL AMBULANCE, INC.		D Employer Identification Number (EIN) 39-1307909
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107 57-1198022 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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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
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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) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
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 _____

To Management and the Board of Trustees of
Bell Ambulance, Inc. 401K Savings Plan

In planning and performing our audit of the financial statements of Bell Ambulance, Inc. 401K Savings Plan as of and for the year ended December 31, 2022, in accordance with auditing standards generally accepted in the United States of America, we considered Bell Ambulance, Inc. 401K Savings Plan's internal control over financial reporting (internal control) as a basis for designing our auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Plans' internal control. Accordingly, we do not express an opinion on the effectiveness of the Bell Ambulance, Inc. 401K Savings Plan's internal control.

Management has determined it is permissible in the circumstances and has elected to have the audit 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Therefore, as permitted by ERISA Section 103(a)(3)(C), the audit need not extend to any statements of 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the plan's financial statements will not be prevented, or detected and corrected, on a timely basis. A reasonable possibility exists when the likelihood of an event occurring is either reasonably possible or probable as defined as follows:

- Reasonably possible. The chance of the future event or events occurring is more than remote but less than likely.
- Probably. The future event or events are likely to occur.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control over financial reporting that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the following deficiencies in the plan's internal control to be significant deficiencies:

Finding 2022-1: The auditor has assisted in preparing the financial statements and the footnote disclosures. The auditor has considered the client's competency and expertise and whether the client's controls are designed appropriately and operate effectively. The auditors believe, in the auditors' judgment, the client does possess the necessary expertise to prepare the financial statements but has chosen to hire the auditors to perform this service.

Response: Management relies on the auditors to prepare the financial statements and the footnote disclosures. Management has considered the cost/benefit of preparing the financial statements and footnote disclosures and has determined the costs outweigh the benefits of such an endeavor. Management has been provided with the financial statements and footnote disclosures and explanations as warranted and has approved and accepted the financial statements and footnote disclosures as their responsibility.

This communication is intended solely for the information and use of management, the Board of Trustees, others within the Plan, and the Department of Labor and is not intended to be, and should not be, used by anyone other than these specified parties.

SCHUMACHER SAMA, LLP

A handwritten signature in cursive script that reads "Schumacher Sama, LLP".

Wauwatosa, Wisconsin
October 13, 2023

BELL AMBULANCE, INC.

401(K) SAVINGS PLAN

FINANCIAL STATEMENTS

December 31, 2022 and 2021

**BELL AMBULANCE, INC.
401(K) SAVINGS PLAN**

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INDEPENDENT AUDITOR'S REPORT

To the Trustees
Bell Ambulance, Inc.
401(K) Savings Plan
Milwaukee, Wisconsin

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

We have performed audits of the financial statements of Bell Ambulance, Inc. 401K Savings 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 statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Bell Ambulance, Inc. 401K Savings 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 and for the years ended December 31, 2022 and 2021 stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report.

We are required to be independent of Bell Ambulance, Inc. 401K Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 Bell Ambulance, Inc. 401K Savings Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they 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 Bell Ambulance, Inc. 401K Savings 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 Bell Ambulance, Inc. 401K Savings 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 — Supplemental Schedules Required by ERISA

The supplemental schedule, *Schedule of Assets (Held at End of Year)*, is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

SCHUMACHER SAMA, LLP



Wauwatosa, Wisconsin
October 13, 2023

BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Investments at fair value (Note 2)	\$ 10,530,521	\$ 11,044,180
Investments at contract value (Note 2)	1,572,507	1,861,561
Receivables		
Employer contributions	-	31,936
Notes receivable from participants	<u>196,135</u>	<u>198,279</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 12,299,163</u></u>	<u><u>\$ 13,135,956</u></u>

See notes to financial statements.

BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions to net assets attributed to		
Investment income		
Interest and dividend income	\$ 798,409	\$ 792,570
Interest on participant loans	8,257	10,071
Net investment gains (losses)	(2,845,767)	763,774
Other income	1,541	-
Employee contributions	949,430	704,375
Employer contributions	649,546	498,153
Other contributions	<u>24,711</u>	<u>2,535</u>
Total additions	<u>(413,873)</u>	<u>2,771,478</u>
Deductions from net assets attributed to		
Direct benefit payments to participants	384,526	481,964
Administrative expenses	<u>38,394</u>	<u>27,605</u>
Total deductions	<u>422,920</u>	<u>509,569</u>
NET INCREASE (DECREASE) IN NET ASSETS	(836,793)	2,261,909
Net assets available for benefits, beginning of year	<u>13,135,956</u>	<u>10,874,047</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u><u>\$ 12,299,163</u></u>	<u><u>\$ 13,135,956</u></u>

See notes to financial statements.

BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS

Note 1 - Significant Accounting Policies

Description of Plan

The following description of the Bell Ambulance, Inc. 401(k) Savings Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General. The Plan is a defined contribution plan covering all employees of the Company and are aged eighteen or older. It is subject to the provisions of the Employee Retirement Income Security ACT of 1974 (ERISA).
2. Contributions. Each year, participants may contribute up to 84% of pretax annual compensation, as defined in the Plan. 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 eligible retirement plans. Participants direct the investment of their contributions to various investment options offered by the Plan. The Company contributes 100% of the first 6% of base compensation that a participant contributes to the Plan. Additional nonelective contributions may be contributed at the option of the Company's board of directors and are invested in the same manner as the elective deferrals. Contributions are subject to certain limitations.
3. Participant Accounts. Each participant's account is credited with the participant's contribution, the Company's match, and allocations of any nonelective contributions and the plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. Vesting. Participants are immediately vested in their rollover contributions, qualified matching contributions, qualified nonelective contributions, deferral contributions, safe harbor matching employer contributions and any earning thereon. Matching contributions and employer nonelective contributions and any thereon will be vested in accordance with the following schedule:

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

5. Notes Receivable from Participants. Participants may borrow from their vested account balance a minimum of \$1,000 up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000 reduced by the highest outstanding loan balance in their account during the prior twelve-month period. The loans are secured by the balance in the participant's account and bear interest as determined by the Plan Administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances and remain fixed throughout the duration of the loan. Principal and interest is paid ratably through bi-weekly payroll deductions.
6. Payment of Benefits. On termination of service due to death, disability, termination or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or have the payment paid as a direct rollover to another qualified plan. Benefits are recorded when paid.

BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS

7. Forfeited Accounts. Forfeitures can be used to pay plan expenses or to reduce amounts otherwise required to be contributed to the plan. At December 31, 2022 and 2021, forfeited non vested accounts totaled \$961 and \$-0-, respectively.

Estimates –The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation – The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end.

Net appreciation (depreciation) of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the differences between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. The interest rate is the prime rate plus two percentage points. The plan considers a loan as in default if any of the scheduled loan repayments are not made by the end of the calendar quarter following the calendar quarter in which the initial payment was considered past due. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Administrating Expenses – Most administrative fees are paid by the Plan sponsor/employer. Investment advisory fees and various administrative fees are paid by the Plan.

Payment of Benefits – Benefits are recorded when paid.

Termination of the Plan – 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 accounts.

Date of Management Evaluation –The Plan has evaluated subsequent events through October 13, 2023, the date the financial statements were available to be issued.

**BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS**

Note 2 - Information Prepared and Contributed by Trustee

The following information included in the accompanying 2022 and 2021 financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Trustee.

	<u>2022</u>
Investments at contract value	
Common/Collective Trust	
Rt Ny Life Aa Cl 50	\$ 1,572,507
Total Common/Collective Trust	<u>1,572,507</u>
Investments at fair value	
Interest-Bearing Cash	
FID Govt Mmkt K6	10
FID Govt Mmkt	1
Total Interest-Bearing Cash	<u>11</u>
Registered Investment Company	
Cohen & Steers RLTY	61,951
Col Overseas Val I3	89,970
Ld Abt Bond Dbntr R6	73,987
Col Dividend Inc I3	150,946
WB Large Cap Gr R6	368,653
BLKRK Tech Op I	1,996
Vang Intl Growth Adm	92,278
Vt Intl Sm Cap R6	85,445
Am Cent Smcap Val R6	21,843
AF Balanced R6	468
J H Triton N	20,958
J H Flexible Bond N	71,597
JPM Mid Cap Grth R6	293,801
Invs Develop Mkt R6	91,648
JH Dscpl Val Mdcpl R6	56,410
Pim Commlus Strat I	2,560
FID Us Bond Idx	143,442
FID 500 Index	562,806
FID Mid Cap Idx	402,555
FID Sm Cap Idx	281,455
FID Intl Index	212,005
FID Freedom 2015 K6	156,232
FID Freedom 2020 K6	11,641
FID Freedom 2025 K6	510,488
FID Freedom 2030 K6	220,455
FID Freedom 2035 K6	436,621
FID Freedom 2040 K6	1,324,202
FID Freedom 2045 K6	2,023,148
FID Freedom 2050 K6	1,390,132
FID Freedom 2055 K6	497,693
FID Freedom 2060 K6	536,084
FID Freedom 2065 K6	337,040
Total Registered Investment Company	<u>10,530,510</u>
Total Investment Assets	<u><u>\$ 12,103,028</u></u>
Notes receivable from participants	\$ 196,135
Interest income on participant notes	\$ 8,257
Interest and dividend income on investments	\$ 798,409
Net investment gains	\$ (2,845,767)

**BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS**

Note 2 - Information Prepared and Contributed by Trustee (continued)

	<u>2021</u>
Investments at contract value	
Common/Collective Trust	
NYL Anchor Account 50	\$ 1,861,561
Total Common/Collective Trust	<u>1,861,561</u>
Investments at fair value	
Registered Investment Company	
FID Small Cap Index	341,730
JPMorgan Mid Cap Growth - R6	588,578
FID Mid Cap Index	857,583
Janus Henderson Flexible Bond Fund N	206,283
Van Target Retire 2060 - Inv	89,727
Van Target Retire 2035 - Inv	144
Victory Intl Small Cap R6	349,803
Columbia Dividend Income I3	512,002
Van Target Retire 2050 - Inv	652,953
Van Target Retire 2055- Inv	3,949
Van Target Retire 2025- Inv	792,268
Columbia Overseas Value I3	205,182
Pimco CommoditiesPlus Str Ins	27,611
Vanguard 500 Index Fund - ADM	1,027,629
AMC Small Cap Value Fund R6	323,836
BLK Tech Opps I	830,770
Lord Abbett Bond Debenture R6	250,609
American Century Mid Cap Val R6	217,818
Van Target Retire 2065 - Inv	31,026
Janus Henderson Triton Fund N	227,198
Van Target Retire 2030 - Inv	10,684
MFS Growth Rund R6	695,408
Amerfunds Amer Balanced - R6	124,451
Vanguard Intl Grth - ADM	416,104
Van Target Retire 2045 - Inv	26,556
Invesco Developing Mkts R6	498,182
Fid International Index	226,621
Van Target Retire 2040 - Inv	793,773
Van Target Retire 2020 - Inv	1,412
Van Target Retire Inc - Inv	37,751
Fid US Bond Ind	353,338
Cohen & Steers Realty Shares	323,201
Total Registered Investment Company	<u>11,044,180</u>
Total Investment Assets	<u><u>\$ 12,905,741</u></u>
Notes receivable from participants	\$ 198,279
Interest income on participant notes	\$ 10,071
Interest and dividend income on investments	\$ 792,570
Net investment gains	\$ 763,774

**BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS**

Note 3 - Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 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.
Level 2	Inputs to the valuation methodology include: ▪ quoted prices for similar assets or liabilities in active markets; ▪ quoted prices for identical or similar assets or liabilities in inactive markets; ▪ inputs other than quoted prices that are observable for the asset or liability; ▪ inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value or contract value:

<i>Mutual Funds:</i>	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 Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
<i>Collective/Common Trust Fund:</i>	The contract value of New York Life Anchor Account 50 is based on the underlying unit value reported by Reliance Trust Company Stable Value Employee Benefit Investment Trust (the Contract).

**BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS**

Note 3 - Fair Value Measurements (continued)

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2022 and 2021:

Assets at Fair Value as of December 31, 2022

Description	Level 1	Level 2	Level 3	Total
Common Collective Trust	\$ -	\$ 1,572,507	\$ -	\$ 1,572,507
Interest-Bearing Cash	11	-	-	11
Registered Investment Companies	10,530,510	-	-	10,530,510
Investments at fair value	<u>\$ 10,530,521</u>	<u>\$ 1,572,507</u>	<u>\$ -</u>	<u>\$ 12,103,028</u>

Assets at Fair Value as of December 31, 2021

Description	Level 1	Level 2	Level 3	Total
Common Collective Trust	\$ -	\$ 1,861,561	\$ -	\$ 1,861,561
Registered Investment Companies	11,044,180	-	-	12,905,741
Investments at fair value	<u>\$ 11,044,180</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,905,741</u>

