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
EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

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)
EMERGENCY TECHNOLOGY, INC.

3900 CENTRAL PKWY
HUDSONVILLE, MI 49426-7884

2b Employer Identification Number (EIN) 38-2739208

2c Plan Sponsor's telephone number 616-662-6106

2d Business code (see instructions) 336300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	AMANDA DRIESSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	AMANDA DRIESSEN
	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**	563
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)**	457
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	499
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	104
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	604
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	605
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)**	504
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)**	587
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2I 2J 2K 2O 2Q 2S 2T 3I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan 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 0
- **(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 2
- **(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
EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EMERGENCY TECHNOLOGY, INC.

D Employer Identification Number (EIN)
38-2739208

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	540799	587	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
0	0

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

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

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

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

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

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

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	5629911

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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 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
EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EMERGENCY TECHNOLOGY, INC.

D Employer Identification Number (EIN)
38-2739208

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	467968	587	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
0	0

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

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

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

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

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

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

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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 ▶ CUSTODIAL GUARANTEED OPTION GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	7005075
c	Additions: (1) Contributions deposited during the year	7c(1)	355397		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	428707		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	5558816		
	▶ INVESTMENT TRANSFERS; ROLLOVER CONTRIBUTIONS; LOAN PAYMENTS; OTHER TRANSFERS				
	(6)Total additions			7c(6)	6342920
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	13347995
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2026299		
	(2) Administration charge made by carrier	7e(2)	32805		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	120285		
	▶ LOAN WITHDRAWALS				
	(5) Total deductions			7e(5)	2179389
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	11168606

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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
EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EMERGENCY TECHNOLOGY, INC.

D Employer Identification Number (EIN)
38-2739208

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	34769	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ROCKEFELLER CAPITAL MANAGEMENT

82-3226180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	53931	Yes [X] No [ ]	Yes [ ] No [X]	10	Yes [ ] No [X]

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

PRAIRIE CAPITAL ADVISORS

36-4072641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
34 50	VALUATION SERVICES	27656	Yes [ ] No [X]	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
EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
38-2739208

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: PRIN LGCP S&P 500 IDX SA-NE

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-016	P	1376225

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-NE

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-028	P	568106

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-NE

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-023	P	538806

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN REAL ESTATE SECS SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-095	P	22539

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE FIX INC SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-118	P	1735199

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL EQUITY INDEX SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-121	P	1389035

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE R1 FUND

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST 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)
38-4065329-426	C	1750367

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY CPTL GP 2020 TD CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 99-1247497-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154025

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY CPTL GP 2025 TD CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 99-1247497-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 815670

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY CPTL GP 2030 TD CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 99-1247497-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1150518

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY CPTL GP 2035 TD CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 99-1247497-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13817

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY CPTL GP 2040 TD CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 99-1247497-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 304124

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY CPTL GP 2045 TD CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 99-1247497-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 204225

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY CPTL GP 2050 TD CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 99-1247497-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135059

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY CPTL GP 2055 TD CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 99-1247497-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38060

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY CPTL GP 2060 TD CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 99-1247497-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17518

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

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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
EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EMERGENCY TECHNOLOGY, INC.

D Employer Identification Number (EIN)
38-2739208

Part I Asset and Liability Statement

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)		1797354
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1454485	918
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7911362	4998684
(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)	213671	326928
(9) Value of interest in common/collective trusts	1c(9)		4583383
(10) Value of interest in pooled separate accounts	1c(10)	3982978	5629911
(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)	8010681	7300418
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7005075	11168606
(15) Other	1c(15)	1032920	1068246

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	49608713	44131136
(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	79219885	81005584
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	79219885	81005584

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)	1797354	
(B) Participants	2a(1)(B)	3318649	
(C) Others (including rollovers)	2a(1)(C)	3391358	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8507361
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	46814	
(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)	22227	
(F) Other	2b(1)(F)	428685	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		497726
(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)	483891	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		483891
(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)	-5301428	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-5301428

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		20006
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		565028
(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)		1086940
c Other income	2c		2185894
d Total income. Add all **income** amounts in column (b) and enter total	2d		8045418
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6141819	
(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)		6141819
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)	34769	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	55475	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	27656	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		117900
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6259719
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1785699
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: BDO USA, P.C. **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		48690
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**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		2000000
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
EMERGENCY TECHNOLOGY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EMERGENCY TECHNOLOGY, INC.

