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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

1a Name of plan
AMBITRANS MEDICAL TRANSPORT 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1992

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)
GRANT MEDICAL TRANSPORTATION, INC.
AMBITRANS MEDICAL TRANSPORT, INC.

4351 PINNACLE STREET
CHARLOTTE HARBOR, FL 33980

2b Employer Identification Number (EIN)
58-1782427

2c Plan Sponsor's telephone number
941-743-3665

2d Business code (see instructions)
485990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	VANESSA OLIVER
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	143
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	129
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	143
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	168
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	168
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	118
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	117
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	16
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 Characteristic Codes in the instructions:

2E 2J 2F 2G 3D 3H 2A

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AMBITRANS MEDICAL TRANSPORT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRANT MEDICAL TRANSPORTATION, INC.

D Employer Identification Number (EIN)
58-1782427

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE & ANNUITY 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
71-0294708	86509	81R167	143	01/01/2025	12/31/2025

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
12564	0

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

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

RBC CAPITAL MARKETS LLC
250 NICOLLET MALL # 1600
MINNEAPOLIS, MN 55401

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12564			3

(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	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1505013
5	Current value of plan's interest under this contract in separate accounts at year end	5	1350996

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	1372187
c	Additions: (1) Contributions deposited during the year	7c(1)	237787		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	22000		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	29623		
	▶ TRANSFERS FROM ONE VOYA ACCOUNT TO ANOTHER				
	(6) Total additions			7c(6)	289410
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1661597
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	106706		
	(2) Administration charge made by carrier	7e(2)	2189		
	(3) Transferred to separate account	7e(3)	4035		
	(4) Other (specify below)	7e(4)	43655		
	▶ LOAN ISSUES/FORF/ADJUSTMENTS				
	(5) Total deductions			7e(5)	156585
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1505012

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 ☐ paid in cash, or ☐ 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AMBITRANS MEDICAL TRANSPORT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRANT MEDICAL TRANSPORTATION, INC.

D Employer Identification Number (EIN)
58-1782427

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).. . . . . [X] Yes [ ] No

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

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

VOYA RETIREMENT INSURANCE AND

71-0294708

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

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

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

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

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

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

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

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

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

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

(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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AMBITRANS MEDICAL TRANSPORT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GRANT MEDICAL TRANSPORTATION, INC.

D Employer Identification Number (EIN)
58-1782427

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

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)
71-0294708-000	P	1350996

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AMBITRANS MEDICAL TRANSPORT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRANT MEDICAL TRANSPORTATION, INC.

D Employer Identification Number (EIN)
58-1782427

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	55954	82119
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	1350996
(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)	1044995	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1372187	1505013
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	2473136	2938128
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2473136	2938128

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)	281942	
(B) Participants	2a(1)(B)	261944	
(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)		543886
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)	6027	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6027
(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)		0
(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)		0

		(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)		
(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)		177355
c Other income	2c		2
d Total income. Add all **income** amounts in column (b) and enter total	2d		727270
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	258353	
(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)		258353
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	3625	
(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)	300	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3925
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		262278
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		464992
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) [X] 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) [X] 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: HSC/TUSCAN & COMPANY, PA **(2)** EIN: 59-2309183

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.)	**4a**		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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		311093
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AMBITRANS MEDICAL TRANSPORT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRANT MEDICAL TRANSPORTATION, INC.

D Employer Identification Number (EIN)
58-1782427

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): 71-0294708

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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 Q702751A .

AMBITRANS MEDICAL TRANSPORT 401(k) PLAN

FINANCIAL STATEMENTS, TOGETHER WITH REPORT OF INDEPENDENT AUDITOR

YEARS ENDED DECEMBER 31, 2025 AND 2024

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1-5
Financial Statements	
Statements of Net Assets Available for Plan Benefits (modified cash basis)	6
Statements of Changes in Net Assets Available for Plan Benefits (modified cash basis)	7
Notes to the Financial Statements	8-21
Supplementary Schedules	
Schedule 1 - Reportable Transactions - For the year ended December 31, 2025	22
Schedule 2 - Reportable Transactions - For the year ended December 31, 2024	23
Schedule 3 - Schedule of Assets Held at the End of Plan Year (modified cash basis) - December 31, 2025	24
Schedule 4 - Schedule of Assets Held at the End of Plan Year (modified cash basis) - December 31, 2024	25

All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because there is no information to report.

HSC/Tuscan
& Company, PA
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Ambitrans Medical Transport
401(k) Plan
4351 Pinnacle Street
Charlotte Harbor, FL 33980

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

We have performed audits of the accompanying financial statements (modified cash basis) and the supplementary schedules of Ambitrans Medical Transport 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for plan benefits (modified cash basis) as of December 31, 2025 and 2024, and the related statements of changes in net assets available for plan benefits (modified cash basis) for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Ambitrans Medical Transport 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan by Voya Retirement Insurance and Annuity Company that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets held are prepared and certified by Voya Retirement and Insurance Company in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from Voya Retirement Insurance and Annuity Company as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note D 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 the modified cash basis of accounting which is a comprehensive basis of accounting other than 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 Ambitrans Medical Transport 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

As described in Note B, these financial statements and the supplementary schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Management's Responsibilities for the Financial Statements

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

Plan 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, misrepresentation, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risk 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 made 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 Ambitrans Medical Transport Savings 401(k) Plan's internal controls. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Ambitrans Medical Transport 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplementary Schedules Required by ERISA

The supplementary schedules of Reportable Transactions and Schedules of Assets Held at the End of Plan Year (Modified Cash Basis) are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary schedules, other than that agreed to or derived from certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplementary 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 supplementary schedules, we evaluated whether the supplementary 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 supplementary schedules, other than the information in the supplementary 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 supplementary 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).

