

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EMERGENCY TECHNOLOGY, INC.</u></p> <p><u>3900 CENTRAL PKWY</u> <u>HUDSONVILLE, MI 49426-7884</u></p>	<p>1c Effective date of plan <u>01/01/1990</u></p> <p>2b Employer Identification Number (EIN) <u>38-2739208</u></p> <p>2c Plan Sponsor's telephone number <u>616-662-6106</u></p> <p>2d Business code (see instructions) <u>336300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	JASON WOODRICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	JASON WOODRICK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	464
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	380
	6a(2)	444
	6b	2
	6c	74
	6d	520
	6e	1
	6f	521
	6g(1)	444
6g(2)	503	
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 2I 2J 2K 2O 2Q 2S 2T 3I

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

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached 0
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 2
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

<p>A Name of plan EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EMERGENCY TECHNOLOGY, INC.</p>	<p>D Employer Identification Number (EIN) 38-2739208</p>

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	540799	476	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3982978

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
▶		

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
▶		

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EMERGENCY TECHNOLOGY, INC.</p>	<p>D Employer Identification Number (EIN) 38-2739208</p>

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	467968	476	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ CUSTODIAL GUARANTEED OPTION GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 4353698
c	Additions: (1) Contributions deposited during the year	7c(1) 370061
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 325129
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ ROLLOVER CONTRIBUTIONS, RETURN OF BENEFIT, LOAN PAYMENTS, INVESTMENT TRANSFERS, MISCELLANEOUS	7c(5) 4060164
	(6) Total additions	7c(6) 4755354
d	Total of balance and additions (add lines 7b and 7c(6))	7d 9109052
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 2034908
	(2) Administration charge made by carrier.....	7e(2) 27152
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ MISTAKE OF FACT REFUND, LOAN WITHDRAWALS	7e(4) 41917
(5) Total deductions	7e(5) 2103977	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 7005075

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EMERGENCY TECHNOLOGY, INC.	D Employer Identification Number (EIN) 38-2739208	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	37615	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 50	CONSULTANT	18125	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ROCKEFELLER CAPITAL MANAGEMENT

82-3226180

(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 50	INVESTMENT ADVISORY	36037	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

PRAIRIE CAPITAL ADVISORS

36-4072641

(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?
34 50	VALUATION SERVICES	40312	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMERGENCY TECHNOLOGY, INC.</u>	D Employer Identification Number (EIN) <u>38-2739208</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&P 500 IDX SA-NE</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>748405</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-NE</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-028</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>375399</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP S&P 400 IDX SA-NE</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-023</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>362939</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN REAL ESTATE SECS SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-095</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>205</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN CORE FIX INC SEP ACCT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-118</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1799034</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTL EQUITY INDEX SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-121</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>696995</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EMERGENCY TECHNOLOGY, INC.	D Employer Identification Number (EIN) 38-2739208

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1553333	
(2) Participant contributions	1b(2)	36644	
(3) Other	1b(3)	1947250	1454485
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4028334	7911362
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	151293	213671
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4838453	3982978
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7605205	8010681
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4353698	7005075
(15) Other	1c(15)		1032920

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	36150378	49608713
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	60664588	79219885
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	60664588	79219885

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1604877	
(B) Participants.....	2a(1)(B)	2862458	
(C) Others (including rollovers).....	2a(1)(C)	2730796	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7198131
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	394605	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	15173	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		409778
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	5051460	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	151486	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5202946
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	13458335	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		331753
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1219659
c Other income	2c		23188
d Total income. Add all income amounts in column (b) and enter total	2d		27843790

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9154558	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	73	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9154631
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	37615	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	53843	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)	40312	
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2092	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		133862
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9288493

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		18555297
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	48690
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

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

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

A Name of plan <u>EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP 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>EMERGENCY TECHNOLOGY, INC.</u>	D Employer Identification Number (EIN) <u>38-2739208</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-0127290 42-1558009

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

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

3	
---	--

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

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

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan

Financial Statements and
ERISA-Required Supplemental Schedules
Years Ended December 31, 2024 and 2023

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



**Emergency Technology, Inc.
401(k) and Employee Stock Ownership Plan**

Financial Statements and ERISA-Required Supplemental Schedules
Years Ended December 31, 2024 and 2023

**Emergency Technology, Inc.
401(k) and Employee Stock Ownership Plan**

Contents

Independent Auditor’s Report	3-6
 Financial Statements	
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	7
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2024 and 2023	8
Notes to Financial Statements	9-18
 ERISA-Required Supplemental Schedules	
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2024	20
Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024	21-25



Independent Auditor's Report

The Plan Administrator
Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan
Hudsonville, Michigan

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

We have performed audits of the financial statements of Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 GAAP.

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 GAAP.

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 of Assets (Held at End of Year) as of December 31, 2024 and Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 14, 2025

**Emergency Technology, Inc.
401(k) and Employee Stock Ownership Plan**

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Investments		
Total investments, at fair value	\$ 70,546,654	\$ 52,622,370
Total investments, at contract value	7,005,075	4,353,698
Total Investments	77,551,729	56,976,068
Receivables		
Accrued dividend on Company common stock	1,440,529	1,947,250
Employer contribution receivable	-	1,553,333
Employee contribution receivable	-	36,644
Notes receivable from participants	213,671	151,293
Other income	13,956	-
Total Receivables	1,668,156	3,688,520
Net Assets Available for Benefits	\$ 79,219,885	\$ 60,664,588

See accompanying notes to financial statements.