D Employer Identification Number (EIN)
38-2739208

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 42-0127290

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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

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

Financial Statements
and ERISA-Required Supplemental Schedules
Years Ended December 31, 2025 and 2024

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

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

Financial Statements and ERISA-Required Supplemental Schedules
Years Ended December 31, 2025 and 2024

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

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109 Michigan Street NW, Suite 610
Grand Rapids, MI 49503

Independent Auditor's Report

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

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

We have performed audits of the financial statements of Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter — Supplemental Schedules Required by ERISA

The ERISA-requires Supplemental Schedule H, Line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4a- Schedule of Delinquent Participant Contributions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial

statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by a qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 6, 2026

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

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Investments		
Total investments, at fair value	**$ 67,711,778**	$ 70,546,654
Total investments, at contract value	**11,168,606**	7,005,075
Total Investments	**78,880,384**	77,551,729
Receivables		
Accrued dividend on Company common stock	**1,797,354**	1,440,529
Notes receivable from participants	**326,928**	213,671
Other income	**918**	13,956
Total Receivables	**2,125,200**	1,668,156
Net Assets Available for Benefits	**$ 81,005,584**	$ 79,219,885

See accompanying notes to financial statements.

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

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2025**	2024
Additions		
Investment income:		
Net (depreciation) appreciation in fair value of investments	**$ (3,629,455)**	$ 15,014,762
Distributions on Company common stock	**2,191,841**	5,051,460
Dividend income	**483,891**	151,486
Interest income	**475,499**	394,605
Other income	**1,635**	14,155
Total Investment (Loss) Income	**(476,589)**	20,626,468
Contributions:		
Employer	**1,797,354**	1,604,877
Employee	**3,318,649**	2,862,458
Rollover	**3,391,359**	2,730,796
Total Contributions	**8,507,362**	7,198,131
Interest income on notes receivable from participants	**22,227**	15,173
Total Additions	**8,053,000**	27,839,772
Deductions		
Benefits paid to participants	**6,141,820**	9,152,063
Administrative expenses	**125,481**	132,412
Total Deductions	**6,267,301**	9,284,475
Net Increase	**1,785,699**	18,555,297
Net Assets Available for Benefits, beginning of year	**79,219,885**	60,664,588
Net Assets Available for Benefits, end of year	**$ 81,005,584**	$ 79,219,885

See accompanying notes to financial statements.

1. Plan Description

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

General

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

The Company appointed Principal Trust Company (Principal) as the custodian of the Plan, as well as Principal Life Insurance Company (Principal Life) as contract holder and recordkeeper of the Plan.

Employees who complete six consecutive months of service and are age 21 or older are eligible to participate on the next quarterly entry date. In an amendment to the Plan effective January 1, 2023, for the purpose of participant deferral contributions and safe harbor matching contributions only, employees become eligible to participate after 90 days of service. Effective October 1, 2025, employees who complete 90 days of service and are age 18 or older are eligible to participate on the next monthly entry date.

Contributions

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

The Company provides a safe harbor matching contribution of 100% of the participant's contribution up to 4% of compensation and 50% of the participant's contribution up to 6% of compensation. The safe harbor matching contribution may be paid in cash or in shares of Company stock as determined by the Company's Board of Directors. The Board of Directors may also elect to provide a discretionary contribution. Company discretionary contributions are allocated to participants based on each participant's eligible compensation. No discretionary contributions were provided for the Plan years ended December 31, 2025 and 2024.

A covered employee who becomes eligible to participate in the Plan will be deemed to have elected to make an automatic deferral of 6% of compensation. The automatic deferral percentage will increase by 1% each October 1 up to a maximum of 10% of compensation. Effective October 1, 2025, the automatic deferral percentage increased to a maximum of 15% of compensation. Employees may elect an alternative deferral amount or elect not to participate.

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

For the years ended December 31, 2025 and 2024, shareholders governed by the buy-sell agreement owned 66.88% and 67.05%, respectively, of the Company. ESOP participants are governed by a separate agreement, named the Emergency Technology, Inc. 401(k) and Employee Stock Ownership Plan.

Participant Accounts

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

Investment Options

Participants are allowed to direct contributions to various investment options, as well as Company common stock. In 2025 and 2024, no additional common stock was made available to participants from the Company.

Vesting

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

Notes Receivable from Participants

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

Payment of Benefits

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

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

Voting Rights

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

Segregation of Company Stock Accounts

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

Diversification

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

Company Common Stock Offering

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

There was no common stock offering for the year ended December 31, 2025.