HSC/Tuscan & Company, P.A.

HSC/TUSCAN & COMPANY, P.A.
Fort Myers, Florida
September 3, 2026

AMBITRANS MEDICAL TRANSPORT 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE
FOR PLAN BENEFITS (MODIFIED CASH BASIS)
December 31, 2025 and 2024

ASSETS	2025	2024
Investments at fair value:		
Voya - Contract number 81R167		
Fixed account	$ 1,505,013	$ 1,372,187
Mutual funds	1,350,996	1,044,995
	2,856,009	2,417,182
TOTAL INVESTMENTS	2,856,009	2,417,182
RECEIVABLES		
Employee contributions receivable	-	-
Employer discretionary contributions receivable	-	-
Notes receivable from participants	82,119	55,954
TOTAL RECEIVABLES	82,119	55,954
ASSETS AT FAIR VALUE	2,938,128	2,473,136
LIABILITIES	-	-
NET ASSETS - FAIR VALUE	2,938,128	2,473,136
Adjustment from fair value to contract value	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS - CONTRACT VALUE	$ 2,938,128	$ 2,473,136

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

AMBITRANS MEDICAL TRANSPORT 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS (MODIFIED CASH BASIS)
Years Ended December 31, 2025 and 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	2025	2024
Investment income (loss) - Voya:		
Interest and dividends - investments - fixed account	$ 22,000	$ 22,861
Dividends	-	2,401
Interest on notes receivable	6,027	3,960
Other	2	-
Net appreciation (depreciation) in fair value of investments including net realized gain (loss) on investments	155,355	94,183
TOTAL INVESTMENT INCOME (LOSS)	183,384	123,405
Contributions (Cash) - Voya:		
Employee (including Roth)	261,944	180,827
Employer - profit sharing (discretionary)	281,942	198,446
Other (including Plan rollovers)	-	-
TOTAL CONTRIBUTIONS	543,886	379,273
TOTAL ADDITIONS (REDUCTIONS) TO NET ASSETS	727,270	502,678
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Distributions - Voya		
Benefits paid to participants	258,353	345,620
Administrative expenses	3,925	8,250
TOTAL DEDUCTIONS FROM NET ASSETS	262,278	353,870
Net increase (decrease) in net assets	464,992	148,808
Net assets available for plan benefits:		
BEGINNING OF YEAR	2,473,136	2,324,328
END OF YEAR	$ 2,938,128	$ 2,473,136

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

NOTE A - DESCRIPTION OF PLAN

The following description of Grant Medical Transportation, Inc. dba Ambitrans Medical Transportation, Inc. (the "Company") 401(k) Plan (the "Plan") Plan number 001 provides only general information. Participants should refer to the Summary Plan Description or Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a single employer self-directed 401(k) defined contribution retirement plan covering substantially all eligible employees of the Company. The Plan includes eligible employees of Grant Medical Transportation, Inc., Ambitrans Medical Transport, Inc. and Ambulance Management Services, LLC., collectively referred to as the Company herein. The Plan was adopted on July 1, 1992, and was amended and restated on January 1, 2016. The Plan was restated again on August 12, 2021, effective August 12, 2021. The Plan was subsequently restated on January 1, 2024 effective January 1, 2024. As part of the January 1, 2024 restatement the Plan changed its name from Grant Medical Transportation, Inc. 401(k) Profit Sharing Plan and Trust to Ambitrans Medical Transport 401(k) Plan.

The Plan is intended to provide participants with future retirement benefit opportunities. The Plan is subject to the provisions of IRS Code Section 401(k), which allows for employee contributions. The Plan is also subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan administration

For the years ended December 31, 2025 and 2024, the trustee/custodian of the Plan was Voya Retirement Insurance and Annuity Company. On August 13, 2021, all assets were transferred from Massachusetts Mutual Life Insurance Company (MassMutual) to Voya Retirement Insurance and Annuity Company. Employer and participant contributions are held and managed by the trustee/custodian, which invests cash received, interest, and dividend income in accordance with participant direction, and makes distributions to participants.

The Plan Administrator is the Company.

The Plan has contracted Retirement Solutions Specialists as The Plan Administrator (TPA) (servicing agent).

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Contributions

An eligible participant's annual salary reduction (pre-tax) contributions may not exceed the lesser of 100 percent of the participant's compensation or $23,500 per year for calendar year 2025 and $23,000 for calendar year 2024. Eligible compensation included all employee compensation. Certain participants age 50 and over may contribute up to $7,500 and $7,500 for 2025 and 2024 by taking advantage of "catch up" provisions authorized by federal law. Effective for January 1, 2025, participants turning age 60-63 during calendar year 2025 and 2026 may contribute "catch-up" amounts up to $11,250. The Plan allows for "catch up" contributions under certain circumstances.

The Plan allows for discretionary contributions funded by the employer as well as discretionary profit sharing contributions. The participant does not have to make 401(k) contributions to be eligible for employer discretionary contributions. Although the employee must be employed on the last day of the Plan year to be eligible for a share of the profit sharing contribution.

The Plan does accept rollover contributions. Rollover contributions may be withdrawn at any time.

The Plan does permit Roth contributions.