**Emergency Technology, Inc.
401(k) and Employee Stock Ownership Plan**

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2024	2023
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 15,014,762	\$ 6,715,688
Dividend income	5,202,946	5,453,538
Interest income	394,605	91,175
Other income	14,155	-
Total Investment Income	20,626,468	12,260,401
Contributions:		
Employer	1,604,877	1,553,333
Employee	2,862,458	2,736,975
Rollover	2,730,796	460,870
Total Contributions	7,198,131	4,751,178
Interest income on notes receivable from participants	15,173	8,849
Total Additions	27,839,772	17,020,428
Deductions		
Benefits paid to participants	9,152,063	3,295,089
Administrative expenses	132,412	101,472
Total Deductions	9,284,475	3,396,561
Net Increase	18,555,297	13,623,866
Net Assets Available for Benefits, beginning of year	60,664,588	47,040,722
Net Assets Available for Benefits, end of year	\$ 79,219,885	\$ 60,664,588

See accompanying notes to financial statements.

Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan

Notes to Financial Statements

1. Plan Description

The following description of the Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan (the ESOP, Trust, or Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Emergency Technology, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

In December 2023, the Company appointed Principal Trust Company (Principal) as the custodian of the Plan, as well as Principal Life Insurance Company as contract holder and recordkeeper of the Plan. As a result, assets and participant accounts transferred from Newport Trust Company, the former custodian and recordkeeper, to Principal effective December 11, 2023.

Employees who complete six consecutive months of service and are age 21 or older are eligible to participate on the next quarterly entry date.

In an amendment to the Plan effective January 1, 2023, for the purpose of participant deferral contributions and safe harbor matching contributions only, employees become eligible to participate after 90 days of service.

Contributions

Participants may elect to contribute a portion of their annual compensation through a pre-tax or Roth contribution to the Plan through a salary reduction program. The contribution is limited to those amounts allowable as a deduction under the Internal Revenue Code (IRC).

The Company provides a safe harbor matching contribution of 100% of the participant's contribution up to 4% of compensation and 50% of the participant's contribution up to 6% of compensation. The safe harbor matching contribution may be paid in cash or in shares of Company stock as determined by the Company's Board of Directors. The Board of Directors may also elect to provide a discretionary contribution. Company discretionary contributions are allocated to participants based on each participant's eligible compensation. No discretionary contributions were provided for the Plan years ended December 31, 2024 and 2023.

A covered employee who becomes eligible to participate in the Plan will be deemed to have elected to make an automatic deferral of 6% of compensation. The automatic deferral percentage will increase by 1% each October 1 up to a maximum of 10% of compensation. Employees may elect an alternative deferral amount or elect not to participate.

Participants also may contribute amounts representing rollovers from other qualified defined benefit or defined contribution plans.

For the years ended December 31, 2024 and 2023, shareholders governed by the buy-sell agreement owned 67.05% of the Company. ESOP participants are governed by a separate agreement, named the Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan.

Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan

Notes to Financial Statements

Participant Accounts

Each participant's account is credited with the participant's contributions, employer matching contributions, and allocations of the Company's discretionary contributions, Plan earnings and administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan.

Investment Options

Participants are allowed to direct contributions to various investment options, as well as Company common stock. In 2024 and 2023, no additional common stock was made available to participants from the Company.

Vesting

Participants' elective contributions, Company contributions, and the earnings thereon, are immediately 100% vested.

Notes Receivable from Participants

Participants may borrow from their fund accounts in any amount greater than \$1,000 but less than 50% of the participant's vested account balance. In no event can a participant borrow more than \$50,000. The notes are secured by the balance in the participant's account and bear interest based on a reasonable borrowing rate ranging from 4.25% to 9.50%. The notes are repaid ratably through payroll deductions over a period of five years or less, unless the note is used to purchase a principal residence.

Payment of Benefits

Upon normal retirement age (62), termination of employment, death, or disability, participants or their beneficiaries may elect to receive the value of vested interest in their account (excluding Company stock) in the form of a lump-sum distribution. Withdrawals may also be made upon attainment of age 59½ and circumstances of financial hardship, as defined by the Plan.

To the extent a participant is invested in Company stock, the distribution is paid in either a lump-sum amount or up to five annual installments with interest, depending on the participant's account balance as of year-end. If the participant's account balance is greater than threshold set within Code Section 415(d), installments may be extended over ten years. Distributions are generally made in cash.

Voting Rights

All Company common stock held by the Trust shall be voted by the ESOP Committee, as the ESOP Committee determines. In certain situations, a participant is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the ESOP Committee prior to the time that such rights are to be exercised. The ESOP Committee shall vote any unallocated shares held by the Trust, as well as any allocated shares for which a participant has failed to give timely voting direction.

Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan

Notes to Financial Statements

Segregation of Company Stock Accounts

The Company stock account of a terminated participant may be liquidated to the extent of cash available in the ESOP. All segregation proceeds will be transferred to a separate account in the 401(k) portion of the Plan and will be subject to participant investment direction (stock transfer account).