Administrative Expenses

Certain administrative expenses are paid by the Company. Administrative expenses not paid directly by the Company may be paid from the Plan, in accordance with Plan provisions. In 2025 and 2024, expenses paid by the Plan included attorney, recordkeeping, and ESOP valuation fees.

2. Significant Accounting Policies

Basis of Accounting

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

Subsequent Events

Subsequent events have been evaluated by management through October 6, 2026, the date these financial statements were available to be issued.

Use of Estimates

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

Risks and Uncertainties

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

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

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

Payment of Benefits

Benefits are recorded when paid.

Contributions Receivable

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

Cash and Cash Equivalents

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

3. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments and notes receivable from participants held as of December 31, 2025 and 2024, except for various investments held by the ESOP component of the Plan, and net (depreciation) appreciation in fair value of investments and interest and dividend income for the years then ended, except for investment income related to various investments held by the ESOP component of the Plan, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal and Principal Life, qualified institutions.

4. Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are both significant to the fair value measurement and unobservable.

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

There have been no changes in the methodologies used at December 31, 2025 or 2024. The following valuation methodologies were used to measure the fair value of the Plan's investments:

Interest-Bearing Cash and Money Market Funds - Interest-bearing cash and money market funds are valued at the daily closing price as reported by the fund.

Mutual Funds and Exchange Traded Funds (ETFs) – Mutual funds and ETFs are valued at the daily closing price as reported by the fund. Mutual funds and ETFs held by the Plan are open-ended funds that are registered with the Securities and Exchange Commission. These funds are required to

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

Collective Investment Trust (CIT) - Units held in a CIT are valued at the NAV as reported by the Trustee. The CIT held by the Plan provides for daily redemptions by the Plan at reported NAV with no advance notice requirement. The Plan is permitted to redeem investment units at NAV on the measurement date. NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. There are no unfunded commitments related to the CIT investments. These investments are direct filing entities.

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

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

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

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

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

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

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

December 31, 2025

	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 12,857	$ -	$ -	$ 12,857
Money market funds	4,985,827	-	-	4,985,827
Mutual funds and ETFs	8,566,656	-	-	8,566,656
Common stocks	484,128	-	-	484,128
Corporate bonds	-	1,068,246	-	1,068,246
Company common stock	-	-	44,131,136	44,131,136
Total Investments, in the fair value hierarchy	$ 14,049,468	$ 1,068,246	$ 44,131,136	59,248,850
Investments, measured at NAV:				
Collective investment trust				2,833,017
Pooled separate accounts				5,629,911
Total Investments, at fair value				$ 67,711,778

December 31, 2024

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

There were no purchases, sales, or transfers in the fair value of the Plan's Level 3 investment in Company common stock for the years ended December 31, 2025 and 2024.

5. Guaranteed Investment Contract

The Plan invests in the Principal Guaranteed Option (PGO), a fully benefit-responsive guaranteed investment contract with Principal Life totaling $11,168,606 and $7,005,075 at December 31, 2025 and 2024, respectively. Principal Life maintains contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdraws and administrative expenses.

The PGO is valued at contract value for presentation in the Plan's net assets available for benefits. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts, because contract value is that amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Participants may ordinarily direct the withdrawal or transfer of all or a portion

of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract has a surrender fee should the Plan discontinue without proper notification as prescribed in the contract.

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

6. Related Party Transactions

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

As of December 31, 2025 and 2024, the Plan held 272,381 shares of common stock of the Company with a cost basis of $2,639,795.

7. Non-Participant Directed Investments

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

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

December 31,	**2025**	2024
Net assets:		
Company common stock	**$ 22,796,298**	$ 24,448,960
Interest-bearing cash	**12,857**	1,633,259
Money market funds	**4,985,827**	6,278,103
Mutual funds and ETFs	**447,548**	456,580
Common stocks	**484,128**	333,817
Corporate bonds	**1,068,246**	1,032,920
Other income receivable	**918**	13,956
Accrued dividend on Company common stock	**1,797,354**	1,440,529
	$ 31,593,176	$ 35,638,124

Year ended December 31,	**2025**	2024
Changes in net assets:		
Net (depreciation) appreciation from Company common stock	**$ (2,829,488)**	$ 6,632,752
Distributions on Company common stock	**2,191,841**	5,051,460
Interest income	**565,769**	419,739
Employer contributions	**1,797,354**	1,604,877
Transfers in (out)	**(5,309,390)**	2,181,535
Benefits paid to participants	**(461,034)**	(5,529,150)
	$ (4,044,948)	$ 10,361,213

8. Concentration of Market Risk

The Plan's investments were approximately 65% and 64% invested in Company common stock at December 31, 2025 and 2024, respectively. Such concentration poses a risk that Plan assets and participant accounts are exposed to risk in the event of a significant decline in the fair value of such stock. A significant decline in the fair value of the Company common stock would significantly affect the net assets available for benefits.

