

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>PATRIOT AMBULANCE INC. 401(K) PROFIT SHARING PLAN & TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PATRIOT AMBULANCE INC.</u> <u>248 MILL RD. BLDG. 2</u> <u>CHELMSFORD, MA 01824</u>	1c Effective date of plan <u>01/01/1994</u> 2b Employer Identification Number (EIN) <u>04-2675303</u> 2c Plan Sponsor's telephone number <u>978-367-5000</u> 2d Business code (see instructions) <u>541990</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	DAVID J. WALTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	132
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)	74
	6a(2)	75
	6b	0
	6c	56
	6d	131
	6e	0
	6f	131
	6g(1)	109
6g(2)	105	
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 2J 2F 2G 3D 2S 2T

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan PATRIOT AMBULANCE INC. 401(K) PROFIT SHARING PLAN & TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PATRIOT AMBULANCE INC.</p>	<p>D Employer Identification Number (EIN) 04-2675303</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
JOHN HANCOCK LIFE INSURANCE CO

(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
01-0233346	65838	101486	325	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	2996

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
PAYCHEX RECORDKEEPING SERVICES INC. 1175 JOHN STREET WEST HENRIETTA, NY 14586

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2096	TPA COMPENSATION	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SOUTHEASTERN EMPLOYEE BENEFIT SERVI 1175 JOHN ST WEST HENRIETTA, NY 14586

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	900	TPA FEES PAID	5

(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
	(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.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	4279150

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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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)	0
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)	0
	(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)	0
	(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 PATRIOT AMBULANCE INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PATRIOT AMBULANCE INC.	D Employer Identification Number (EIN) 04-2675303	

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

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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)

ALTA WEALTH ADVISORS

400 TRADE CENTER DR. #4810
WOBURN, MA 01801

82-4506744

(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?
26	RIA	16292	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)

JOHN HANCOCK LIFE INSURANCE CO

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	988	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"/>

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>PATRIOT AMBULANCE INC. 401(K) PROFIT SHARING PLAN & TRUST</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>PATRIOT AMBULANCE INC.</u>	D Employer Identification Number (EIN) <u>04-2675303</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>JH LIFETIME BLEND 2065 CIT R2</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</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>4238</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>JH LIFETIME BLEND 2060 CIT R2</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</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>208690</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>JH LIFETIME BLEND 2055 CIT R2</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</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>16288</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>JH LIFETIME BLEND 2050 CIT R2</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</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>4442</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>JH LIFETIME BLEND 2045 CIT R2</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</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>1197360</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>JH LIFETIME BLEND 2040 CIT R2</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</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>289050</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>JH LIFETIME BLEND 2035 CIT R2</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</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>252610</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH LIFETIME BLEND 2030 CIT R2](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35749
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH LIFETIME BLEND 2025 CIT R2](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	265
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH LIFETIME BLEND 2010 CIT R2](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1308
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTIMANAGER AGGRESSIVE LS](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	126179
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTIMANAGER GROWTH LS](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	766834
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTIMANAGER BALANCED LS](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	312058
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTIMANAGER MODERATE LS](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	81430
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTIMANAGER CONSERV LS](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30871
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH LIFESTYLE BLEND GROWTH](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	38254
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JH LIFESTYLE BLEND BALANCED](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37211
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 843
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 770
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP WORLD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33858
a Name of MTIA, CCT, PSA, or 103-12 IE: AF THE GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4517
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69184
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 775
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 814
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EMERGING MARKETS EQ		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 767
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MIDCAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 798
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT VALUE OPPS FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 805

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48193
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26565
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18373
a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 804
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 808
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP STOCK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 804
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 814
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SML CAP VAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 810
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25076
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16528

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 826
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 783
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12546
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12406
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27454
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100738
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24892
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34104
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EQUITY INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41607
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37532

a Name of MTIA, CCT, PSA, or 103-12 IE: **TEMPLETON FOREIGN SMALLER CO**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 766
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TOTAL STOCK MARKET INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8851
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD VALUE INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95728
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MFS UTILITIES FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30329
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a Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE CAP APPRECIATION**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135449
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MONEY MARKET FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59035
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 PATRIOT AMBULANCE INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PATRIOT AMBULANCE INC.	D Employer Identification Number (EIN) 04-2675303

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)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0
(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)	165777
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	3748725
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	142692

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3914502	4421842
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	3914502	4421842

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)		
(B) Participants.....	2a(1)(B)	302997	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		302997
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	11174	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		11174
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		520629
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		834800

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	283102	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		283102
f Corrective distributions (see instructions)	2f		7138
g Certain deemed distributions of participant loans (see instructions)	2g		2944
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	34276	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		34276
j Total expenses. Add all expense amounts in column (b) and enter total	2j		327460

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		507340
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: **JESSON, OSLIN & ASSOCIATES, LLC**