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least age 55 with at least ten years of participation in the Plan may elect to diversify a portion of their account. These eligible participants can generally diversify up to 25% of their company stock account each year over a five-year period. In the sixth year, the participant may diversify 50% of their company stock account. Participants who have a stock transfer account (shares purchased from an amount transferred from the 401(k) account) are subject to different rules regarding diversification depending on when the amount was transferred from the 401(k) account. In addition, upon reaching age 62, a participant may diversify 100% of the value of the shares in his or her account.

Company Common Stock Offering

In 2024 and 2023, Plan participants were offered the opportunity to transfer up to 50% of their 401(k) component accounts to their ESOP component accounts. The 401(k) component accounts hold funds attributable to salary deferrals, matching contributions, and profit-sharing contributions. The ESOP component account is primarily invested in Company common stock. Due to this offering, approximately \$2,653,000 and \$599,000 were transferred from the 401(k) component to the ESOP component in 2024 and 2023, respectively.

Administrative Expenses

Certain administrative expenses are paid by the Company. Administrative expenses not paid directly by the Company may be paid from the Plan, in accordance with Plan provisions. In 2024 and 2023, expenses paid by the Plan included attorney, recordkeeping, and ESOP valuation fees.

2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared under the accrual method of accounting.

Subsequent Events

Subsequent events have been evaluated by management through October 14, 2025, the date these financial statements were available to be issued.

Effective October 1, 2025, employees who complete 90 consecutive days of service and are age 18 or older are eligible to participate in the Plan. Additionally, the automatic deferral percentage maximum was increased to 15%.

Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan

Notes to Financial Statements

Use of Estimates

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

Risks and Uncertainties

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for the guaranteed investment contract which is valued at contract value (see Note 5). Fair value is the price that would be received to sell an asset (an exit price) in the principal or most advantageous market for the asset in an orderly transaction between market participants on the measurement date. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Participant loans are classified as notes receivable from participants and are measured at the unpaid principal balance plus unpaid accrued interest. Defaulted loans, if any, are reclassified as distributions based on the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

Contributions Receivable

Participant contributions and any related employer matching contributions are recognized in the period during which the Company makes the respective payroll deduction from the participant's compensation.

Cash and Cash Equivalents

The Plan maintains cash at two financial institutions. Accounts at the institutions are insured by the Federal Deposit Insurance Corporation up to \$250,000. At certain times during the year, the Plan's cash may not be fully insured.

Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan

Notes to Financial Statements

3. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments and notes receivable from participants held as of December 31, 2024 and 2023, except for various investments held by the ESOP component of the Plan, and net appreciation in fair value of investments and interest and dividend income for the years then ended, except for investment income related to various investments held by the ESOP component of the Plan, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Trust Company and Principal Life Insurance Company, qualified institutions.

4. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under 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 both significant to the fair value measurement and unobservable.

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

There have been no changes in the methodologies used at December 31, 2024 or 2023. The following valuation methodologies were used to measure the fair value of the Plan's investments:

Interest-Bearing Cash and Money Market Funds - Valued at the daily closing price as reported by the fund.

Mutual Funds and Exchange Traded Funds (ETFs) - Mutual funds and ETFs are valued at the daily closing price as reported by the fund. Mutual funds and ETFs held by the Plan are open-ended funds

Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan

Notes to Financial Statements

that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds and ETFs held by the Plan are deemed to be actively traded.

Common Stocks - Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Corporate Bonds - Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Pooled Separate Accounts (PSAs) - PSAs are valued at the NAV of the units held. The NAV is based on the fair value of the underlying investments held by the PSA less its liabilities. While the majority of the underlying assets values are based on quoted prices, the NAV of the PSAs is not publicly quoted. The NAV as reported by the fund managers is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the PSAs will sell for an amount different than the reported NAV. The PSAs provide for daily redemptions by the Plan at reported NAV with no advance notice requirement. There are no unfunded commitments relating to these investments.

Company Common Stock - The fair value of the Company's common stock held by the Plan is valued at fair value based upon an independent appraisal. This appraisal was based on a combination of the discounted cash flow and guideline public comparable methods. The appraiser took into account historical and projected cash flows, EBITDA, and market comparables. Risks were considered and discount levels adjusted appropriately; a discount for lack of marketability was also included due to the minority status of the ESOP.

The valuation process involves Plan management's selection of an independent appraiser. Company management accumulates the data for the appraiser from the financial statements of the Company and other related business information relevant to the valuation process. The appraiser prepares a preliminary report which Company management, along with the ESOP Committee, reviews in detail, discusses, and approves. The results of this process are documented in minutes of the Plan fiduciary.

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

Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan

Notes to Financial Statements

The tables below set forth the Plan's investments by level within the fair value hierarchy:

December 31, 2024

	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 1,633,259	\$ -	\$ -	\$ 1,633,259
Money market funds	6,278,103	-	-	6,278,103
Mutual funds and ETFs	7,676,864	-	-	7,676,864
Common stocks	333,817	-	-	333,817
Corporate bonds	-	1,032,920	-	1,032,920
Company common stock	-	-	49,608,713	49,608,713
Total Investments , in the fair value hierarchy	\$ 15,922,043	\$ 1,032,920	\$ 49,608,713	66,563,676
Investments, measured at NAV				<u>3,982,978</u>
Total Investments , at fair value				\$ 70,546,654

December 31, 2023

	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 4,028,334	\$ -	\$ -	\$ 4,028,334
Mutual funds	7,605,205	-	-	7,605,205
Company common stock	-	-	36,150,378	36,150,378
Total Investments , in the fair value hierarchy	\$ 11,633,539	\$ -	\$ 36,150,378	47,783,917
Investments, measured at NAV				<u>4,838,453</u>
Total Investments , at fair value				\$ 52,622,370

There were no purchases, sales, or transfers in the fair value of the Plan's Level 3 investment in Company common stock for the years ended December 31, 2024 and 2023.