9. Plan Termination

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

10. Tax Status

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

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

11. Distributions on Company Common Stock

During 2025 and 2024, the Company made distributions to the shareholders of its stock. In 2025, the Company made total distributions in the amount of $6,621,955 of which the Plan received $2,191,841 for its percentage of ownership. In 2024, the Company made total distributions in the amount of $15,589,190 of which the Plan received $5,051,460 for its percentage of ownership. At December 31, 2025 and 2024, the Plan owned 32.95% of the stock.

12. Delinquent Participant Contributions

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

ERISA-Required Supplemental Schedules

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

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

Year ended December 31, 2025

Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions: Contributions Not Corrected	Total That Constitutes Nonexempt Prohibited Transactions: Contributions Corrected Outside VFCP*	Total That Constitutes Nonexempt Prohibited Transactions: Contributions Pending Correction in VFCP*	Total Fully Corrected Under VFCP* and PTE 2002-51
Check here if late participant loan repayments are included: ☒				
2024	$ -	$ 48,690	$ -	$ -

* Voluntary Fiduciary Correction Program (DOL).

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

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

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Interest-Bearing Cash			
	Huntington Bank	Interest-bearing cash	$ 12,857	$ 12,857
	Company Common Stock			
*	Emergency Technology, Inc.	272,381 shares of Company common stock	2,639,795	44,131,136
	Corporate Bonds			
	Rockefeller	Bat Capital Corp Mtn Call Make Whole 2.25900% 03/25/2028	39,508	43,302
	Rockefeller	T Mobile Usa Inc Note 3.37500% 87264Abv6 04/15/2029	40,145	41,909
	Rockefeller	Elevance Health Inc Note Call Make Whole 4.10100% 03/01/2028	39,259	41,039
	Rockefeller	Jpmorgan Chase & Co Note Call Make Whole 46647Pbe5 2.73900% 10/15/2030	32,759	33,203
	Rockefeller	Wells Fargo & Co Mtn Call Make Whole 2.39300% 06/02/2028	30,014	32,244
	Rockefeller	System Energy Resources Inc Bond 6.00000% 04/15/2028 Call Make Whole	31,193	32,168
	Rockefeller	Pnc Finl Svcs Group Inc Note 4.75800% 693475Bl8 01/26/2027	32,028	32,013
	Rockefeller	Moodys Corp Note Call Make Whole 615369Aw5 2.00000% 08/19/2031	31,904	31,990
	Rockefeller	Corebridge Finl Inc Ser B Note 3.85000% 04/05/2029 Call Make Whole	29,412	31,479
	Rockefeller	Santander Holdings Usa Inc Note 2.49000% 01/06/2028 Call Make Whole	28,900	31,452
	Rockefeller	Starbucks Corp Note Call Make Whole 855244Az2 2.55000% 11/15/2030	30,431	31,429
	Rockefeller	Oracle Corp Note Call Make Whole 2.95000% 04/01/2030	29,565	31,388
	Rockefeller	Ares Capital Corp Note Call Make Whole 2.87500% 06/15/2027	29,210	31,316
	Rockefeller	Sabine Pass Liquefaction Llc 5.00000% 785592As5 03/15/2027 Ser B Note Call Make Whole	31,168	31,208
	Rockefeller	Wrkco Inc Ser B Note 4.90000% 03/15/2029 Call Make Whole	29,261	30,547
	Rockefeller	Global Pmts Inc Note Call Make Whole 3.20000% 08/15/2029	28,237	30,513
	Rockefeller	Crown Castle Inc Note Call Make Whole 3.10000% 11/15/2029	27,993	30,490
	Rockefeller	Micron Technology Inc Note 4.66300% 02/15/2030 Call Make Whole	28,610	30,342
	Rockefeller	Kilroy Rlty L P Note Call Make Whole 4.75000% 12/15/2028	28,249	30,152
	Rockefeller	Jefferies Financial Group Inc Note 5.87500% 07/21/2028 Call Make Whole	28,855	30,129
	Rockefeller	Vmware Llc Note Call Make Whole 3.90000% 08/21/2027	28,397	30,011
	Rockefeller	Disney Walt Co Note Call Make Whole 1.75000% 01/13/2026	26,392	27,984
	Rockefeller	Conocophillips Company Note 4.70000% 20826Fbj4 01/15/2030 Call Make Whole	27,181	27,506
	Rockefeller	Fox Corp Ser B Note 4.70900% 01/25/2029 Call Make Whole	25,171	26,333