(2) EIN: **04-3442418**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

A Name of plan <u>PATRIOT AMBULANCE INC. 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PATRIOT AMBULANCE INC.</u>	D Employer Identification Number (EIN) <u>04-2675303</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): _____

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023

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INDEPENDENT AUDITOR'S REPORT

To: The Board of Trustees and Plan Sponsor
Patriot Ambulance Inc. Employee 401(K) Savings Plan & Trust
248 Mill Road
Chelmsford, MA 01824

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

We have performed audits of the accompanying financial statements of Patriot Ambulance, Inc. Employee 401(k) Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024 (in liquidation) & 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Patriot Ambulance, Inc. Employee 401(k) Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis in Matter – Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 2 to the financial statements, the Board of Trustees of the Patriot Ambulance, Inc. Employee 401(k) Savings Plan approved a plan of liquidation on May 16, 2025, and management determined liquidation is imminent. As a result, Patriot Ambulance, Inc. Employee 401(k) Savings Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Auditor’s Responsibilities for the Audit of the Financial Statements (continued)

In performing an audit in accordance with generally accepted auditing standards, 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 Patriot Ambulance, Inc. Employee 401(k) Savings Plan’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held at Year End (In Liquidation) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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

Other Matter—Supplemental Schedules Required by ERISA (continued)

procedures in accordance with generally accepted auditing standards. 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 Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

Jesson, Oslin & Associates, LLP

Jesson, Oslin & Associates, LLP
Certified Public Accountants

Milton, Massachusetts
October 14, 2025

**PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023**

	<u>2024</u> (in liquidation)	<u>2023</u> (on going)
Investments, at fair value:	<u>4,277,792</u>	<u>3,748,725</u>
Receivables:		
Notes receivable - participant loans	<u>142,692</u>	<u>165,777</u>
Total assets	<u><u>\$ 4,420,484</u></u>	<u><u>\$ 3,914,502</u></u>
 Net assets available for benefits	 <u><u>\$ 4,420,484</u></u>	 <u><u>\$ 3,914,502</u></u>

See accompanying notes to the financial statements.

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PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023

	<u>2024</u> (in liquidation)	<u>2023</u> (on going)
ADDITIONS:		
Contributions:		
Participant	\$ 302,997	\$ 289,311
Rollovers	-	12,152
	<u>302,997</u>	<u>301,463</u>
Investment income:		
Interest income on notes receivable from participants	11,174	8,050
Net investment gains from pooled separate accounts	519,271	521,044
Total investment income	<u>530,445</u>	<u>529,094</u>
Total additions	<u>833,442</u>	<u>830,557</u>
DEDUCTIONS:		
Benefits paid to participants	286,046	238,973
Corrective distributions	7,138	7,031
Administrative fees	34,276	33,328
	<u>327,460</u>	<u>279,332</u>
Total deductions	<u>327,460</u>	<u>279,332</u>
Net additions	505,982	551,225
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>3,914,502</u>	<u>3,363,277</u>
End of year	<u>\$ 4,420,484</u>	<u>\$ 3,914,502</u>

See accompanying notes to the financial statements.

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PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Patriot Ambulance, Inc. 401(k) Profit Sharing Plan & Trust, is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan is a defined contribution profit sharing plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees, except employees represented by a bargaining unit such as a union or are non-resident aliens, who have attained the age of twenty-one (21) are eligible for participation in the Plan. Date of entry into the plan is the first day of the month on or after the participant satisfies the eligibility requirements. A participant is eligible for employer non-elective contributions after completing one year of eligibility service (1,000 hours).

Participation

The Plan includes an automatic enrollment feature. Participants are deemed to have made pre-tax elective deferral contribution in the amount of 3% of plan compensation. Participants may stop or change this automatic contribution by following the instructions provided in the Plan.

Contributions

a. Employee elective deferral contributions

Each year, participants may elect to defer a percentage of their compensation as defined by the Plan, or up to \$23,000 in 2024. There are two types of elective deferrals: Pre-tax Elective Deferrals and Roth Elective Deferrals. If the participants have attained the age of 50 before the end of the plan year, they are eligible to make a catch-up contribution of up to \$7,500 in 2024.

b. Rollover contributions

At the discretion of the plan administrator, participants may be permitted to make a direct rollover contribution from another retirement plan if they meet the eligibility requirements.

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

c. Non-elective contributions

The Company may, in its sole discretion, make a non-elective contribution to the plan on its participants' behalf. Participants will be eligible to receive an allocation if they are employed by the Company on the last day of the applicable period.

For the years ending December 31, 2024 and 2023, there was no non-elective contribution made to the Plan.

d. Qualified non-elective contributions

The Company may make additional qualified non-elective contributions for the benefit of such participants determined at the discretion of the Company

For the years ending December 31, 2024 and 2023, there was no qualified non-elective contribution made to the Plan

Participant accounts

Each participant's account is credited with the participant's contribution and allocation of (a) plan earnings and (b) charged with an allocation of administrative expenses.

Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled to is the benefit that can be provided from the participant's vested account.