Forfeitures

Forfeitures resulting from termination of Plan participation of non-vested employees are used to pay Plan expenses or offset employer contributions. At December 31, 2025 and 2024, the Plan had $101,864 and $81,419, respectively, of unallocated forfeitures. During the years ended December 31, 2025 and 2024, the Plan reduced employer contributions or paid Plan expenses through the use of forfeitures in the amount of $0 and $0, respectively.

Participant accounts

Each participant's account is credited with the participant's contributions and the allocation of the Company's contribution and the participant's pro rata share of the Plan earnings as determined and allocated under the Plan as well as the allocated Plan expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. At December 31, 2025 and 2024, such accounts allocated to participants who have terminated employment but were not paid out were $226,773 and $132,894, respectively.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Participant accounts, continued

Participants may select from an array of investment options to invest in their respective participant account. See Note D for a listing of investment options.

Vesting

Vesting in employer contributions and related investment earnings occurs upon attainment of normal retirement age (age 59 1/2) or five (5) years of service. The Plan allows for early retirement upon attainment of age 55 and six (6) years of service. If employment terminates prior to attainment of retirement age due to death or disability, the participant is 100% vested. However, upon termination of employment for any other reason, a participant is entitled to a portion of their account (excluding salary deferred amounts and any related income earned thereon which is immediately 100% vested) in accordance with the following six year vesting schedule:

Years of Service*	Employer Match	Employer Discretionary
Less than one year	0%	0%
One (1)	0%	0%
Two (2)	20%	20%
Three (3) `	40%	40%
Four (4)	60%	60%
Five (5)	80%	80%
Six (6) or more	100%	100%

*Vesting in the employer match and employer discretionary contributions of the participant accounts is based on participant's years of continuous service. The employee is immediately vested in the employee's respective contributions.

The Plan also provides for early vesting due to disability, if determined disabled by a qualified physician, and death.

Payment of benefits

Payments are made upon termination of service, retirement, death, disability, early retirement or in-service. The participant must receive payment in a lump-sum. Partial withdrawals or installments are only permitted for participants or beneficiaries who must receive required minimum distributions. Based upon certain criteria,

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Payment of benefits, continued

in-service distributions are permitted upon the participant's attainment of age 59 1/2 and being fully vested in the Plan.

Upon death of a participant, the vested balance of the participant's account is distributed to the participant's beneficiary in an elected form in a lump sum cash payment. Benefits due to terminated employees, either through retirement or otherwise are recorded when paid.

Vested balances held at termination of $5,000 or less will be automatically distributed.

Hardship distributions are not permitted.

In-service distributions are permitted upon attainment of age 59 1/2. No distributions are permitted of less than $1,000. No more than two in-service distributions per participant per year are permitted.

Notes receivable from participants (loans)

Notes receivable from participants (loans) are available to participants under the Plan. The minimum loan amount is $1,000. Loans are limited to a maximum of the lesser of 50% of the vested balance or $50,000 reduced by any outstanding loan balances. Participants are allowed only one (1) loan to be outstanding at any point in time. Loans are 100% secured by the vested balances in the participant's Plan account and bear interest at one percent (1%) over Prime, therefore no allowance of uncollectible is provided.

Interest earned on the loans by the Plan is separately recognized when accrued.

Loans become due and payable in full upon termination of employment. If not paid, it is recorded as a deemed distribution.

Expenses

Administrative expenses incurred by the Trustee/Custodian, the Servicing Agent and/or Investment Advisors are paid for by the Company or by the Plan with Plan assets. Such expenses include but are not limited to, expenses required by ERISA, required bonding, recordkeeping, and fees and expenses of the Trustee/Custodian.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Plan eligibility

Employees qualify for participation in the elective deferral portion and the employer profit sharing contribution portion of the Plan upon completion of one year of continuous service and attainment of age 21. The Plan offers Plan entry on the first day of the month following the date the eligibility criteria are met. For employer profit sharing contribution allocation eligibility, the participant must be employed on the last day of the respective year.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies used in the preparation of these financial statements:

Basis of accounting

The Plan prepares its financial statements using the modified cash basis of accounting. Under this comprehensive basis of accounting, no provision has been made to record items which have been incurred but not paid or earned but not received. This includes items such as interest receivable except for notes receivable which are accrued. Accordingly, the accompanying financial statements are not intended to present financial position or results of operations in conformity with accounting principles generally accepted in the United States of America.

Fair market value is the amount Plan sponsors would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity. This fair market value represents contract value adjusted to reflect current market interest rates only to the extent such market rates exceed credit rates.

The Statements of Net Assets Available for Plan Benefits present the fair value of the investments with adjustments for the fixed account to contract value. The Statements of Changes in Net Assets Available for Plan Benefits reflects the contract value.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investments

The Plan's 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. The Plan's investments are carried at fair value based on the fair value of the underlying securities in which the account is invested. The values of the forfeiture accounts are equal to actual cash value and or outstanding balance at the respective year-end. Participant loans are not considered plan investments but are plan assets and are valued at their outstanding unpaid balances, which approximates fair value. Income on loans is recorded when incurred (accrued), consistent with the modified cash basis of accounting.

The Voya Fixed Account is available through a group annuity or other type of contract issued by the Voya Retirement Insurance and Annuity Company ("VRIAC"). The Voya Fixed Account is an obligation of VRIAC's fixed account which supports all of VRIAC's insurance and annuity commitments. All guarantees are based on the financial strength and claims-paying ability of VRIAC, who is solely responsible for all obligations under its contracts.