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

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

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds (continued)				
	Rockefeller	Us Bancorp Ser Cc Mtn 6.78700% 10/26/2027 Call Make Whole	$ 23,679	$ 23,503
	Rockefeller	NISOURCE INC NOTE CALL MAKE WHOLE 65473PAJ4 3.60000% 05/01/2030	23,117	23,317
	Rockefeller	Brixmor Operating Prtshp Lp Note 4.12500% 05/15/2029 Call Make Whole	20,333	21,910
	Rockefeller	Boeing Co Note Call Make Whole 3.25000% 02/01/2028	19,905	21,623
	Rockefeller	Capital One Finl Corp Note 5.24700% 07/26/2030	20,068	20,629
	Rockefeller	Cvs Health Corp Note Call Make Whole 3.75000% 04/01/2030	18,181	19,529
	Rockefeller	Bp Cap Mkts Amer Inc Note Call Make Whole 1.74900% 08/10/2030	18,766	18,883
	Rockefeller	Assured Gty Us Hldgs Inc Note 3.15000% 04621Wad2 06/15/2031 Call Make Whole	18,757	18,856
	Rockefeller	Toronto Dominion Bk Ont Ser C Mtn 89115A3C4 4.78300% 12/17/2029 Call Make Whole	14,338	14,338
	Rockefeller	Canadian Natl Ry Co Note Call Make Whole 2.75000% 03/01/2026	13,429	13,972
	Rockefeller	Mcdonalds Corp Mtn Call Make Whole 3.60000% 07/01/2030	12,347	12,756
	Rockefeller	Lazard Llc Note Call Make Whole 1.37500% 03/11/2029	11,326	12,023
	Rockefeller	Wells Fargo & Co Ser Q Mtn 2.87900% 95000U2G7 10/30/2030 Call Make Whole	10,998	11,415
	Rockefeller	Mplx Lp Note Call Make Whole 1.75000% 03/01/2026	9,317	9,961
	Rockefeller	Equitable Hldgs Inc Ser B Note 1.35000% 04/20/2028 Call Make Whole	8,783	9,033
	Rockefeller	Relx Capital Inc Note Call Make Whole 74949Lad4 3.00000% 05/22/2030	7,463	7,612
	Rockefeller	John Deere Capital Corporation Ser H 3.35000% 04/18/2029 Mtn	4,723	4,905
	Rockefeller	Disney Walt Co Note Call Make Whole 254687Fl5 2.00000% 09/01/2029	3,647	3,740
	Rockefeller	Bank New York Mellon Corp Mtn 4.54300% 02/01/2029	2,979	3,036
	Rockefeller	Morgan Stanley Mtn Call Make Whole 4,43100% 01/23/2030	2,965	3,017
	Rockefeller	Morgan Stanley Ser I Mtn 5.05000% 61747Yez4 01/28/2027 Call Make Whole	3,006	3,002
	Rockefeller	Elevance Health Inc Note Call MAKE WHOLE 2.25000% 05/15/2030	2,693	2,754
	Rockefeller	VMWare LLC Note Call Make Whole 2.20000% 928563AL9 08/15/2031	2,647	2,666
	Rockefeller	Microchip Technology Inc. Note 5.05000% 595017BL7 02/15/2030 Call Make Whole	2,010	2,041
	Rockefeller	Brookfield Fin Inc Note Call Make Whole 4.35000% 04/15/2030	1,955	2,007
	Rockefeller	Citigroup Inc Note Call Make Whole 3.07000% 02/24/2028	1,928	1,977