Vesting

A participant is 100% vested immediately in their contributions and the earnings thereon. A participant is 100% vested in Non-Elective Contributions as follows:

Years of Vesting Service and Vesting Percentage

- Less than Two Years 0%
- Two Years but less than Three Years 20%
- Three Years but less than Four Years 40%
- Four Years but less than Five Years 60%
- Five Years but less than Six Years 80%
- Six or more Years 100%

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

Investment options

In General, participants direct the investment of their contributions into various investment options offered by the Plan.

Participant accounts

Each participant's account is credited with the participant's contributions and allocation of (a) plan earnings and (b) charged with an allocation of administrative expenses.

Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled to is the benefit that can be provided from the participant's vested account.

Distribution of benefit

a. Vested benefits

Payable to the eligible employee or the eligible employee's beneficiary upon his/her death, disability, retirement, or other severance of service.

b. Death, disability, or retirement

On termination of service due to death, disability or retirement, or other reasons, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account unless a deferral of payment is elected.

c. Withdrawals during employment

Withdrawals from that portion of an eligible employee's account which is fully vested may be made after the attainment of age 59 ½ or upon demonstration of financial hardship.

Notes receivable – participants loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or fifty percent (50%) of their vested account balance. Loan transactions are treated as a transfer from the investment to notes receivable from participants. Note receivable terms range from one to five years or up to ten years for the purchase of a primary residence. The notes receivable is secured by the balance in the participants' account and bear interest at a rate ranging from 4.25% to 9.50%. Principal and interest are paid ratably through Company payroll deductions.

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

Forfeitures

If an eligible employee terminates employment and does not have a vested right to one hundred percent (100%) of the amount standing to the credit of their account, then the amount standing to the credit of their account in which they are not vested shall be forfeited by them at the end of the Plan year. Forfeitures shall be used to reduce future company matching contributions or pay future administrative expenses. For the years ended December 31, 2024 and 2023, there were no forfeitures used to reduce matching contributions or administrative expenses.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of accounting

The Board of Trustees of the Patriot Ambulance, Inc. Employee 401(k) Savings Plan approved a plan of liquidation on May 16, 2025, and management determined liquidation is imminent. As a result, Patriot Ambulance, Inc. Employee 401(k) Savings Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements.

The above, notwithstanding, in certain situations, fair value may approximate the amount expected to be collected. The definition of fair value under FASB ASC 820, *Fair Value Measurement*, is “the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.” Due to the inherent uncertainty in determining the cash to be received upon selling an asset, the Plan’s best estimate of the liquidation value is equal to its current fair value.

Under the liquidation basis of accounting, liquidating entities are required to measure assets to reflect the estimated amount of cash or other consideration expected to be collected in settling or disposing of those assets in carrying out the liquidation plan.

Investment valuation

The plans investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation or depreciation included in the fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as those held during the year.

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Uncertain tax positions

The Plan follows the provisions of Accounting for Uncertainty in Income Taxes. The standard clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statement and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to be taken in a tax return. The standard also provides related guidance on measurement, de-recognition, classification, interest and penalties, and disclosure.

Reclassifications

Certain amounts in the prior year's financial statements have been reclassified for comparative purposes to conform to the presentation in the current year financial statements.

Plan expenses

The Plan sponsor, Patriot Ambulance, Inc., pays for a portion of the costs of administering the Plan. Investment management expenses, transactional costs and service charges may affect account balances.

Use of estimates

The presentation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Accordingly, actual results could differ from those estimates.

Notes receivable – participant loans

Participant notes receivables are measured at their unpaid balance plus any accrued but unpaid interest and are secured by the balance in the respective participant's account. A receivable is considered past due if payment has not been received within the stated terms. Delinquent participant loans are reclassified as distributions based on the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

NOTE 3 - FUNDING POLICY

Employee contributions are funded currently, at each pay period. The Company's profit-sharing contribution, if any, is funded in the subsequent year.

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 – PLAN RISKS AND UNCERTAINTIES

The Plan participants invest in various securities. Investment securities are exposed to various risks, such as interest rates, 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 those changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

NOTE 5 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for plan benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

Accounting Standards Codification (ASC) 820, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets in active markets that the Plan has the ability to access and have the highest priority; Level 2 inputs to the valuation methodology include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted markets that are observable for the asset, inputs that are derived from observable market data by correlation or other means; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 3 inputs were available to the Plan.

Level 2 Fair Value Measurements

Pooled Separate Accounts: The account values of separate accounts are not publicly quoted and are therefore classified as level two investments.