Voya maintains the contributions in a fixed account. The average yield and crediting interest rates were approximately 1.60% and 1.60% for years ended December 31, 2025 and 2024, respectively. Such interest rates are reviewed every two years for resetting.

Fixed Account guarantees minimum rates of interest and may credit interest that exceeds the guaranteed minimum rates. Daily credited interest becomes part of principal and the investment increases through compound interest. All amounts invested by the Plan in the Voya Fixed Account receive the same credited rate. This is known as a portfolio method of interest rate crediting.

Investment Income recognition

Transactions are accounted for using the transaction date. Realized gains or losses are determined on the basis of actual cost. Realized gains and losses are not separately reported as such information is not available. In accordance with the policy of stating investments at fair market value, any change in unrealized appreciation or

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investment Income recognition, continued

depreciation for the year is recorded and combined with realized gains and losses on investments in the Statements of Changes in Net Assets Available for Plan Benefits. As such, both realized and unrealized gain/appreciation and loss/depreciation are recorded net and reflected as investment income (loss).

Interest and dividends are combined and reported.

Notes receivable from participants (participant loans)

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable is recorded when accrued. Interest accrues at 1% above Prime. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses had been recorded as of December 31, 2025 or 2024, as such notes are fully collateralized by the respective participant's investment account.

Income tax status

The Plan adopted a Prototype Non-Standardized 401(k) Profit Sharing Plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS), most recently on June 30, 2020, which stated that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's counsel and Plan administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The modified cash basis of accounting require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

The Plan's annual return Form 5500 for the prior three (3) fiscal years remain open for examination.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Parties-in-interest transactions

Certain Plan investments are managed by Voya Retirement Insurance and Annuity Company, which is the trustee/custodian as defined by the Plan. Retirement Solutions Specialists is the Plan Administrator and performs certain administrative duties for the Plan. As such, Voya Retirement Insurance and Annuity Company and Retirement Solutions Specialists are considered a party-in-interest. Certain administrative functions are performed by officers and employees of the Company (a party-in-interest). No such officer or employee of the Company receives compensation from the Plan.

Plan termination

Although the Company has not expressed any intent to do so, the Plan may be terminated at any time subject to the provisions of ERISA. Upon termination, all assets are to be distributed to vested Plan participants or their beneficiaries. In the event of such termination, participants would become 100% vested in their individual accounts.

Use of estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosure of contingent assets and liabilities at the date of the Statements of Net Assets Available for Plan Benefits and the changes in Plan net assets during the reporting period. Accordingly, actual results could differ from these estimates.

Fair value of financial instruments

Financial Accounting Standards Board requires disclosure of fair value information about financial instruments for which it is practicable to estimate that value. The carrying amounts of cash and money market accounts approximate fair value due to the short maturity of those instruments.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Subsequent events

Subsequent events have been evaluated through September 3, 2026, which is the date the financial statements were available to be issued.

NOTE C - MARKET RISK

The Plan investments included a fixed account and mutual funds, which invest in various investment securities and in various companies within various markets. All of the Plan's investments are recorded at fair value in accordance with the reporting requirements governing the Plan. Net changes in asset value is reflected as net appreciation (depreciation) in fair value of investments which includes realized income or loss as well. All such investments are subject to various market and economic risk factors as well as the national and global economies and it is at least reasonably possible that changes in the values (loss of principal) of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and amounts reported in the Plan's financial statements and supplementary schedules.

NOTE D - INVESTMENTS

The following table represents the fair value of the Plan's investments maintained by the Trustee/Custodian at December 31:

		2025		2024	
Trustee/Custodian					
Voya	Fixed Account	$ 1,505,013	*	$ 1,372,187	*
Mutual Funds:					
Voya	Inv Global Fd R6	-		24	
Voya	Vanguard Emr Mkts Stock Ind Fd Adm	2,304		719	
Voya	Transamerica Intl Equity Fd R6	44,894		32,584	
Voya	MFS Intl Diversification Fnd	42,095		31,636	
Voya	Vanguard Mid-Cap Index Fund Adm	165		18	
Voya	Vanguard Small-Cap Index Fund Adm	24,452		18,976	
Voya	Vanguard Mid-Cap Growth Index Fd Adm	38,803		32,423	
Voya	Vanguard Mid-Cap Value Index Fd Adm	33,114		27,426	
Voya	Vanguard Sm-Cap Value Index Fd Adm	24,647		24,387	
Voya	DFA Commodity Strategy Port Inst	44,335		38,803	
Voya	DFA Global Real Estate Sec Pt Ins	917		-	
Voya	Invesco Global Real Estate Fund R6	-		5,025	
Voya	Pioneer Fundamental Growth Fund K	102,499		82,959	
Voya	Vanguard Growth Index Fund Adm	9,359		3,007	
Voya	Vanguard Value Index Fund Adm	8,857		2,841	
Voya	Vanguard 500 Index Fund Adm	254,233	*	183,831	*
Voya	Vanguard LifeStrat Md Growth Fd Inv	17,794		18,528	
Voya	Columbia Dividend Income Fund I3	126,946		101,772	
Voya	Columbia High Yield Fund I3	-		24	
Voya	Columbia Balanced Fund I3	1,706		1,128	
Voya	Vanguard Balanced Index Fund Adm	-		-	
Voya	Vanguard LifeStrat Cnsrv Grw Fd Inv	9,814		7,421	
Voya	Vanguard LifeStrat Income Fd Inv	3,335		3,073	
Voya	Voya Index Solution 2025 Portfolio Z	-		7,113	
Voya	Voya Index Solution 2030 Portfolio Z	33,600		36,053	
Voya	Voya Index Solution 2035 Portfolio Z	62,139		45,916	
Voya	Voya Index Solution 2040 Portfolio Z	65,628		41,387	
Voya	Voya Index Solution 2045 Portfolio Z	66,230		39,417	
Voya	Voya Index Solution 2050 Portfolio Z	31,765		31,032	
Voya	Voya Index Solution 2055 Portfolio Z	17,030		7,946	
Voya	Voya Index Solution 2060 Portfolio Z	29,393		26,943	
Voya	Voya Index Solution 2065 Portfolio Z	31,899		22,230	
Voya	Voya Index Solution 2070 Portfolio Z	19,064		-	
Voya	Voya Index Solution Income Port Z	5,086		1,594	
Voya	Vanguard Total Bnd Mrkt Ind F Adm	105,452		95,615	
Voya	Vanguard Infl-Prt Securities Fd Adm	-		15	
Voya	Voya Gov Money Mkt Fnd A	93,441		73,129	
	Total Mutual Funds	1,350,996		1,044,995	
	Total Investments	$ 2,856,009		$ 2,417,182	