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

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

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds (continued)				
	Rockefeller	Southern Calif Edison Co Ser 2019C 2.85000% 08/01/2029 Bond Call Make Whole	$ 1,855	$ 1,894
	Rockefeller	Prologis L P Note Call Make Whole 74340XCA7 1.75000% 02/01/2031	1,722	1,769
	Rockefeller	Southern Calif Edison Co Ser 2022F 5.85000% 11/01/2027 Bond Call Make Whole	1,015	1,028
	Rockefeller	Edison Intl Note Call Make Whole 5.75000% 06/15/2027	1,003	1,018
	Rockefeller	Paccar Financial Corp Mtn 4.00000% 09/26/2029	974	1,001
	Rockefeller	Enterprise Prods Oper LLC Note 5.05000% 01/10/2026 Call Make Whole	1,012	1,000
	Rockefeller	ERP Oper Ltd Partnership Note 2.85000% 11/01/2026 Call Make Whole	946	992
	Rockefeller	San Diego Gas &Elec Co Ser Vvv Bond 1.70000% 10/01/2030 Call Make Whole	847	892
Total Corporate Bonds			1,022,576	1,068,246
Mutual Funds and EFTs				
	Fidelity Management & Research	Fid Lc Gr Index Fund	**	2,127,661
	flexPATH Strategies	Large Cap Value R1 Fund	**	1,750,367
	Capital Research and Mgmt Co	American Funds New World R6	**	1,309,343
	Invesco	Invesco Small Cap Value R6 Fd	**	747,724
	JP Morgan Investment Mgmt Inc.	Jp Morgan Mid Cap Growth R6 Fd	**	582,090
	PIMCO	Pimco Income I-2 Fund	**	556,962
	Dimensional Fund Advisors	Dfa Us Vector Eq Prtf Inst Fd	**	472,104
	Dimensional Fund Advisors	Dfa Us Sm Cap Growth Instl Fd	**	457,674
	Rockefeller	Select Sector Spdr Trust State Street Xlk Technology Select Sector Spdr Etf	52,845	69,935
	Rockefeller	Select Sector Spdr Trust State Street Xlf Financial Select Sector Spdr Etf	57,871	67,045
	Rockefeller	Eaton Vance Atlanta Cap Smid Cap Fund I	69,499	63,042
	Fidelity Management & Research	Fidelity Advisor Ltd Trm Bnd Z	**	60,819
	Dimensional Fund Advisors	Dfa U.S. Small Cap Growth Port Instl	53,420	59,852
	Rockefeller	Select Sector Spdr Trust State Street Communication Services Select Sector	37,360	49,904
	Rockefeller	Select Sector Spdr Trust State Street Health Care Select Sector Spdr Etf Estimated Yield 1.60%	41,138	42,804
	Rockefeller	Select Sector Spdr Trust State Street Consumer Staples Select Sector Spdr Etf Estimated Yield 2.75%	33,246	32,807
	PGIM Investments, LLC	Pgim High Yield R6 Fund	**	27,870
	MFS Investment Management	Mfs Corporate Bond R6 Fund	**	22,575
	Rockefeller	Ishares Tr Ishares Biotech	15,546	15,713
	Rockefeller	Select Sector Spdr Trust State Street Consumer Discretionary Select Sector Spdr Etf	12,250	15,690
	Rockefeller	Ishares Tr Expnd Tec Sc Etf	14,255	15,519
	Rockefeller	Select Sector Spdr Trust State Street Utilities Select Sector Spdr Etf Estimated Yield 4.67%	14,617	15,238