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

Fair Value Measurements Using:

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>(Level 2)</u>
Money market fund	\$ 59,035	\$ 59,035
Target funds	\$ 3,402,838	\$ 3,402,838
Growth and income funds	\$ 815,919	\$ 815,919
	<u>\$ 4,277,792</u>	<u>\$ 4,277,792</u>

<u>December 31, 2023</u>	<u>Fair Value</u>	<u>(Level 2)</u>
Money market fund	\$ 41,886	\$ 41,886
Target funds	\$ 2,994,117	\$ 2,994,117
Growth and income funds	\$ 712,722	\$ 712,722
	<u>\$ 3,748,725</u>	<u>\$ 3,748,725</u>

NOTE 6 - PLAN CERTIFICATION

As permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA of 1974, the plan administrator has obtained from John Hancock Life Insurance Company, the trustee of the Plan, that the information provided to the plan administrator by John Hancock Life Insurance Company is complete and accurate.

Consequently, the Plan Administrator has instructed the Trust’s auditors to limit their procedures with respect to information certified by John Hancock Life Insurance Company to compare this information to the related information included in the financial statements.

NOTE 7 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan’s investments are held by John Hancock Life Insurance Company. The following information included in the accompanying financial statements and supplementary schedules was obtained from data that has been prepared and certified to as “complete and accurate” by John Hancock Life Insurance Company:

	<u>2024</u> (in liquidation)	<u>2023</u> (on going)
Investments, at fair value	\$ 4,277,792	\$ 3,748,725
Net investment gains (losses) from pooled accounts	\$ 519,271	\$ 521,044

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 8 - RELATED PARTY TRANSACTIONS

Certain plan investments are held and managed by John Hancock. John Hancock is also the custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative and investment management services amounted to \$34,276 and \$33,328 for the years ended December 31, 2024 and 2023. Notes receivable - participant loans also qualify as party-in-interest transactions.

NOTE 9 - PARTICIPANT DIRECTED INVESTMENT FUNDS

The Plan provides that all contributions to the Plan will be invested in certain individual funds as directed by each participant.

NOTE 10 - PLAN TERMINATION

The Plan voted to terminate the Plan effective August 15, 2025. Until the termination of the Plan is complete, the Plan will continue to operate as usual.

NOTE 11 – PLAN TAX STATUS

The IRS has determined and informed by a letter for the prototype plan adopted by the Plan, dated June 30, 2020 that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has not requested its own determination letter from the IRS. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability of the Plan has taken an uncertain position that more likely than not would not be sustained upon examination.

The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any periods in progress. The plan administrator believes it is no longer subject to annual return examinations for years prior to 2022.

NOTE 12 – SUBSEQUENT EVENTS

On May 16, 2025, the Plan Sponsor approved the termination of the Patriot Ambulance, Inc. Employee 401(k) Savings Plan (the "Plan"), effective August 15, 2025. This event is considered a subsequent event requiring disclosure in these financial statements.

The Plan and its sponsor have evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued

SUPPLEMENTAL SCHEDULE

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD AT YEAR END (IN LIQUIDATION)
DECEMBER 31, 2024

Plan Number: 001
EIN: 04-2675303

(a)	(b)	(c)	**(d)	(e)
	Identity of issues, borrower, lessor or similar party	Description of investment including maturity date, rate of interest collateral, par, or maturity value	Cost	Current value
*	John Hancock	JH Lifetime Blend 2010 CIT	\$	1,308
*	John Hancock	JH Lifetime Blend 2025 CIT		265
*	John Hancock	JH Lifetime Blend 2030 CIT		35,749
*	John Hancock	JH Lifetime Blend 2035 CIT		252,610
*	John Hancock	JH Lifetime Blend 2040 CIT		289,050
*	John Hancock	JH Lifetime Blend 2045 CIT		1,197,363
*	John Hancock	JH Lifetime Blend 2050 CIT		4,442
*	John Hancock	JH Lifetime Blend 2055 CIT		16,288
*	John Hancock	JH Lifetime Blend 2060 CIT		208,690
*	John Hancock	JH Lifetime Blend 2065 CIT		4,238
*	John Hancock	JH Lifestyle Blend Balanced Portfolio		37,211
*	John Hancock	JH Lifestyle Blend Growth Portfolio		38,254
*	John Hancock	JH VIT International Equity Index Trust		24,892
*	John Hancock	JH Multimanager Lifestyle Aggressive Portfolio		126,179
*	John Hancock	JH Multimanager Lifestyle Growth Portfolio		766,834
*	John Hancock	JH Multimanager Lifestyle Balanced Portfolio		312,058
*	John Hancock	JH Multimanager Lifestyle Moderate Portfolio		81,430
*	John Hancock	JH Multimanager Lifestyle Conservative Portfolio		30,871
	Dimensional Fund Advisors	DFA Emerging Markets Value		775
*	John Hancock	JH Funds II Real Estate Securities Fund		804
*	John Hancock	JH VIT Small Cap Value Trust		814
	Vanguard	Vanguard Energy Fund		25,076
	Vanguard	Vanguard Small Cap Growth Index		12,546
	Vanguard	Vanguard Small Cap Value Index		12,406
*	John Hancock	JH VIT 500 Index Trust		27,454
*	John Hancock	JH Funds II Capital Appreciation Value Fund		69,184
*	John Hancock	JH Funds III Disciplined Value Fund		34,104
	J.P. Morgan	J.P. Morgan Mid Cap Value Fund		798
*	John Hancock	JH VIT Mid Cap Index Trust		18,373
		Balance forward		<u>\$ 3,630,066</u>