* Investments equal to or greater than 5% of net assets available for Plan benefits at end of plan year.

NOTE D - INVESTMENTS, CONTINUED

Information certified by Trustee

The Plan administrator has elected a method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Voya, the custodian/trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying Statements of Net Assets Available for Plan Benefits as of December 31, 2025 and 2024, and the schedule of assets (held at end of year), and the related investment activity reflected in the Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2025 and 2024.

NOTE E - FAIR VALUE MEASUREMENTS

Fair value measurements

Financial Accounting Standards Board establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The Plan's investments are reported at fair value in the accompanying Statements 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 fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature 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 and have the highest priority. Level (2) inputs consist of observable inputs other than quoted prices in active markets for identical assets. Level (3) inputs consist of unobservable inputs 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. Level (3) inputs were only used when Level (1) or Level (2) inputs were not available.

NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Fair value measurements, continued

The fair value of the mutual funds is based on daily quoted fair values.

The value of the fixed account is based on liquidation value.

Gains and losses (realized and unrealized) included in changes of net assets available for benefits for the years ended December 31, 2025 and 2024, are reported as net realized and unrealized gains and losses of fair value of investments.

The Plan's assets are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits and consist of the following at December 31:

		Fair Value Measurements Using:		
	Fair Value	Level (1)	Level (2)	Level (3)
December 31, 2025				
Fixed Account	$ 1,505,013	$ -	$ 1,505,013	$ -
Mutual Funds	1,350,996	1,350,996	-	-
Notes Receivable	82,119	-	-	82,119
TOTAL	$ 2,938,128	$ 1,350,996	$ 1,505,013	$ 82,119
December 31, 2024				
Fixed Account	$ 1,372,187	$ -	$ 1,372,187	$ -
Mutual Funds	1,044,995	1,044,995	-	-
Notes Receivable	55,954	-	-	55,954
TOTAL	$ 2,473,136	$ 1,044,995	$ 1,372,187	$ 55,954

NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

The Plan's fixed account value vs. contract (book) values are as follows at December 31:

Fixed Account:	2025	2024
Contract (Book) Value	$ 1,505,013	$ 1,372,187
Fair Value	1,505,013	1,372,187
Difference	$ -	$ -

The following table represents the Plan's Level 2 fixed account financial instruments, the valuation techniques used to measure the fair value of that financial instrument, and the significant unobservable inputs and the ranges of values for those inputs:

	Fair Value		Voya		Range of
Instrument	2025	2024	Valuation Technique	Unobservable Inputs	Significant Input values
Fixed Account	$ 1,505,013	$ 1,372,187	Liquidation Value	Assets held by Voya	Crediting interest rates at approximately 1.5%

Notes receivable from participants consisted of the following at December 31:

	2025	2024
Beginning Balance	$ 55,954	$ 64,219
New Loans Issued	50,400	15,725
Loan Payments	(22,136)	(23,990)
Deemed Distribution	(2,109)	-
Adjustments	10	-
Ending Balance	$ 82,119	$ 55,954

NOTE F - NOTE RECEIVABLES FROM PARTICIPANTS

Note receivables consist of loans to Plan participants of $82,119 and $55,954, as of December 31, 2025 and 2024, respectively. At December 31, 2025, the notes carried interest rates ranging from 4.25% to 9.50%. These note receivables are managed and in the custody of the trustee/custodian. Interest earned on note receivables is recognized as a separate item when accrued by the Plan.

NOTE G - RECONCILIATION BETWEEN FINANCIAL STATEMENTS AND FORM 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500 at December 31:

	2025	2024
Net Assets, beginning of period, per the financial statements - contract value	$ 2,473,136	$ 2,324,328
Net assets, beginning of period, per Form 5500	$ 2,473,136	$ 2,324,328
Net Assets, end of year, per the financial statements - contract value	$ 2,938,128	$ 2,473,136
Net assets, end of year, per Form 5500	$ 2,938,128	$ 2,473,136
Net increase (decrease) per the financial statements - contract value	$ 464,992	$ 148,808
Net increase (decrease) per Form 5500	$ 464,992	$ 148,808

SUPPLEMENTARY SCHEDULES

AMBITRANS MEDICAL TRANSPORT 401(k) PLAN
EIN: 58-1782427
PLAN NUMBER: 001
SCHEDULE 1
FORM 5500, PART IV(4)(j) - SCHEDULE H - REPORTABLE TRANSACTIONS*
For the year ended December 31, 2025

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASES	TOTAL DOLLAR VALUE OF SALES	DATE

No Reportable Transactions

*Defined as 5% of the current fair value (beginning of the Plan year) of Plan assets.