5. Guaranteed Investment Contract

The Plan invests in the Principal Guaranteed Option (PGO), a fully benefit-responsive guaranteed investment contract with Principal Life Insurance Company (Principal Life) totaling \$7,005,075 and \$4,353,698 at December 31, 2024 and 2023, respectively. Principal Life maintains contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

The PGO is valued at contract value for presentation in the Plan's net assets available for benefits. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts, because contract value is that amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract has a surrender fee should the Plan discontinue without proper notification as prescribed in the contract.

Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan

Notes to Financial Statements

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

6. Related Party Transactions

The Plan invests in Company common stock and, therefore, the investment qualifies as a party-in-interest transaction. Certain Plan investments are in funds and accounts managed by Principal. As described in Note 1, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules. Notes receivable from participants also qualify as party-in-interest transactions.

As of December 31, 2024 and 2023, the Plan held 272,381 shares of common stock of the Company with a cost basis of \$2,639,795.

7. Non-Participant Directed Investments

The Company's common stock includes both participant and non-participant directed investments, which are commingled. Substantially all discretionary Company contributions and related appreciation are non-participant-directed until amounts are available for transfer, as described in the Plan agreement.

Information about the net assets and the significant components of the changes in net assets relating to the non-participant-directed investments is as follows:

<i>December 31,</i>	2024	2023
Net assets:		
Company common stock	\$ 24,448,960	\$ 17,747,994
Interest-bearing cash	1,633,259	4,028,334
Money market funds	6,278,103	-
Mutual funds and ETFs	456,580	-
Common stocks	333,817	-
Corporate bonds	1,032,920	-
Other income receivable	13,956	-
Accrued dividend on Company common stock	1,440,529	3,500,583
	\$ 35,638,124	\$ 25,276,911

Emergency Technology, Inc.
401(k) and Employee Stock Ownership Plan

Notes to Financial Statements

<i>Year ended December 31,</i>	2024	2023
Changes in net assets:		
Net appreciation from Company common stock	\$ 6,632,752	\$ 2,471,240
Dividends on Company common stock	5,051,460	5,398,381
Interest income	419,739	57,870
Employer contributions	1,604,877	1,553,333
Transfers in (out)	2,181,535	(1,007,513)
Benefits paid to participants	(5,529,150)	(1,270,124)
	\$ 10,361,213	\$ 7,203,187

8. Concentration of Market Risk

The Plan's investments were approximately 64% and 63% invested in Company common stock at December 31, 2024 and 2023, respectively. Such concentration poses a risk that Plan assets and participant accounts are exposed to risk in the event of a significant decline in the fair value of such stock. A significant decline in the fair value of the Company common stock would significantly affect the net assets available for benefits.

9. Plan Termination

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

10. Tax Status

The Internal Revenue Service (IRS) has ruled in a determination letter dated April 23, 2012, that the Plan qualifies under applicable sections of the IRC and is, therefore, exempt from federal income taxes under present income tax laws. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

GAAP requires 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there currently are no audits for any tax periods in progress.

11. Dividends on Company Common Stock

During 2024 and 2023, the Company made distributions to the shareholders of its stock. In 2024, the Company made total distributions in the amount of \$15,589,190 of which the Plan received \$5,051,460 for its percentage of ownership. In 2023, the Company made total distributions in the amount of \$16,382,208 of which the Plan received \$5,398,381 for its percentage of ownership. At December 31, 2024 and 2023, the Plan owned 32.95% of the stock.

**Emergency Technology, Inc.
401(k) and Employee Stock Ownership Plan**

Notes to Financial Statements

12. Delinquent Participant Contributions

During 2024, the Company failed to remit certain participant contributions and loan repayments to the Plan in a timely manner, according to the Department of Labor's rules and regulations, in the amount of \$48,690. These transactions constitute non-exempt party-in-interest transactions or prohibited transactions as defined by ERISA. The Company calculated and remitted lost earnings to the Plan in September 2025.