Note 4 – Party-in-Interest Transactions

Beginning February 1, 2022, the Plan contracts with Fidelity Management Trust Company as its investment advisor and plan administrator. Prior to February 1, 2022, the Plan contracted with Reliance Trust Company as its investment advisor and ADP as its plan administrator. Certain plan investments were shares of mutual funds managed by Fidelity and Reliance Trust Company. These transactions qualify as party-in-interest transactions. Fees paid to Fidelity, Reliance Trust Company and ADP also qualify as party-in-interest transactions. Fees paid by the Plan amounted to \$38,394 and \$27,605 for the years ended December 31, 2022 and 2021, respectively.

Note 5 – 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 statement of net assets available for benefits.

Note 6 - Income Taxes

This Plan is exempt from federal income taxes under Code Section 401(a).

The Plan obtained a letter on June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore believe that the Plan is qualified and the related trust is tax-exempt.

**BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS**

Note 6 - Income Taxes (continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2019.

Note 7 – Reconciliation of financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500 as of December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per the financial statements	\$ 12,299,163	\$ 13,135,956
Employer contribution receivable	-	(31,936)
Deemed distributed loans	<u>(48,081)</u>	<u>(87,889)</u>
Net assets available for benefits per the Form 5500	<u><u>\$ 12,251,082</u></u>	<u><u>\$ 13,016,131</u></u>

The following is a reconciliation of total additions per the financial statements to total income per Form 5500 for the years ended December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Total additions per the financial statements	\$ (413,873)	\$ 2,771,478
Add: Employee contribution receivable at beginning of year	-	3,906
Employer contribution receivable at beginning of year	31,936	26,224
Less: Employer contribution receivable at end of year	-	(31,936)
Earnings on deemed distributed loans	<u>(2,373)</u>	<u>-</u>
Total income per Form 5500	<u><u>\$ (384,310)</u></u>	<u><u>\$ 2,769,672</u></u>

The following is a reconciliation of total deductions per the financial statements to total expenses per Form 5500 for the years ended December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Total deductions per the financial statements	\$ 422,920	\$ 509,569
Less: Deemed distributed loans	<u>(42,180)</u>	<u>(4,112)</u>
Total expenses per Form 5500	<u><u>\$ 380,740</u></u>	<u><u>\$ 505,457</u></u>

FORM 5500 REQUIRED SUPPLEMENTARY INFORMATION

BELL AMBULANCE, INC.
401(k) SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022

Name of Plan Sponsor: Bell Ambulance, Inc.
Employer Identification Number: 39-1307909
Three-Digit Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common/Collective Trusts			
	NYL Anchor Account 50	Common/Collective Trust	**	\$ 1,572,507
	Interest-Bearing Cash			
	FID Govt Mmkt K6	Interest-Bearing Cash	**	10
	FID Govt Mmkt	Interest-Bearing Cash	**	1
	Mutual Funds			
	Cohen & Steers RLTY	Registered Investment Company	**	61,951
	Col Overseas Val I3	Registered Investment Company	**	89,970
	Ld Abt Bond Dbntr R6	Registered Investment Company	**	73,987
	Col Dividend Inc I3	Registered Investment Company	**	150,946
	WB Large Cap Gr R6	Registered Investment Company	**	368,653
	BLKRK Tech Op I	Registered Investment Company	**	1,996
	Vang Intl Growth Adm	Registered Investment Company	**	92,278
	Vt Intl Sm Cap R6	Registered Investment Company	**	85,445
	Am Cent Smcap Val R6	Registered Investment Company	**	21,843
	AF Balanced R6	Registered Investment Company	**	468
	J H Triton N	Registered Investment Company	**	20,958
	J H Flexible Bond N	Registered Investment Company	**	71,597
	JPM Mid Cap Grth R6	Registered Investment Company	**	293,801
	Invs Develop Mkt R6	Registered Investment Company	**	91,648
	JH Dscpl Val Mdcp R6	Registered Investment Company	**	56,410
	Pim Commplus Strat I	Registered Investment Company	**	2,560
	FID Us Bond Idx	Registered Investment Company	**	143,442
	FID 500 Index	Registered Investment Company	**	562,806
	FID Mid Cap Idx	Registered Investment Company	**	402,555
	FID Sm Cap Idx	Registered Investment Company	**	281,455
	FID Intl Index	Registered Investment Company	**	212,005
	FID Freedom 2015 K6	Registered Investment Company	**	156,232
	FID Freedom 2020 K6	Registered Investment Company	**	11,641
	FID Freedom 2025 K6	Registered Investment Company	**	510,488
	FID Freedom 2030 K6	Registered Investment Company	**	220,455
	FID Freedom 2035 K6	Registered Investment Company	**	436,621
	FID Freedom 2040 K6	Registered Investment Company	**	1,324,202
	FID Freedom 2045 K6	Registered Investment Company	**	2,023,148
	FID Freedom 2050 K6	Registered Investment Company	**	1,390,132
	FID Freedom 2055 K6	Registered Investment Company	**	497,693
	FID Freedom 2060 K6	Registered Investment Company	**	536,084
	FID Freedom 2065 K6	Registered Investment Company	**	337,040
				12,103,028
	Participant Loans			
	Participant Loans	Maturities thru 2043		196,135
		Interest rates 4.25%-8.00%		\$ 12,299,163