AMBITRANS MEDICAL TRANSPORT 401(k) PLAN
EIN: 58-1782427
PLAN NUMBER: 001
SCHEDULE 2
FORM 5500, PART IV(4)(j) - SCHEDULE H - REPORTABLE TRANSACTIONS*
For the year ended December 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASES	TOTAL DOLLAR VALUE OF SALES	DATE

No Reportable Transactions

*Defined as 5% of the current fair value (beginning of the Plan year) of Plan assets.

AMBITRANS MEDICAL TRANSPORT 401(k) PLAN
EIN: 58-1782427
PLAN NUMBER: 001
SCHEDULE 3
FORM 5500, PART IV(4)(i) - SCHEDULE H - SCHEDULE OF ASSETS HELD AT THE END OF PLAN YEAR - (MODIFIED CASH BASIS)
December 31, 2025

IDENTITY OF ISSUER	DESCRIPTION	COST	CURRENT VALUE (1)	
Voya	Fixed Account	N/A	$ 1,505,013	*
Mutual Funds:				
Voya	Inv Global Fd R6	N/A	-	
Voya	Vanguard Emr Mkts Stock Ind Fd Adm	N/A	2,304	
Voya	Transamerica Intl Equity Fd R6	N/A	44,894	
Voya	MFS Intl Diversification Fnd	N/A	42,095	
Voya	Vanguard Mid-Cap Index Fund Adm	N/A	165	
Voya	Vanguard Small-Cap Index Fund Adm	N/A	24,452	
Voya	Vanguard Mid-Cap Growth Index Fd Adm	N/A	38,803	
Voya	Vanguard Mid-Cap Value Index Fd Adm	N/A	33,114	
Voya	Vanguard Sm-Cap Value Index Fd Adm	N/A	24,647	
Voya	DFA Commodity Strategy Port Inst	N/A	44,335	
Voya	DFA Global Real Estate Sec Pt Ins	N/A	917	
Voya	Invesco Global Real Estate Fund R6	N/A	-	
Voya	Pioneer Fundamental Growth Fund K	N/A	102,499	
Voya	Vanguard Growth Index Fund Adm	N/A	9,359	
Voya	Vanguard Value Index Fund Adm	N/A	8,857	
Voya	Vanguard 500 Index Fund Adm	N/A	254,233	*
Voya	Vanguard LifeStrat Md Growth Fd Inv	N/A	17,794	
Voya	Columbia Dividend Income Fund I3	N/A	126,946	
Voya	Columbia High Yield Fund I3	N/A	-	
Voya	Columbia Balanced Fund I3	N/A	1,706	
Voya	Vanguard LifeStrat Cnsrv Grw Fd Inv	N/A	9,814	
Voya	Vanguard LifeStrat Income Fd Inv	N/A	3,335	
Voya	Voya Index Solution 2025 Portfolio Z	N/A	-	
Voya	Voya Index Solution 2030 Portfolio Z	N/A	33,600	
Voya	Voya Index Solution 2035 Portfolio Z	N/A	62,139	
Voya	Voya Index Solution 2040 Portfolio Z	N/A	65,628	
Voya	Voya Index Solution 2045 Portfolio Z	N/A	66,230	
Voya	Voya Index Solution 2050 Portfolio Z	N/A	31,765	
Voya	Voya Index Solution 2055 Portfolio Z	N/A	17,030	
Voya	Voya Index Solution 2060 Portfolio Z	N/A	29,393	
Voya	Voya Index Solution 2065 Portfolio Z	N/A	31,899	
Voya	Voya Index Solution 2070 Portfolio Z	N/A	19,064	
Voya	Voya Index Solution Income Port Z	N/A	5,086	
Voya	Vanguard Total Bnd Mrkt Ind F Adm	N/A	105,452	
Voya	Vanguard Infl-Prt Securities Fd Adm	N/A	-	
Voya	Voya Gov Money Mkt Fnd A	N/A	93,441	
	Total Mutual Funds	-	1,350,996	
Notes Receivable - Participant Loans	Rate of 4.25% - 9.50%	N/A	82,119	
	Total	$ -	$ 2,938,128	

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.
N/A - Historical cost data not required as Plan is self-directed.
(1) Plan contract number 81R167 and is stated at fair value.