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD AT YEAR END (IN LIQUIDATION)
DECEMBER 31, 2024 (CONTINUED)

(a)	(b)	(c)	**(d)	(e)
Identity of issues, borrower, lessor or similar party	Description of investment including maturity date, rate of interest collateral, par, or maturity value	Cost	Current value	
	Balance forward			\$ 3,630,066
	Capital Group	American Funds New Perspective Fund		100,738
	Capital Group	American Funds Small Cap World Fund		33,858
	Capital Group	The Growth Fund of America		4,517
	MFS	MFS Massachusetts Investors Trust Fund		37,532
*	John Hancock	JH VIT Total Stock Market Index Trust		8,851
	Vanguard	Vanguard Growth Index Fund		16,528
	Vanguard	Vanguard Value Index Fund		95,728
	T. Rowe Price	T. Rowe Price Capital Appreciation Fund		135,449
	MFS	MFS Utilities Fund		30,329
*	John Hancock	JH VIT Money Market Trust		59,035
	MFS	MFS Growth Fund		48,193
	MFS	MFS Mid Cap Growth Fund		26,565
	J.P. Morgan	J.P. Morgan Equity Income Fund		41,607
	Vanguard	Vanguard Mid Cap Growth ETF		826
	Capital Group	American Funds New World		770
	American Century	American Centry Heritage Fund		843
	Dimensional Fund Advisors	DFA US Small Cap Fund		814
	J.P. Morgan	J.P. Morgan Emerging Markets Equity Fund		767
	Lord Abbett	Lord Abbett Value Opportunities Fund		805
*	John Hancock	JH VIT Small Cap Index Trust		808
*	John Hancock	JH VIT Small Cap Stock Trust		804
	T. Rowe Price	T. Rowe Price Small Cap Value Fund		810
	Franklin Templeton	Templeton Foreign Smaller Companies Fund		766
	Vanguard	Vanguard Mid Cap Value ETF		783
				<u>4,277,792</u>
	* Notes receivable from participants (loans - interest of 4.25% to 9.50%)			<u>142,692</u>
				<u>\$ 4,420,484</u>

* = Considered party in interest

** = Not required, 100% participant directed investments.

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023

**PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023**

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INDEPENDENT AUDITOR'S REPORT

To: The Board of Trustees and Plan Sponsor
Patriot Ambulance Inc. Employee 401(K) Savings Plan & Trust
248 Mill Road
Chelmsford, MA 01824

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

We have performed audits of the accompanying financial statements of Patriot Ambulance, Inc. Employee 401(k) Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024 (in liquidation) & 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Patriot Ambulance, Inc. Employee 401(k) Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis in Matter – Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 2 to the financial statements, the Board of Trustees of the Patriot Ambulance, Inc. Employee 401(k) Savings Plan approved a plan of liquidation on May 16, 2025, and management determined liquidation is imminent. As a result, Patriot Ambulance, Inc. Employee 401(k) Savings Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Auditor’s Responsibilities for the Audit of the Financial Statements (continued)

In performing an audit in accordance with generally accepted auditing standards, 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 Patriot Ambulance, Inc. Employee 401(k) Savings Plan’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held at Year End (In Liquidation) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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

Other Matter—Supplemental Schedules Required by ERISA (continued)

procedures in accordance with generally accepted auditing standards. 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 Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

Jesson, Oslin & Associates, LLP

Jesson, Oslin & Associates, LLP
Certified Public Accountants

Milton, Massachusetts
October 14, 2025

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023

	<u>2024</u> (in liquidation)	<u>2023</u> (on going)
Investments, at fair value:	<u>4,277,792</u>	<u>3,748,725</u>
Receivables:		
Notes receivable - participant loans	<u>142,692</u>	<u>165,777</u>
Total assets	<u><u>\$ 4,420,484</u></u>	<u><u>\$ 3,914,502</u></u>
 Net assets available for benefits	 <u><u>\$ 4,420,484</u></u>	 <u><u>\$ 3,914,502</u></u>

See accompanying notes to the financial statements.

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PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023

	<u>2024</u> (in liquidation)	<u>2023</u> (on going)
ADDITIONS:		
Contributions:		
Participant	\$ 302,997	\$ 289,311
Rollovers	-	12,152
	<u>302,997</u>	<u>301,463</u>
Investment income:		
Interest income on notes receivable from participants	11,174	8,050
Net investment gains from pooled separate accounts	519,271	521,044
Total investment income	<u>530,445</u>	<u>529,094</u>
Total additions	<u>833,442</u>	<u>830,557</u>
DEDUCTIONS:		
Benefits paid to participants	286,046	238,973
Corrective distributions	7,138	7,031
Administrative fees	34,276	33,328
	<u>327,460</u>	<u>279,332</u>
Total deductions	<u>327,460</u>	<u>279,332</u>
Net additions	505,982	551,225
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>3,914,502</u>	<u>3,363,277</u>
End of year	<u>\$ 4,420,484</u>	<u>\$ 3,914,502</u>

See accompanying notes to the financial statements.