Column (a) is blank as there were no parties-in-interest.

** Participant-directed investment. Cost is not required to be disclosed.

BELL AMBULANCE, INC.

401(K) SAVINGS PLAN

FINANCIAL STATEMENTS

December 31, 2022 and 2021

**BELL AMBULANCE, INC.
401(K) SAVINGS PLAN**

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INDEPENDENT AUDITOR'S REPORT

To the Trustees
Bell Ambulance, Inc.
401(K) Savings Plan
Milwaukee, Wisconsin

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

We have performed audits of the financial statements of Bell Ambulance, Inc. 401K Savings 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 statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Bell Ambulance, Inc. 401K Savings 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 and for the years ended December 31, 2022 and 2021 stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report.

We are required to be independent of Bell Ambulance, Inc. 401K Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 Bell Ambulance, Inc. 401K Savings Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they 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 Bell Ambulance, Inc. 401K Savings 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 Bell Ambulance, Inc. 401K Savings 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 — Supplemental Schedules Required by ERISA

The supplemental schedule, *Schedule of Assets (Held at End of Year)*, is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

SCHUMACHER SAMA, LLP



Wauwatosa, Wisconsin
October 13, 2023

BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Investments at fair value (Note 2)	\$ 10,530,521	\$ 11,044,180
Investments at contract value (Note 2)	1,572,507	1,861,561
Receivables		
Employer contributions	-	31,936
Notes receivable from participants	<u>196,135</u>	<u>198,279</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 12,299,163</u></u>	<u><u>\$ 13,135,956</u></u>

See notes to financial statements.

BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions to net assets attributed to		
Investment income		
Interest and dividend income	\$ 798,409	\$ 792,570
Interest on participant loans	8,257	10,071
Net investment gains (losses)	(2,845,767)	763,774
Other income	1,541	-
Employee contributions	949,430	704,375
Employer contributions	649,546	498,153
Other contributions	<u>24,711</u>	<u>2,535</u>
Total additions	<u>(413,873)</u>	<u>2,771,478</u>
Deductions from net assets attributed to		
Direct benefit payments to participants	384,526	481,964
Administrative expenses	<u>38,394</u>	<u>27,605</u>
Total deductions	<u>422,920</u>	<u>509,569</u>
NET INCREASE (DECREASE) IN NET ASSETS	(836,793)	2,261,909
Net assets available for benefits, beginning of year	<u>13,135,956</u>	<u>10,874,047</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u><u>\$ 12,299,163</u></u>	<u><u>\$ 13,135,956</u></u>

See notes to financial statements.

BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS

Note 1 - Significant Accounting Policies

Description of Plan

The following description of the Bell Ambulance, Inc. 401(k) Savings Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General. The Plan is a defined contribution plan covering all employees of the Company and are aged eighteen or older. It is subject to the provisions of the Employee Retirement Income Security ACT of 1974 (ERISA).
2. Contributions. Each year, participants may contribute up to 84% of pretax annual compensation, as defined in the Plan. 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 eligible retirement plans. Participants direct the investment of their contributions to various investment options offered by the Plan. The Company contributes 100% of the first 6% of base compensation that a participant contributes to the Plan. Additional nonelective contributions may be contributed at the option of the Company's board of directors and are invested in the same manner as the elective deferrals. Contributions are subject to certain limitations.
3. Participant Accounts. Each participant's account is credited with the participant's contribution, the Company's match, and allocations of any nonelective contributions and the plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. Vesting. Participants are immediately vested in their rollover contributions, qualified matching contributions, qualified nonelective contributions, deferral contributions, safe harbor matching employer contributions and any earning thereon. Matching contributions and employer nonelective contributions and any thereon will be vested in accordance with the following schedule:

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

5. Notes Receivable from Participants. Participants may borrow from their vested account balance a minimum of \$1,000 up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000 reduced by the highest outstanding loan balance in their account during the prior twelve-month period. The loans are secured by the balance in the participant's account and bear interest as determined by the Plan Administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances and remain fixed throughout the duration of the loan. Principal and interest is paid ratably through bi-weekly payroll deductions.
6. Payment of Benefits. On termination of service due to death, disability, termination or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or have the payment paid as a direct rollover to another qualified plan. Benefits are recorded when paid.

BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS

7. Forfeited Accounts. Forfeitures can be used to pay plan expenses or to reduce amounts otherwise required to be contributed to the plan. At December 31, 2022 and 2021, forfeited non vested accounts totaled \$961 and \$-0-, respectively.

Estimates –The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation – The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end.

Net appreciation (depreciation) of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the differences between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. The interest rate is the prime rate plus two percentage points. The plan considers a loan as in default if any of the scheduled loan repayments are not made by the end of the calendar quarter following the calendar quarter in which the initial payment was considered past due. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Administrating Expenses – Most administrative fees are paid by the Plan sponsor/employer. Investment advisory fees and various administrative fees are paid by the Plan.

Payment of Benefits – Benefits are recorded when paid.

Termination of the Plan – 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 accounts.

Date of Management Evaluation –The Plan has evaluated subsequent events through October 13, 2023, the date the financial statements were available to be issued.

**BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS**

Note 2 - Information Prepared and Contributed by Trustee

The following information included in the accompanying 2022 and 2021 financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Trustee.

	<u>2022</u>
Investments at contract value	
Common/Collective Trust	
Rt Ny Life Aa Cl 50	\$ 1,572,507
Total Common/Collective Trust	<u>1,572,507</u>
Investments at fair value	
Interest-Bearing Cash	
FID Govt Mmkt K6	10
FID Govt Mmkt	1
Total Interest-Bearing Cash	<u>11</u>
Registered Investment Company	
Cohen & Steers RLTY	61,951
Col Overseas Val I3	89,970
Ld Abt Bond Dbntr R6	73,987
Col Dividend Inc I3	150,946
WB Large Cap Gr R6	368,653
BLKRK Tech Op I	1,996
Vang Intl Growth Adm	92,278
Vt Intl Sm Cap R6	85,445
Am Cent Smcap Val R6	21,843
AF Balanced R6	468
J H Triton N	20,958
J H Flexible Bond N	71,597
JPM Mid Cap Grth R6	293,801
Invs Develop Mkt R6	91,648
JH Dscpl Val Mdcpl R6	56,410
Pim Commlus Strat I	2,560
FID Us Bond Idx	143,442
FID 500 Index	562,806
FID Mid Cap Idx	402,555
FID Sm Cap Idx	281,455
FID Intl Index	212,005
FID Freedom 2015 K6	156,232
FID Freedom 2020 K6	11,641
FID Freedom 2025 K6	510,488
FID Freedom 2030 K6	220,455
FID Freedom 2035 K6	436,621
FID Freedom 2040 K6	1,324,202
FID Freedom 2045 K6	2,023,148
FID Freedom 2050 K6	1,390,132
FID Freedom 2055 K6	497,693
FID Freedom 2060 K6	536,084
FID Freedom 2065 K6	337,040
Total Registered Investment Company	<u>10,530,510</u>
Total Investment Assets	<u><u>\$ 12,103,028</u></u>
Notes receivable from participants	\$ 196,135
Interest income on participant notes	\$ 8,257
Interest and dividend income on investments	\$ 798,409
Net investment gains	\$ (2,845,767)

**BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS**

Note 2 - Information Prepared and Contributed by Trustee (continued)