AMBITRANS MEDICAL TRANSPORT 401(k) PLAN
EIN: 58-1782427
PLAN NUMBER: 001
SCHEDULE 4
FORM 5500, PART IV(4)(i) - SCHEDULE H - SCHEDULE OF ASSETS HELD AT THE END OF PLAN YEAR - (MODIFIED CASH BASIS)
December 31, 2024

IDENTITY OF ISSUER	DESCRIPTION	COST	CURRENT VALUE (1)	
Voya	Fixed Account	N/A	$ 1,372,187	*
Mutual Funds:				
Voya	Inv Global Fd R6	N/A	24	
Voya	Vanguard Emr Mkts Stock Ind Fd Adm	N/A	719	
Voya	Transamerica Intl Equity Fd R6	N/A	32,584	
Voya	MFS Intl Diversification Fnd	N/A	31,636	
Voya	Vanguard Mid-Cap Index Fund Adm	N/A	18	
Voya	Vanguard Small-Cap Index Fund Adm	N/A	18,976	
Voya	Vanguard Mid-Cap Growth Index Fd Adm	N/A	32,423	
Voya	Vanguard Mid-Cap Value Index Fd Adm	N/A	27,426	
Voya	Vanguard Sm-Cap Value Index Fd Adm	N/A	24,387	
Voya	DFA Commodity Strategy Port Inst	N/A	38,803	
Voya	Invesco Global Real Estate Fund R6	N/A	5,025	
Voya	Pioneer Fundamental Growth Fund K	N/A	82,959	
Voya	Vanguard Growth Index Fund Adm	N/A	3,007	
Voya	Vanguard Value Index Fund Adm	N/A	2,841	
Voya	Vanguard 500 Index Fund Adm	N/A	183,831	*
Voya	Vanguard LifeStrat Md Growth Fd Inv	N/A	18,528	
Voya	Columbia Dividend Income Fund I3	N/A	101,772	
Voya	Columbia High Yield Fund I3	N/A	24	
Voya	Columbia Balanced Fund I3	N/A	1,128	
Voya	Vanguard LifeStrat Cnsrv Grw Fd Inv	N/A	7,421	
Voya	Vanguard LifeStrat Income Fd Inv	N/A	3,073	
Voya	Voya Index Solution 2025 Portfolio Z	N/A	7,113	
Voya	Voya Index Solution 2030 Portfolio Z	N/A	36,053	
Voya	Voya Index Solution 2035 Portfolio Z	N/A	45,916	
Voya	Voya Index Solution 2040 Portfolio Z	N/A	41,387	
Voya	Voya Index Solution 2045 Portfolio Z	N/A	39,417	
Voya	Voya Index Solution 2050 Portfolio Z	N/A	31,032	
Voya	Voya Index Solution 2055 Portfolio Z	N/A	7,946	
Voya	Voya Index Solution 2060 Portfolio Z	N/A	26,943	
Voya	Voya Index Solution 2065 Portfolio Z	N/A	22,230	
Voya	Voya Index Solution Income Port Z	N/A	1,594	
Voya	Vanguard Total Bnd Mrkt Ind F Adm	N/A	95,615	
Voya	Vanguard Infl-Prt Securities Fd Adm	N/A	15	
Voya	Voya Gov Money Mkt Fnd A	N/A	73,129	
	Total Mutual Funds	-	1,044,995	
Notes Receivable - Participant Loans	Rate of 3.25% - 9.50%	N/A	55,954	
	Total	$ -	$ 2,473,136	

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.
N/A - Historical cost data not required as Plan is self-directed.
(1) Plan contract number 81R167 and is stated at fair value.

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Ambitrans Medical Transport 401(k) Plan

1b Three-digit plan number (PN) ▸ 001

1c Effective date of plan 07/01/1992

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)

Grant Medical Transportation, Inc.
Ambitrans Medical Transport, Inc.

4351 Pinnacle Street

Charlotte Harbor FL 33980

2b Employer Identification Number (EIN) 58-1782427

2c Plan Sponsor's telephone number 941-743-3665

2d Business code (see instructions) 485990

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	Vanessa Oliver	10/13/26	VANESSA OLIVER
	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	143
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	129
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	143
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	168
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	168
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	118
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	117
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
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 Characteristic Codes in the instructions:
2E 2J 2F 2G 3D 3H 2A

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

AMBITRANS MEDICAL TRANSPORT 401(k) PLAN
EIN: 58-1782427
PLAN NUMBER: 001
SCHEDULE 3
FORM 5500, PART IV(4)(i) - SCHEDULE H - SCHEDULE OF ASSETS HELD AT THE END OF PLAN YEAR - (MODIFIED CASH BASIS)
December 31, 2025