ERISA-Required Supplemental Schedules

**Emergency Technology, Inc.
401(k) and Employee Stock Ownership Plan**

**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
EIN: 38-2739208 Plan Number: 001**

Year ended December 31, 2024

	Total That Constitutes Nonexempt Prohibited Transactions				Total Fully Corrected Under VFCP* and PTE 2002-51
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*		
Check here if late participant loan repayments are included: <input checked="" type="checkbox"/>					
2024	\$ -	\$ 48,690	\$ -		-

* Voluntary Fiduciary Correction Program (DOL)

Emergency Technology, Inc.
401(k) and Employee Stock Ownership Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 38-2739208 **Plan Number: 001**

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Interest-Bearing Cash				
Huntington Bank	Interest-bearing cash	\$ 1,633,259	\$ 1,633,259	
Company Common Stock				
* Emergency Technology, Inc.	272,381 shares of Company common stock	2,639,795	49,608,713	
Corporate Bonds				
Bat Capital Corp	Mtn Call Make Whole 2.25900% 03/25/2028	39,508	41,342	
BP Cap Mkts Amer Inc	Ser B Note 3.11900% 05/04/2026 Call Make Whole	39,305	40,265	
Elevance Health Inc	Note Call MAKE WHOLE 4.10100% 03/01/2028	39,259	40,067	
Oracle Corp	Note Call Make Whole 2.95000% 04/01/2030	29,565	30,692	
Corebridge Finl Inc	Ser B Note 3.85000% 04/05/2029 Call Make Whole	29,412	30,557	
Ares Capital Corp	Note Call Make Whole 2.87500% 06/15/2027	29,210	30,433	
Santander Holdings USA INC	Note 2.49000% 01/06/2028 Call Make Whole	28,900	30,348	
Kinder Morgan Inc	Del Note 4.30000% 06/01/2025 Call Make Whole	29,532	29,929	
Discover Finl Svcs Ser Thereto	NOTE 4.50000% 01/30/2026 Call Make Whole	29,331	29,874	
JPMorgan Chase &Co	Note Call Make Whole 2.00500% 03/13/2026	28,983	29,827	
System Energy Resources Inc	Bond 6.00000% 04/15/2028 Call Make Whole	29,108	29,813	
Wrkco Inc	Ser B Note 4.90000% 03/15/2029 Call Make Whole	29,261	29,807	
Jefferies Financial Group Inc	NOTE 5.87500% 07/21/2028 Call Make Whole	28,855	29,654	
Zimmer Biomet Holdings Inc	Note 3.05% 01/15/2026	28,769	29,531	
Stryker corporation	note call Make Whole 1.15000% 06/15/2025	28,517	29,520	
VMWare LLC	Note Call Make Whole 3.90000% 08/21/2027	28,397	29,321	
Global Pmts Inc	Note Call Make Whole 3.20000% 08/15/2029	28,237	29,311	
Kilroy Rlty L P	Note Call Make Whole 4.75000% 12/15/2028	28,249	29,288	
Micron Technology Inc	Note 4.66300% 02/15/2030 Call Make Whole	28,610	29,281	
Crown Castle Inc	Note Call Make Whole 3.10000% 11/15/2029	27,993	29,114	
T Mobile USA Inc	Note 3.37500% 10/26/2027 Call Make Whole	29,235	28,934	
Wells Fargo &Co	Mtn Call Make Whole 2.39300% 06/02/2028	27,171	28,255	
Disney Walt Co	Note Call Make Whole 1.75000% 01/13/2026	26,392	27,253	
Fox Corp	Ser B Note 4.70900% 01/25/2029 Call Make Whole	25,171	25,682	
DTE Energy Co	Ser F Note 1.05000% 06/01/2025 Call Make Whole	24,710	25,599	
US Bancorp	Ser CC Mtn 6.78700% 10/26/2027 Call Make Whole	22,651	22,744	
Brixmor Operating Prtshp LP	Note 4.12500% 05/15/2029 Call Make Whole	20,333	21,112	
Boeing Co	Note Call Make Whole 3.25000% 02/01/2028	19,905	20,713	
Citigroup Inc	Note Call Make Whole 5.61000% 09/29/2026	19,968	20,108	
Cvs Health Corp	Note Call Make Whole 3.75000% 04/01/2030	18,181	18,319	
Equitable Hlds Inc	Ser B Note 1.35000% 04/20/2028 Call Make Whole	17,721	17,636	
Nisource Inc	Note Call Make Whole 0.95000% 08/15/2025	16,935	17,556	
Canadian Natl	Ry Co Note Call Make Whole 2.75000% 03/01/2026	13,429	13,719	
Crown Castle Inc	Note Call Make Whole 1.35000% 07/15/2025	11,388	11,770	

Emergency Technology, Inc.
401(k) and Employee Stock Ownership Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 38-2739208 **Plan Number: 001**