	<u>2021</u>
Investments at contract value	
Common/Collective Trust	
NYL Anchor Account 50	\$ 1,861,561
Total Common/Collective Trust	<u>1,861,561</u>
Investments at fair value	
Registered Investment Company	
FID Small Cap Index	341,730
JPMorgan Mid Cap Growth - R6	588,578
FID Mid Cap Index	857,583
Janus Henderson Flexible Bond Fund N	206,283
Van Target Retire 2060 - Inv	89,727
Van Target Retire 2035 - Inv	144
Victory Intl Small Cap R6	349,803
Columbia Dividend Income I3	512,002
Van Target Retire 2050 - Inv	652,953
Van Target Retire 2055- Inv	3,949
Van Target Retire 2025- Inv	792,268
Columbia Overseas Value I3	205,182
Pimco CommoditiesPlus Str Ins	27,611
Vanguard 500 Index Fund - ADM	1,027,629
AMC Small Cap Value Fund R6	323,836
BLK Tech Opps I	830,770
Lord Abbett Bond Debenture R6	250,609
American Century Mid Cap Val R6	217,818
Van Target Retire 2065 - Inv	31,026
Janus Henderson Triton Fund N	227,198
Van Target Retire 2030 - Inv	10,684
MFS Growth Rund R6	695,408
Amerfunds Amer Balanced - R6	124,451
Vanguard Intl Grth - ADM	416,104
Van Target Retire 2045 - Inv	26,556
Invesco Developing Mkts R6	498,182
Fid International Index	226,621
Van Target Retire 2040 - Inv	793,773
Van Target Retire 2020 - Inv	1,412
Van Target Retire Inc - Inv	37,751
Fid US Bond Ind	353,338
Cohen & Steers Realty Shares	323,201
Total Registered Investment Company	<u>11,044,180</u>
Total Investment Assets	<u><u>\$ 12,905,741</u></u>
Notes receivable from participants	\$ 198,279
Interest income on participant notes	\$ 10,071
Interest and dividend income on investments	\$ 792,570
Net investment gains	\$ 763,774

**BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS**

Note 3 - Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 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.
Level 2	Inputs to the valuation methodology include: ▪ quoted prices for similar assets or liabilities in active markets; ▪ quoted prices for identical or similar assets or liabilities in inactive markets; ▪ inputs other than quoted prices that are observable for the asset or liability; ▪ inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value or contract value:

<i>Mutual Funds:</i>	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 Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
<i>Collective/Common Trust Fund:</i>	The contract value of New York Life Anchor Account 50 is based on the underlying unit value reported by Reliance Trust Company Stable Value Employee Benefit Investment Trust (the Contract).

**BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS**

Note 3 - Fair Value Measurements (continued)

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2022 and 2021:

Assets at Fair Value as of December 31, 2022

Description	Level 1	Level 2	Level 3	Total
Common Collective Trust	\$ -	\$ 1,572,507	\$ -	\$ 1,572,507
Interest-Bearing Cash	11	-	-	11
Registered Investment Companies	10,530,510	-	-	10,530,510
Investments at fair value	<u>\$ 10,530,521</u>	<u>\$ 1,572,507</u>	<u>\$ -</u>	<u>\$ 12,103,028</u>

Assets at Fair Value as of December 31, 2021

Description	Level 1	Level 2	Level 3	Total
Common Collective Trust	\$ -	\$ 1,861,561	\$ -	\$ 1,861,561
Registered Investment Companies	11,044,180	-	-	12,905,741
Investments at fair value	<u>\$ 11,044,180</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,905,741</u>

Note 4 – Party-in-Interest Transactions

Beginning February 1, 2022, the Plan contracts with Fidelity Management Trust Company as its investment advisor and plan administrator. Prior to February 1, 2022, the Plan contracted with Reliance Trust Company as its investment advisor and ADP as its plan administrator. Certain plan investments were shares of mutual funds managed by Fidelity and Reliance Trust Company. These transactions qualify as party-in-interest transactions. Fees paid to Fidelity, Reliance Trust Company and ADP also qualify as party-in-interest transactions. Fees paid by the Plan amounted to \$38,394 and \$27,605 for the years ended December 31, 2022 and 2021, respectively.

Note 5 – 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 statement of net assets available for benefits.

Note 6 - Income Taxes

This Plan is exempt from federal income taxes under Code Section 401(a).

The Plan obtained a letter on June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore believe that the Plan is qualified and the related trust is tax-exempt.

**BELL AMBULANCE, INC.
401(K) SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS**

Note 6 - Income Taxes (continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2019.