IDENTITY OF ISSUER	DESCRIPTION	COST	CURRENT VALUE (1)	
Voya	Fixed Account	N/A	$ 1,505,013	*
Mutual Funds:				
Voya	Inv Global Fd R6	N/A	-	
Voya	Vanguard Emr Mkts Stock Ind Fd Adm	N/A	2,304	
Voya	Transamerica Intl Equity Fd R6	N/A	44,894	
Voya	MFS Intl Diversification Fnd	N/A	42,095	
Voya	Vanguard Mid-Cap Index Fund Adm	N/A	165	
Voya	Vanguard Small-Cap Index Fund Adm	N/A	24,452	
Voya	Vanguard Mid-Cap Growth Index Fd Adm	N/A	38,803	
Voya	Vanguard Mid-Cap Value Index Fd Adm	N/A	33,114	
Voya	Vanguard Sm-Cap Value Index Fd Adm	N/A	24,647	
Voya	DFA Commodity Strategy Port Inst	N/A	44,335	
Voya	DFA Global Real Estate Sec Pt Ins	N/A	917	
Voya	Invesco Global Real Estate Fund R6	N/A	-	
Voya	Pioneer Fundamental Growth Fund K	N/A	102,499	
Voya	Vanguard Growth Index Fund Adm	N/A	9,359	
Voya	Vanguard Value Index Fund Adm	N/A	8,857	
Voya	Vanguard 500 Index Fund Adm	N/A	254,233	*
Voya	Vanguard LifeStrat Md Growth Fd Inv	N/A	17,794	
Voya	Columbia Dividend Income Fund I3	N/A	126,946	
Voya	Columbia High Yield Fund I3	N/A	-	
Voya	Columbia Balanced Fund I3	N/A	1,706	
Voya	Vanguard LifeStrat Cnsrv Grw Fd Inv	N/A	9,814	
Voya	Vanguard LifeStrat Income Fd Inv	N/A	3,335	
Voya	Voya Index Solution 2025 Portfolio Z	N/A	-	
Voya	Voya Index Solution 2030 Portfolio Z	N/A	33,600	
Voya	Voya Index Solution 2035 Portfolio Z	N/A	62,139	
Voya	Voya Index Solution 2040 Portfolio Z	N/A	65,628	
Voya	Voya Index Solution 2045 Portfolio Z	N/A	66,230	
Voya	Voya Index Solution 2050 Portfolio Z	N/A	31,765	
Voya	Voya Index Solution 2055 Portfolio Z	N/A	17,030	
Voya	Voya Index Solution 2060 Portfolio Z	N/A	29,393	
Voya	Voya Index Solution 2065 Portfolio Z	N/A	31,899	
Voya	Voya Index Solution 2070 Portfolio Z	N/A	19,064	
Voya	Voya Index Solution Income Port Z	N/A	5,086	
Voya	Vanguard Total Bnd Mrkt Ind F Adm	N/A	105,452	
Voya	Vanguard Infl-Prt Securities Fd Adm	N/A	-	
Voya	Voya Gov Money Mkt Fnd A	N/A	93,441	
	Total Mutual Funds	-	1,350,996	
Notes Receivable - Participant Loans	Rate of 4.25% - 9.50%	N/A	82,119	
	Total	$ -	$ 2,938,128	

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.
N/A - Historical cost data not required as Plan is self-directed.
(1) Plan contract number 81R167 and is stated at fair value.

AMBITRANS MEDICAL TRANSPORT 401(k) PLAN
EIN: 58-1782427
PLAN NUMBER: 001
SCHEDULE 4
FORM 5500, PART IV(4)(i) - SCHEDULE H - SCHEDULE OF ASSETS HELD AT THE END OF PLAN YEAR - (MODIFIED CASH BASIS)
December 31, 2024

IDENTITY OF ISSUER	DESCRIPTION	COST	CURRENT VALUE (1)	
Voya	Fixed Account	N/A	$ 1,372,187	*
Mutual Funds:				
Voya	Inv Global Fd R6	N/A	24	
Voya	Vanguard Emr Mkts Stock Ind Fd Adm	N/A	719	
Voya	Transamerica Intl Equity Fd R6	N/A	32,584	
Voya	MFS Intl Diversification Fnd	N/A	31,636	
Voya	Vanguard Mid-Cap Index Fund Adm	N/A	18	
Voya	Vanguard Small-Cap Index Fund Adm	N/A	18,976	
Voya	Vanguard Mid-Cap Growth Index Fd Adm	N/A	32,423	
Voya	Vanguard Mid-Cap Value Index Fd Adm	N/A	27,426	
Voya	Vanguard Sm-Cap Value Index Fd Adm	N/A	24,387	
Voya	DFA Commodity Strategy Port Inst	N/A	38,803	
Voya	Invesco Global Real Estate Fund R6	N/A	5,025	
Voya	Pioneer Fundamental Growth Fund K	N/A	82,959	
Voya	Vanguard Growth Index Fund Adm	N/A	3,007	
Voya	Vanguard Value Index Fund Adm	N/A	2,841	
Voya	Vanguard 500 Index Fund Adm	N/A	183,831	*
Voya	Vanguard LifeStrat Md Growth Fd Inv	N/A	18,528	
Voya	Columbia Dividend Income Fund I3	N/A	101,772	
Voya	Columbia High Yield Fund I3	N/A	24	
Voya	Columbia Balanced Fund I3	N/A	1,128	
Voya	Vanguard LifeStrat Cnsrv Grw Fd Inv	N/A	7,421	
Voya	Vanguard LifeStrat Income Fd Inv	N/A	3,073	
Voya	Voya Index Solution 2025 Portfolio Z	N/A	7,113	
Voya	Voya Index Solution 2030 Portfolio Z	N/A	36,053	
Voya	Voya Index Solution 2035 Portfolio Z	N/A	45,916	
Voya	Voya Index Solution 2040 Portfolio Z	N/A	41,387	
Voya	Voya Index Solution 2045 Portfolio Z	N/A	39,417	
Voya	Voya Index Solution 2050 Portfolio Z	N/A	31,032	
Voya	Voya Index Solution 2055 Portfolio Z	N/A	7,946	
Voya	Voya Index Solution 2060 Portfolio Z	N/A	26,943	
Voya	Voya Index Solution 2065 Portfolio Z	N/A	22,230	
Voya	Voya Index Solution Income Port Z	N/A	1,594	
Voya	Vanguard Total Bnd Mrkt Ind F Adm	N/A	95,615	
Voya	Vanguard Infl-Prt Securities Fd Adm	N/A	15	
Voya	Voya Gov Money Mkt Fnd A	N/A	73,129	
	Total Mutual Funds	-	1,044,995	
Notes Receivable - Participant Loans	Rate of 3.25% - 9.50%	N/A	55,954	
	Total	$ -	$ 2,473,136	

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.
N/A - Historical cost data not required as Plan is self-directed.
(1) Plan contract number 81R167 and is stated at fair value.