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Corporate Bonds (continued)				
Lazard LLC	Note Call Make Whole 1.37500% 03/11/2029	\$ 11,326	\$ 11,690	
T Mobile Usa Inc	Note 3.37500% 10/26/2027 Call Make Whole	10,910	11,200	
McDonalds Corp	Mtn Call Make Whole 3.60000% 07/01/2030	10,430	10,318	
Citigroup Inc	Note Call Make Whole 5.61000% 09/29/2026	9,981	10,054	
Mplx Lp	Note Call Make Whole 1.75000% 03/01/2026	9,317	9,655	
Capital One Finl Corp	Note 5.24700% 07/26/2030	8,040	7,975	
Equitable Hldgs Inc	Ser B Note 4.35000% 04/20/2028 Call Make Whole	7,653	7,838	
McDonalds Corp	Mtn Call Make Whole 3.30000% 07/01/2025	6,830	6,950	
Nisource Inc	Note Call Make Whole 0.95000% 08/15/2025	1,886	1,951	
Brookfield Fin Inc	Note Call Make Whole 4.35000% 04/15/2030	1,955	1,927	
John Deere Capital Corporation	SER H 3.35000% 04/18/2029 MTN	1,881	1,898	
John Deere Capital Corporation	SER H 3.35000% 04/18/2029 MTN	1,919	1,898	
US Bancorp	Ser CC Mtn 6.78700% 10/26/2027 Call Make Whole	1,027	1,034	
Southern Calif Edison Co	Ser 2022F 5.85000% 11/01/2027 BOND Call Make Whole	1,015	1,028	
System Energy Resources Inc	Bond 6.00000% 04/15/2028 Call Make Whole	1,043	1,028	
System Energy Resources Inc	Bond 6.00000% 04/15/2028 Call Make Whole	1,042	1,028	
Edison Intl	Note Call Make Whole 5.75000% 06/15/2027	1,003	1,017	
Enterprise Prods Oper LLC	Note 5.05000% 01/10/2026 Call Make Whole	1,012	1,005	
Wec Energy Group Inc	Note Call Make Whole 5.00000% 09/27/2025	992	1,002	
Bank New York Mellon Corp	Mtn 4.54300% 02/01/2029	982	992	
Bank New York Mellon Corp	Mtn 4.54300% 02/01/2029	989	992	
Bank New York Mellon Corp	Mtn 4.54300% 02/01/2029	1,007	992	
Morgan Stanley	Mtn Call Make Whole 4,43100% 01/23/2030	998	973	
ERP Oper Ltd Partnership	Note 2.85000% 11/01/2026 Call Make Whole	946	968	
Paccar Financial Corp	Mtn 4.00000% 09/26/2029	974	967	
Citigroup Inc	Note Call Make Whole 3.07000% 02/24/2028	963	962	
Citigroup Inc	Note Call Make Whole 3.07000% 02/24/2028	965	962	
John Deere Capital Corporation	SER H 3.35000% 04/18/2029 MTN	923	949	
Wells Fargo &Co	Mtn Call Make Whole 2.39300% 06/02/2028	952	942	
Wells Fargo &Co	Mtn Call Ma Whole 2.39300% 05/02/2028	947	942	
Wells Fargo &Co	Mtn Call Ma Whole 2.39300% 06/02/2028	943	942	
Southern Calif Edison Co	Ser 2019C 2.85000% 08/01/2029 BOND Call Make Whole	942	913	
Elevance Health Inc	Note Call MAKE WHOLE 2.25000% 05/15/2030	894	869	
Bp Cap Mkts Amer Inc	Note Call Make Whole 1.74900% 08/10/2030	861	846	
San Diego Gas &Elec Co	Ser Vvv BOND 1.70000% 10/01/2030 Call Make Whole	847	839	
Total Corporate Bonds		1,006,586	1,032,920	

Emergency Technology, Inc.
401(k) and Employee Stock Ownership Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 38-2739208 **Plan Number: 001**

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Mutual Funds and ETFs				
Fidelity	LC Gr Index Fund	** \$	1,498,323	
Vanguard	Windsor Admiral Fund	**	1,320,623	
Invesco	International Small-Mid Company R6	**	704,208	
American Funds	New World R6	**	695,522	
PIMCO	Income I2	**	579,876	
Invesco	Small Cap Value R6	**	417,252	
JPMorgan	Mid Cap Growth R6	**	405,150	
Dimensional	US Vector Eq Prtf Inst	**	376,397	
American Funds	2035 Target Date Retirement R6	**	368,464	
Dimensional	US Sm Cap Group Instl	**	342,795	
American Funds	2030 Target Date Retirement R6	**	108,062	
American Funds	2045 Target Date Retirement R6	**	97,144	
American Funds	2025 Target Date Retirement R6	**	84,831	
American Funds	2050 Target Date Retirement R6	**	65,832	
Select Sector	SPDR Trust Technology	\$ 58,246	62,839	
Eaton Value Atlanta	Cap SMID Cap Fund I	61,499	62,326	
Ishares	Russell 1000 Index Fund	63,231	60,757	
Fidelity	Term Bond Z	**	59,163	
DFA	U.S. Small Cap Growth Port Instl	53,062	56,492	
Select Sector	SPDR TR	50,076	55,216	
Health Care Select Sector	SPDR Fund	55,752	52,259	
Consumer Discretionary	Select Sector	23,871	29,326	
Elect Sector	Spdr Tr Communication	25,009	28,692	
Consumer Staples	Select Sector Spdr Fund	27,802	27,865	
MFS	Corporate Bond R6	**	19,265	
BlackRock	Global Bond Inst	**	17,953	
American Funds	2060 Target Date Retirement R6	**	14,160	
IShares	US Broker-Dealers & Securities	11,376	13,798	
Vanguard	Infl-Prot Sec Adm	**	13,368	
PGIM	High Yield R6	**	12,408	
American Funds	2055 Target Date Retirement R6	**	12,092	
American Funds	2065 Target Date Retirement R6	**	7,398	
IShares	Tr Expanded Tech	7,231	7,008	
Total Mutual Funds and ETFs			437,155	7,676,864
Common Stocks				
Amazon.com Inc	Common Stock Fund	22,745	27,204	
Microsoft Corp	Common Stock Fund	22,394	22,890	
Apple Inc	Common Stock Fund	14,867	18,323	
Meta Platforms Inc Class A Common Stock	Common Stock Fund	14,904	17,603	
Nvidia Corporation Com	Common Stock Fund	11,879	14,506	
Ciena Corp	Common Stock Fund	7,860	12,891	
Arvell Technology Inc Com	Common Stock Fund	7,490	11,727	
Alphabet Inc Cap Stk Cl A	Common Stock Fund	9,244	10,635	
Sony Group Corporation Spon Ads Each	Common Stock Fund	8,396	10,179	