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

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
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December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds and EFTs (continued)			
	BlackRock Advisors, LLC	Blackrock Strat Gbl Bd Inst Fd	$ **	$ 2,344
	Vanguard Group	Vgd Infl-Prot Sec Adm Fund	**	1,574
	Total Mutual Funds and ETFs		402,047	8,566,656
	Pooled Separate Accounts			
*	Principal Life Insurance	Core Fixed Income Sep Account +	**	1,735,199
*	Principal Life Insurance	International Equity Index SA +	**	1,389,035
*	Principal Life Insurance	LgCap S&P 500 Index Sep Acct+	**	1,376,225
*	Principal Life Insurance	SmallCap S&P 600 Index SA+	**	568,106
*	Principal Life Insurance	MidCap S&P 400 Index Sep Acct	**	538,807
*	Principal Life Insurance	Real Estate Secs Sep Acct+	**	22,539
	Total Pooled Separate Accounts			5,629,911
	Common Collective Trusts			
	Capital Group	Great Gray Cptl Gp 2030 TD CT	**	1,150,518
	Capital Group	Great Gray Cptl Gp 2025 TD CT	**	815,670
	Capital Group	Great Gray Cptl Gp 2040 TD CT	**	304,124
	Capital Group	Great Gray Cptl Gp 2045 TD CT	**	204,226
	Capital Group	Great Gray Cptl Gp 2020 TD CT	**	154,025
	Capital Group	Great Gray Cptl Gp 2050 TD CT	**	135,059
	Capital Group	Great Gray Cptl Gp 2055 TD CT	**	38,060
	Capital Group	Great Gray Cptl Gp 2060 TD CT	**	17,518
	Capital Group	Great Gray Cptl Gp 2035 TD CT	**	13,817
	Total Common Collective Trusts			2,833,017
	Common Stocks			
	Nvidia Corporation Com	Common Stock Fund	19,378	32,462
	Microsoft Corp	Common Stock Fund	26,672	30,881
	Amazon.com Inc	Common Stock Fund	22,308	27,698
	Alphabet Inc Cap Stk Cl C	Common Stock Fund	16,673	25,179
	Meta Platforms Inc Class A Common Stock	Common Stock Fund	19,867	24,540
	Ciena Corp	Common Stock Fund	5,706	22,452
	Cardinal Health Inc Com Npv	Common Stock Fund	11,392	20,340
	Visa inc	Common Stock Fund	18,718	20,116
	Apple Inc	Common Stock Fund	11,681	14,796
	Hasbro Inc Com USD0.50	Common Stock Fund	12,733	14,350
	Johnson Controls International Plc Com	Common Stock Fund	10,185	14,323
	Intercontinental Exchange Inc Com	Common Stock Fund	13,007	14,311
	Applovin Corp Com CL A	Common Stock Fund	5,233	14,150
	Rocket Cos Inc Com CL A	Common Stock Fund	7,324	14,113
	Howmet Aerospace Inc Com	Common Stock Fund	8,473	13,566
	Micron Technology Inc	Common Stock Fund	4,142	12,935
	Broadcom Inc Com	Common Stock Fund	8,444	12,632
	S&p Global Inc Com	Common Stock Fund	10,940	11,589
	S&C Technologies Hldgs Inc Com	Common Stock Fund	10,587	11,443
	Chevron Corp New Com	Common Stock Fund	9,976	10,644
	Wesco International Inc	Common Stock Fund	10,916	10,539
	Western Digital Corp. Com	Common Stock Fund	2,829	9,512
	Spotify Technology S.A. Com EUR0.000625	Common Stock Fund	9,455	9,291
	Medtronic PLC	Common Stock Fund	9,025	8,741

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

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Common Stocks (continued)			
	Air Products and Chemicals Inc	Common Stock Fund	$ 9,833	$ 8,675
	TKO Group Holdings Inc Cl A	Common Stock Fund	4,296	8,253
	Elevance Health Inc Com	Common Stock Fund	8,462	8,185
	Wells Fargo Co New Com	Common Stock Fund	6,083	7,906
	Snowflake Inc. Common Stock	Common Stock Fund	9,011	7,458
	Humana Inc	Common Stock Fund	7,625	6,507
	Rentokil Initial Spon ADS Each Rep 5 ORD SHS	Common Stock Fund	5,828	6,187
	JPmorgan Chase &Co. Com	Common Stock Fund	3,900	6,060
	Intuit Inc	Common Stock Fund	5,466	4,646
	Eli Lilly &Co Com	Common Stock Fund	3,363	4,336
	INTEL CORP COM USD0.001	Common Stock Fund	4,775	4,170
	Berkshire Hathaway Inc Com USD	Common Stock Fund	3,502	4,021
	Advanced Micro Devices Inc	Common Stock Fund	3,135	2,784
	Suncor Energy Inc New Com	Common Stock Fund	2,076	2,300
	Cencora Inc Com	Common Stock Fund	1,688	2,037
	Total Common Stocks		364,707	484,128
	Money Market Funds			
*	Rockefeller	Fimm Government Portfolio: Class I 4.38%	4,925,436	4,925,436
*	Rockefeller	Fidelity Government Cash Reserves 4.19%	60,391	60,391
	Total Money Market Funds		4,985,827	4,985,827
	Guaranteed Investment Contract			
*	Principal Life	Principal Guaranteed Option	**	11,168,606
*	**Participant Loans**	Interest rates of 4.25% to 9.50%	-	326,928
	Total			$ 79,207,312