Note 7 – Reconciliation of financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500 as of December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per the financial statements	\$ 12,299,163	\$ 13,135,956
Employer contribution receivable	-	(31,936)
Deemed distributed loans	<u>(48,081)</u>	<u>(87,889)</u>
Net assets available for benefits per the Form 5500	<u><u>\$ 12,251,082</u></u>	<u><u>\$ 13,016,131</u></u>

The following is a reconciliation of total additions per the financial statements to total income per Form 5500 for the years ended December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Total additions per the financial statements	\$ (413,873)	\$ 2,771,478
Add: Employee contribution receivable at beginning of year	-	3,906
Employer contribution receivable at beginning of year	31,936	26,224
Less: Employer contribution receivable at end of year	-	(31,936)
Earnings on deemed distributed loans	<u>(2,373)</u>	<u>-</u>
Total income per Form 5500	<u><u>\$ (384,310)</u></u>	<u><u>\$ 2,769,672</u></u>

The following is a reconciliation of total deductions per the financial statements to total expenses per Form 5500 for the years ended December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Total deductions per the financial statements	\$ 422,920	\$ 509,569
Less: Deemed distributed loans	<u>(42,180)</u>	<u>(4,112)</u>
Total expenses per Form 5500	<u><u>\$ 380,740</u></u>	<u><u>\$ 505,457</u></u>

FORM 5500 REQUIRED SUPPLEMENTARY INFORMATION

BELL AMBULANCE, INC.
401(k) SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022

Name of Plan Sponsor: Bell Ambulance, Inc.
Employer Identification Number: 39-1307909
Three-Digit Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Common/Collective Trusts				
NYL Anchor Account 50	Common/Collective Trust	**	\$ 1,572,507	
Interest-Bearing Cash				
FID Govt Mmkt K6	Interest-Bearing Cash	**	10	
FID Govt Mmkt	Interest-Bearing Cash	**	1	
Mutual Funds				
Cohen & Steers RLTY	Registered Investment Company	**	61,951	
Col Overseas Val I3	Registered Investment Company	**	89,970	
Ld Abt Bond Dbntr R6	Registered Investment Company	**	73,987	
Col Dividend Inc I3	Registered Investment Company	**	150,946	
WB Large Cap Gr R6	Registered Investment Company	**	368,653	
BLKRK Tech Op I	Registered Investment Company	**	1,996	
Vang Intl Growth Adm	Registered Investment Company	**	92,278	
Vt Intl Sm Cap R6	Registered Investment Company	**	85,445	
Am Cent Smcap Val R6	Registered Investment Company	**	21,843	
AF Balanced R6	Registered Investment Company	**	468	
J H Triton N	Registered Investment Company	**	20,958	
J H Flexible Bond N	Registered Investment Company	**	71,597	
JPM Mid Cap Grth R6	Registered Investment Company	**	293,801	
Invs Develop Mkt R6	Registered Investment Company	**	91,648	
JH Dscpl Val Mdcp R6	Registered Investment Company	**	56,410	
Pim Complus Strat I	Registered Investment Company	**	2,560	
FID Us Bond Idx	Registered Investment Company	**	143,442	
FID 500 Index	Registered Investment Company	**	562,806	
FID Mid Cap Idx	Registered Investment Company	**	402,555	
FID Sm Cap Idx	Registered Investment Company	**	281,455	
FID Intl Index	Registered Investment Company	**	212,005	
FID Freedom 2015 K6	Registered Investment Company	**	156,232	
FID Freedom 2020 K6	Registered Investment Company	**	11,641	
FID Freedom 2025 K6	Registered Investment Company	**	510,488	
FID Freedom 2030 K6	Registered Investment Company	**	220,455	
FID Freedom 2035 K6	Registered Investment Company	**	436,621	
FID Freedom 2040 K6	Registered Investment Company	**	1,324,202	
FID Freedom 2045 K6	Registered Investment Company	**	2,023,148	
FID Freedom 2050 K6	Registered Investment Company	**	1,390,132	
FID Freedom 2055 K6	Registered Investment Company	**	497,693	
FID Freedom 2060 K6	Registered Investment Company	**	536,084	
FID Freedom 2065 K6	Registered Investment Company	**	337,040	
				12,103,028
Participant Loans				
Participant Loans	Maturities thru 2043			196,135
	Interest rates 4.25%-8.00%			\$ 12,299,163

Column (a) is blank as there were no parties-in-interest.

** Participant-directed investment. Cost is not required to be disclosed.