Emergency Technology, Inc.
401(k) and Employee Stock Ownership Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 38-2739208 **Plan Number: 001**

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Common Stocks (continued)				
Air Products and Chemicals Inc	Common Stock Fund	\$ 9,586	\$ 9,932	
Erkshire Hathaway Inc Com USD	Common Stock Fund	8,863	9,519	
JPMorgan Chase & Co. Com	Common Stock Fund	7,470	8,946	
Intercontinental Exchange Inc Com	Common Stock Fund	8,005	8,562	
Honeywell International Inc Com USD	Common Stock Fund	7,869	8,400	
Cardinal Health Inc Com Npv	Common Stock Fund	6,828	7,984	
Discover Financial Services	Common Stock Fund	6,181	7,847	
Zebra Technologies Corporation Cl A	Common Stock Fund	5,784	6,952	
Humana Inc	Common Stock Fund	7,836	6,611	
Wabtec Com	Common Stock Fund	5,204	6,081	
TKO Group Holdings Inc Cl A	Common Stock Fund	4,255	5,684	
Cognizant Technology Solutions Corp Com	Common Stock Fund	4,955	5,365	
Reinsurance Grp of America Inc Com New	Common Stock Fund	4,903	5,168	
S&C Technologies Hldgs Inc Com	Common Stock Fund	5,175	5,090	
Electronic Arts Inc	Common Stock Fund	4,775	4,847	
Corteva Inc Com	Common Stock Fund	4,460	4,716	
Skechers USA Inc	Common Stock Fund	4,625	4,572	
RTX Corporation Com USD1.00	Common Stock Fund	4,272	4,570	
Fidelity National Financial Fnf Group	Common Stock Fund	4,277	4,536	
Conocophillips Com	Common Stock Fund	4,653	4,020	
S&p Global Inc Com	Common Stock Fund	4,061	3,984	
Comcast Corp	Common Stock Fund	4,083	3,923	
Reddit Inc Cl A	Common Stock Fund	3,767	3,759	
Otis Worldwide Corp Com	Common Stock Fund	3,835	3,739	
Tenet Healthcare Corp	Common Stock Fund	3,678	3,661	
Hess Corporation Com USD1.00	Common Stock Fund	3,676	3,598	
Unitedhealth Group Inc	Common Stock Fund	3,843	3,589	
Crown Castle Inc Com	Common Stock Fund	3,929	3,545	
Dun & Bradstreet Hldgs Inc Com	Common Stock Fund	2,782	3,320	
Uber Technologies Inc Com	Common Stock Fund	3,488	2,956	
Fortive Corp Com	Common Stock Fund	2,074	2,190	
Astera Labs Inc Com	Common Stock Fund	1,982	1,987	
Howmet Aerospace Inc Com	Common Stock Fund	1,988	1,969	
LVMH Moet Hennessy Louis Vuitton ADR	Common Stock Fund	1,976	1,960	
KKR & Co Inc Com	Common Stock Fund	1,934	1,923	
Visa Inc	Common Stock Fund	1,915	1,896	
Intuit Inc	Common Stock Fund	1,944	1,886	
Johnson Controls International Plc Com	Common Stock Fund	1,859	1,815	
Eli Lilly & Co Com	Common Stock Fund	1,545	1,544	
Micron Technology Inc	Common Stock Fund	1,705	1,523	
Alphabet Inc Cap Stk Cl C	Common Stock Fund	1,174	1,348	
Advanced Micro Devices Inc	Common Stock Fund	1,548	1,329	
Sanofi Adr Rep 1 1/2 Ord	Common Stock Fund	993	1,013	
Total Common Stocks		299,534	333,817	

**Emergency Technology, Inc.
401(k) and Employee Stock Ownership Plan**

**Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 38-2739208 Plan Number: 001**

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Money Market Funds				
* Rockefeller	Fimm Government Portfolio: Class I 4.38%	** \$	6,256,216	
* Rockefeller	Fidelity Government Cash Reserves 4.19%	**	21,887	
Total Money Market Funds			6,278,103	
Pooled Separated Accounts				
* Principal Life	Core Fixed Income Sep Account	**	1,799,034	
* Principal Life	Large Cap S&P 500 Index SA	**	748,405	
* Principal Life	International Equity Index SA	**	696,995	
* Principal Life	Small Cap S&P 600 Index SA	**	375,399	
* Principal Life	Mid Cap S&P 400 Index SA	**	362,939	
* Principal Life	Real Estate Secs Sep Account	**	206	
Total Pooled Separate Accounts			3,982,978	
Guaranteed Investment Contract				
* Principal Life	Principal Guaranteed Option	**	7,005,075	
* Participant Loans	Interest rates of 4.25% to 9.50%	-	213,671	
Total			\$ 77,765,400	