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

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

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

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EIN 38 2739208
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company American Funds NewWorld R6	$ 0.00	$ 1,309,343.38
	BlackRock	Registered Investment Company BlackRock Strat Gbl Bd Inst Fd	$ 0.00	$ 2,343.85
	Emergency Technology, Inc.	Interest Bearing Cash Cash - Interest Bearing Cash	$ 0.00	$ 4,998,684.43
	Emergency Technology, Inc.	Other Cash - Other	$ 0.00	$ 1,068,245.71
	Emergency Technology, Inc.	Registered Investment Company Cash - Registered Investment Company	$ 0.00	$ 931,675.63
	Dimensional Fund Advisors	Registered Investment Company DFA US Sm Cap Growth Instl Fd	$ 0.00	$ 457,673.94
	Dimensional Fund Advisors	Registered Investment Company DFA US Vector Eq Prtf Inst Fd	$ 0.00	$ 472,104.42
	Fidelity Investments	Registered Investment Company Fid LC Gr Index Fund	$ 0.00	$ 2,127,661.24
	Fidelity Investments	Registered Investment Company Fidelity Advisor Ltd Trm Bnd Z	$ 0.00	$ 60,819.09
	GREAT GRAY TRUST COMPANY	Common/Collective Trust GREAT GRAY CPTL GP 2020 TD CT	$ 0.00	$ 154,025.03
	GREAT GRAY TRUST COMPANY	Common/Collective Trust GREAT GRAY CPTL GP 2025 TD CT	$ 0.00	$ 815,670.40
	GREAT GRAY TRUST COMPANY	Common/Collective Trust GREAT GRAY CPTL GP 2030 TD CT	$ 0.00	$ 1,150,518.01
	GREAT GRAY TRUST COMPANY	Common/Collective Trust GREAT GRAY CPTL GP 2035 TD CT	$ 0.00	$ 13,817.43
	GREAT GRAY TRUST COMPANY	Common/Collective Trust GREAT GRAY CPTL GP 2040 TD CT	$ 0.00	$ 304,123.83
	GREAT GRAY TRUST COMPANY	Common/Collective Trust GREAT GRAY CPTL GP 2045 TD CT	$ 0.00	$ 204,225.45

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

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EIN 38 2739208
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	GREAT GRAY TRUST COMPANY	Common/Collective Trust GREAT GRAY CPTL GP 2050 TD CT	$ 0.00	$ 135,058.80
	GREAT GRAY TRUST COMPANY	Common/Collective Trust GREAT GRAY CPTL GP 2055 TD CT	$ 0.00	$ 38,059.82
	GREAT GRAY TRUST COMPANY	Common/Collective Trust GREAT GRAY CPTL GP 2060 TD CT	$ 0.00	$ 17,517.97
	Invesco Funds Group, Inc.	Registered Investment Company Invesco Small Cap Value R6 Fd	$ 0.00	$ 747,724.41
	JP Morgan Funds	Registered Investment Company JP Morgan Mid Cap Growth R6 Fd	$ 0.00	$ 582,090.50
	GREAT GRAY TRUST COMPANY	Common/Collective Trust LARGE CAP VALUE R1 FUND	$ 0.00	$ 1,750,366.75
	MFS Investment Management	Registered Investment Company MFS Corporate Bond R6 Fund	$ 0.00	$ 22,575.19
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Core Fix Inc Sep Acct-Z	$ 0.00	$ 1,735,198.97
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Intl Equity Index SA-Z	$ 0.00	$ 1,389,035.19
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCp S&P 500 Idx SA-NE	$ 0.00	$ 1,376,225.22
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-NE	$ 0.00	$ 538,805.98
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Real Estate Secs SA-Z	$ 0.00	$ 22,539.09
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap S&P 600 Index SA-NE	$ 0.00	$ 568,106.32
*	Principal Life Insurance Company	Insurance Company General Principal Guaranteed Option	$ 0.00	$ 11,168,606.46
	PGIM Investments	Registered Investment Company PGIM High Yield R6 Fund	$ 0.00	$ 27,869.67

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

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

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EIN 38 2739208
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	PIMCO Funds	Registered Investment Company PIMCO Income I-2 Fund	$ 0.00	$ 556,962.25
	Emergency Technology, Inc.	Employer Security Stock - Employer Security	$ 2,639,795.09	$ 44,131,135.60
	Vanguard Group	Registered Investment Company Vgd Infl-Prot Sec Adm Fund	$ 0.00	$ 1,574.49
*	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 9.50%	$ 0.00	$ 326,928.00

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