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PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Patriot Ambulance, Inc. 401(k) Profit Sharing Plan & Trust, is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan is a defined contribution profit sharing plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees, except employees represented by a bargaining unit such as a union or are non-resident aliens, who have attained the age of twenty-one (21) are eligible for participation in the Plan. Date of entry into the plan is the first day of the month on or after the participant satisfies the eligibility requirements. A participant is eligible for employer non-elective contributions after completing one year of eligibility service (1,000 hours).

Participation

The Plan includes an automatic enrollment feature. Participants are deemed to have made pre-tax elective deferral contribution in the amount of 3% of plan compensation. Participants may stop or change this automatic contribution by following the instructions provided in the Plan.

Contributions

a. Employee elective deferral contributions

Each year, participants may elect to defer a percentage of their compensation as defined by the Plan, or up to \$23,000 in 2024. There are two types of elective deferrals: Pre-tax Elective Deferrals and Roth Elective Deferrals. If the participants have attained the age of 50 before the end of the plan year, they are eligible to make a catch-up contribution of up to \$7,500 in 2024.

b. Rollover contributions

At the discretion of the plan administrator, participants may be permitted to make a direct rollover contribution from another retirement plan if they meet the eligibility requirements.

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

c. Non-elective contributions

The Company may, in its sole discretion, make a non-elective contribution to the plan on its participants' behalf. Participants will be eligible to receive an allocation if they are employed by the Company on the last day of the applicable period.

For the years ending December 31, 2024 and 2023, there was no non-elective contribution made to the Plan.

d. Qualified non-elective contributions

The Company may make additional qualified non-elective contributions for the benefit of such participants determined at the discretion of the Company

For the years ending December 31, 2024 and 2023, there was no qualified non-elective contribution made to the Plan

Participant accounts

Each participant's account is credited with the participant's contribution and allocation of (a) plan earnings and (b) charged with an allocation of administrative expenses.

Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled to is the benefit that can be provided from the participant's vested account.

Vesting

A participant is 100% vested immediately in their contributions and the earnings thereon. A participant is 100% vested in Non-Elective Contributions as follows:

Years of Vesting Service and Vesting Percentage

- Less than Two Years 0%
- Two Years but less than Three Years 20%
- Three Years but less than Four Years 40%
- Four Years but less than Five Years 60%
- Five Years but less than Six Years 80%
- Six or more Years 100%

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

Investment options

In General, participants direct the investment of their contributions into various investment options offered by the Plan.

Participant accounts

Each participant's account is credited with the participant's contributions and allocation of (a) plan earnings and (b) charged with an allocation of administrative expenses.

Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled to is the benefit that can be provided from the participant's vested account.

Distribution of benefit

a. Vested benefits

Payable to the eligible employee or the eligible employee's beneficiary upon his/her death, disability, retirement, or other severance of service.

b. Death, disability, or retirement

On termination of service due to death, disability or retirement, or other reasons, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account unless a deferral of payment is elected.

c. Withdrawals during employment

Withdrawals from that portion of an eligible employee's account which is fully vested may be made after the attainment of age 59 ½ or upon demonstration of financial hardship.

Notes receivable – participants loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or fifty percent (50%) of their vested account balance. Loan transactions are treated as a transfer from the investment to notes receivable from participants. Note receivable terms range from one to five years or up to ten years for the purchase of a primary residence. The notes receivable is secured by the balance in the participants' account and bear interest at a rate ranging from 4.25% to 9.50%. Principal and interest are paid ratably through Company payroll deductions.

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

Forfeitures

If an eligible employee terminates employment and does not have a vested right to one hundred percent (100%) of the amount standing to the credit of their account, then the amount standing to the credit of their account in which they are not vested shall be forfeited by them at the end of the Plan year. Forfeitures shall be used to reduce future company matching contributions or pay future administrative expenses. For the years ended December 31, 2024 and 2023, there were no forfeitures used to reduce matching contributions or administrative expenses.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of accounting

The Board of Trustees of the Patriot Ambulance, Inc. Employee 401(k) Savings Plan approved a plan of liquidation on May 16, 2025, and management determined liquidation is imminent. As a result, Patriot Ambulance, Inc. Employee 401(k) Savings Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements.

The above, notwithstanding, in certain situations, fair value may approximate the amount expected to be collected. The definition of fair value under FASB ASC 820, *Fair Value Measurement*, is “the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.” Due to the inherent uncertainty in determining the cash to be received upon selling an asset, the Plan’s best estimate of the liquidation value is equal to its current fair value.