* A party-in-interest, as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E T, I. 401() E
 EIN 38 2739208
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
American Funds Service Company	Registered Investment Company Am Fds 2025 Trgt Dte Rtm R6 Fd	Registered Investment Company Am Fds 2025 Trgt Dte Rtm R6 Fd	\$ 0.00	\$ 84,830.59
American Funds Service Company	Registered Investment Company Am Fds 2030 Trgt Dte Rtm R6 Fd	Registered Investment Company Am Fds 2030 Trgt Dte Rtm R6 Fd	\$ 0.00	\$ 108,062.21
American Funds Service Company	Registered Investment Company Am Fds 2035 Trgt Dte Rtm R6 Fd	Registered Investment Company Am Fds 2035 Trgt Dte Rtm R6 Fd	\$ 0.00	\$ 368,464.26
American Funds Service Company	Registered Investment Company Am Fds 2045 Trgt Dte Rtm R6 Fd	Registered Investment Company Am Fds 2045 Trgt Dte Rtm R6 Fd	\$ 0.00	\$ 97,144.19
American Funds Service Company	Registered Investment Company Am Fds 2050 Trgt Dte Rtm R6 Fd	Registered Investment Company Am Fds 2050 Trgt Dte Rtm R6 Fd	\$ 0.00	\$ 65,832.26
American Funds Service Company	Registered Investment Company Am Fds 2060 Trgt Dte Rtm R6 Fd	Registered Investment Company Am Fds 2060 Trgt Dte Rtm R6 Fd	\$ 0.00	\$ 14,159.43
American Funds Service Company	Registered Investment Company Am Fds 2065 Trgt Dte Rtm R6 Fd	Registered Investment Company Am Fds 2065 Trgt Dte Rtm R6 Fd	\$ 0.00	\$ 7,398.26
American Funds Service Company	Registered Investment Company AM FDS 2055 TRGT DTE RTM R6 FD	Registered Investment Company AM FDS 2055 TRGT DTE RTM R6 FD	\$ 0.00	\$ 12,091.89
The American Funds	Registered Investment Company AMERICAN FUNDS NEWORLD R6	Registered Investment Company AMERICAN FUNDS NEWORLD R6	\$ 0.00	\$ 695,521.96
BlackRock	Registered Investment Company BlackRock Strat Gbl Bd Inst Fd	Registered Investment Company BlackRock Strat Gbl Bd Inst Fd	\$ 0.00	\$ 17,953.02
Emergency Technology, Inc.	Interest Bearing Cash Cash - Interest Bearing Cash	Interest Bearing Cash Cash - Interest Bearing Cash	\$ 0.00	\$ 7,911,362.21
Emergency Technology, Inc.	Other Cash - Other	Other Cash - Other	\$ 0.00	\$ 1,032,920.08
Emergency Technology, Inc.	Registered Investment Company Cash - Registered Investment Company	Registered Investment Company Cash - Registered Investment Company	\$ 0.00	\$ 790,395.81
Dimensional Fund Advisors	Registered Investment Company DFA US SM CAP GROWTH INSTL FD	Registered Investment Company DFA US SM CAP GROWTH INSTL FD	\$ 0.00	\$ 342,795.02
Dimensional Fund Advisors	Registered Investment Company DFA US VECTOR EO PRTF INST FD	Registered Investment Company DFA US VECTOR EO PRTF INST FD	\$ 0.00	\$ 376,396.80

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E T, I. 401() E
 EIN 38 2739208
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A)	(B)	(C)	(D)	(E)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	Fidelity Investments	Registered Investment Company Fidelity Advisor Ltd Trm Bnd Z	\$ 0.00	\$ 59,162.90
	Fidelity Investments	Registered Investment Company FID IC GR INDEX FUND	\$ 0.00	\$ 1,498,323.41
	Oppenheimer	Registered Investment Company Invesco Int Sm-Md Comp R6 Fund	\$ 0.00	\$ 704,207.71
	Invesco Funds Group, Inc.	Registered Investment Company INVESCO SMALL CAP VALUE R6 FD	\$ 0.00	\$ 417,251.65
	JP Morgan Funds	Registered Investment Company JP Morgan Mid Cap Growth R6 Fd	\$ 0.00	\$ 405,150.28
	MFS Investment Management	Registered Investment Company MFS CORPORATE BOND R6 FUND	\$ 0.00	\$ 19,265.10
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Core Fix Inc Sep Acct-Z	\$ 0.00	\$ 1,799,033.59
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Intl Equity Index SA-Z	\$ 0.00	\$ 696,995.41
*	Principal Life Insurance Company	Pooled Separate Accounts Prin IgCb S&P 500 Idx SA-NE	\$ 0.00	\$ 748,405.19
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-NE	\$ 0.00	\$ 362,939.38
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap S&P 600 Index SA-NE	\$ 0.00	\$ 375,398.75
*	Principal Life Insurance Company	Insurance Company General Principal Guaranteed Option	\$ 0.00	\$ 7,005,074.54
	PGIM Investments	Registered Investment Company PGIM High Yield R6 Fund	\$ 0.00	\$ 12,408.04
	PIMCO Funds	Registered Investment Company PIMCO Income I-2 Fund	\$ 0.00	\$ 579,876.24
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN REAL ESTATE SECS SA-Z	\$ 0.00	\$ 205.44