Under the liquidation basis of accounting, liquidating entities are required to measure assets to reflect the estimated amount of cash or other consideration expected to be collected in settling or disposing of those assets in carrying out the liquidation plan.

Investment valuation

The plans investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation or depreciation included in the fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as those held during the year.

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Uncertain tax positions

The Plan follows the provisions of Accounting for Uncertainty in Income Taxes. The standard clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statement and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to be taken in a tax return. The standard also provides related guidance on measurement, de-recognition, classification, interest and penalties, and disclosure.

Reclassifications

Certain amounts in the prior year's financial statements have been reclassified for comparative purposes to conform to the presentation in the current year financial statements.

Plan expenses

The Plan sponsor, Patriot Ambulance, Inc., pays for a portion of the costs of administering the Plan. Investment management expenses, transactional costs and service charges may affect account balances.

Use of estimates

The presentation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Accordingly, actual results could differ from those estimates.

Notes receivable – participant loans

Participant notes receivables are measured at their unpaid balance plus any accrued but unpaid interest and are secured by the balance in the respective participant's account. A receivable is considered past due if payment has not been received within the stated terms. Delinquent participant loans are reclassified as distributions based on the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

NOTE 3 - FUNDING POLICY

Employee contributions are funded currently, at each pay period. The Company's profit-sharing contribution, if any, is funded in the subsequent year.

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 – PLAN RISKS AND UNCERTAINTIES

The Plan participants invest in various securities. Investment securities are exposed to various risks, such as interest rates, 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 those changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

NOTE 5 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for plan benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

Accounting Standards Codification (ASC) 820, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets in active markets that the Plan has the ability to access and have the highest priority; Level 2 inputs to the valuation methodology include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted markets that are observable for the asset, inputs that are derived from observable market data by correlation or other means; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 3 inputs were available to the Plan.

Level 2 Fair Value Measurements

Pooled Separate Accounts: The account values of separate accounts are not publicly quoted and are therefore classified as level two investments.

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

Fair Value Measurements Using:

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>(Level 2)</u>
Money market fund	\$ 59,035	\$ 59,035
Target funds	\$ 3,402,838	\$ 3,402,838
Growth and income funds	\$ 815,919	\$ 815,919
	<u>\$ 4,277,792</u>	<u>\$ 4,277,792</u>

<u>December 31, 2023</u>	<u>Fair Value</u>	<u>(Level 2)</u>
Money market fund	\$ 41,886	\$ 41,886
Target funds	\$ 2,994,117	\$ 2,994,117
Growth and income funds	\$ 712,722	\$ 712,722
	<u>\$ 3,748,725</u>	<u>\$ 3,748,725</u>

NOTE 6 - PLAN CERTIFICATION

As permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA of 1974, the plan administrator has obtained from John Hancock Life Insurance Company, the trustee of the Plan, that the information provided to the plan administrator by John Hancock Life Insurance Company is complete and accurate.

Consequently, the Plan Administrator has instructed the Trust’s auditors to limit their procedures with respect to information certified by John Hancock Life Insurance Company to compare this information to the related information included in the financial statements.

NOTE 7 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan’s investments are held by John Hancock Life Insurance Company. The following information included in the accompanying financial statements and supplementary schedules was obtained from data that has been prepared and certified to as “complete and accurate” by John Hancock Life Insurance Company:

	<u>2024</u> (in liquidation)	<u>2023</u> (on going)
Investments, at fair value	\$ 4,277,792	\$ 3,748,725
Net investment gains (losses) from pooled accounts	\$ 519,271	\$ 521,044

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 8 - RELATED PARTY TRANSACTIONS

Certain plan investments are held and managed by John Hancock. John Hancock is also the custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative and investment management services amounted to \$34,276 and \$33,328 for the years ended December 31, 2024 and 2023. Notes receivable - participant loans also qualify as party-in-interest transactions.

NOTE 9 - PARTICIPANT DIRECTED INVESTMENT FUNDS

The Plan provides that all contributions to the Plan will be invested in certain individual funds as directed by each participant.

NOTE 10 - PLAN TERMINATION

The Plan voted to terminate the Plan effective August 15, 2025. Until the termination of the Plan is complete, the Plan will continue to operate as usual.

NOTE 11 – PLAN TAX STATUS

The IRS has determined and informed by a letter for the prototype plan adopted by the Plan, dated June 30, 2020 that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has not requested its own determination letter from the IRS. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability of the Plan has taken an uncertain position that more likely than not would not be sustained upon examination.

The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any periods in progress. The plan administrator believes it is no longer subject to annual return examinations for years prior to 2022.

NOTE 12 – SUBSEQUENT EVENTS

On May 16, 2025, the Plan Sponsor approved the termination of the Patriot Ambulance, Inc. Employee 401(k) Savings Plan (the "Plan"), effective August 15, 2025. This event is considered a subsequent event requiring disclosure in these financial statements.

The Plan and its sponsor have evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued

SUPPLEMENTAL SCHEDULE

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD AT YEAR END (IN LIQUIDATION)
DECEMBER 31, 2024

Plan Number: 001
EIN: 04-2675303

(a)	(b)	(c)	**(d)	(e)
	Identity of issues, borrower, lessor or similar party	Description of investment including maturity date, rate of interest collateral, par, or maturity value	Cost	Current value
*	John Hancock	JH Lifetime Blend 2010 CIT	\$	1,308
*	John Hancock	JH Lifetime Blend 2025 CIT		265
*	John Hancock	JH Lifetime Blend 2030 CIT		35,749
*	John Hancock	JH Lifetime Blend 2035 CIT		252,610
*	John Hancock	JH Lifetime Blend 2040 CIT		289,050
*	John Hancock	JH Lifetime Blend 2045 CIT		1,197,363
*	John Hancock	JH Lifetime Blend 2050 CIT		4,442
*	John Hancock	JH Lifetime Blend 2055 CIT		16,288
*	John Hancock	JH Lifetime Blend 2060 CIT		208,690
*	John Hancock	JH Lifetime Blend 2065 CIT		4,238
*	John Hancock	JH Lifestyle Blend Balanced Portfolio		37,211
*	John Hancock	JH Lifestyle Blend Growth Portfolio		38,254
*	John Hancock	JH VIT International Equity Index Trust		24,892
*	John Hancock	JH Multimanager Lifestyle Aggressive Portfolio		126,179
*	John Hancock	JH Multimanager Lifestyle Growth Portfolio		766,834
*	John Hancock	JH Multimanager Lifestyle Balanced Portfolio		312,058
*	John Hancock	JH Multimanager Lifestyle Moderate Portfolio		81,430
*	John Hancock	JH Multimanager Lifestyle Conservative Portfolio		30,871
	Dimensional Fund Advisors	DFA Emerging Markets Value		775
*	John Hancock	JH Funds II Real Estate Securities Fund		804
*	John Hancock	JH VIT Small Cap Value Trust		814
	Vanguard	Vanguard Energy Fund		25,076
	Vanguard	Vanguard Small Cap Growth Index		12,546
	Vanguard	Vanguard Small Cap Value Index		12,406
*	John Hancock	JH VIT 500 Index Trust		27,454
*	John Hancock	JH Funds II Capital Appreciation Value Fund		69,184
*	John Hancock	JH Funds III Disciplined Value Fund		34,104
	J.P. Morgan	J.P. Morgan Mid Cap Value Fund		798
*	John Hancock	JH VIT Mid Cap Index Trust		18,373
		Balance forward		<u>\$ 3,630,066</u>

PATRIOT AMBULANCE, INC.
401(K) PROFIT SHARING PLAN & TRUST
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD AT YEAR END (IN LIQUIDATION)
DECEMBER 31, 2024 (CONTINUED)

(a)	(b)	(c)	**(d)	(e)
Identity of issues, borrower, lessor or similar party	Description of investment including maturity date, rate of interest collateral, par, or maturity value	Cost	Current value	
	Balance forward			\$ 3,630,066
	Capital Group	American Funds New Perspective Fund		100,738
	Capital Group	American Funds Small Cap World Fund		33,858
	Capital Group	The Growth Fund of America		4,517
	MFS	MFS Massachusetts Investors Trust Fund		37,532
*	John Hancock	JH VIT Total Stock Market Index Trust		8,851
	Vanguard	Vanguard Growth Index Fund		16,528
	Vanguard	Vanguard Value Index Fund		95,728
	T. Rowe Price	T. Rowe Price Capital Appreciation Fund		135,449
	MFS	MFS Utilities Fund		30,329
*	John Hancock	JH VIT Money Market Trust		59,035
	MFS	MFS Growth Fund		48,193
	MFS	MFS Mid Cap Growth Fund		26,565
	J.P. Morgan	J.P. Morgan Equity Income Fund		41,607
	Vanguard	Vanguard Mid Cap Growth ETF		826
	Capital Group	American Funds New World		770
	American Century	American Centry Heritage Fund		843
	Dimensional Fund Advisors	DFA US Small Cap Fund		814
	J.P. Morgan	J.P. Morgan Emerging Markets Equity Fund		767
	Lord Abbett	Lord Abbett Value Opportunities Fund		805
*	John Hancock	JH VIT Small Cap Index Trust		808
*	John Hancock	JH VIT Small Cap Stock Trust		804
	T. Rowe Price	T. Rowe Price Small Cap Value Fund		810
	Franklin Templeton	Templeton Foreign Smaller Companies Fund		766
	Vanguard	Vanguard Mid Cap Value ETF		783
				<u>4,277,792</u>
	* Notes receivable from participants (loans - interest of 4.25% to 9.50%)			<u>142,692</u>
				<u><u>\$ 4,420,484</u></u>

* = Considered party in interest

** = Not required, 100% participant directed investments.