

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form 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). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1975
2a Plan sponsor's name and address (employer, if for single-employer plan) NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS 6610 BUSCH BOULEVARD COLUMBUS, OH 43229	2b Employer Identification Number (EIN) 31-0806232
	2c Plan sponsor's telephone number 614-888-4484
	2d Business code (see instructions) 813000
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS 6610 BUSCH BOULEVARD COLUMBUS, OH 43229	3b Administrator's EIN 31-0806232
	3c Administrator's telephone number 614-888-4484
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	4b EIN
	4c PN
5a Total number of participants at the beginning of the plan year	5a 57
b Total number of participants at the end of the plan year	5b 55
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III	Financial Information		
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2297378	2973143
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	2297378	2973143
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	350000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	473160	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		823160
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	147395	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		147395
i Net income (loss) (subtract line 8h from line 8c)	8i		675765
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 3D

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

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	09/14/2010	WILLIAM E. BROWN, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS RETIREMENT PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS		D Employer Identification Number (EIN) 31-0806232
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2009			
2 Assets:			
a Market value		2a	2297378
b Actuarial value		2b	2297378
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	0
b For terminated vested participants		3b	32
c For active participants:			
(1) Non-vested benefits		3c(1)	21546
(2) Vested benefits		3c(2)	2202374
(3) Total active		3c(3)	25
d Total		3d	57
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	6.55 %
6 Target normal cost		6	248295

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div>SIGN HERE</div>	Signature of actuary ALBERT R. MINOR, JR., ASA, ACOPA	Date 08-02734
Type or print name of actuary AL MINOR & ASSOCIATES, INC.		Most recent enrollment number 614-899-0636
Firm name 283 SOUTH STATE STREET WESTERVILLE, OH 43081		Telephone number (including area code)
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009 v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	430042	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	300764	0
9	Amount remaining (Item 7 minus item 8).....	129278	0
10	Interest on item 9 using prior year's actual return of <u>-19.30</u> %	-24951	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		336413
b	Interest on (a) using prior year's effective rate of <u>6.18</u> %		20790
c	Total available at beginning of current plan year to add to prefunding balance		357203
d	Portion of (c) to be added to prefunding balance.....		357203
12	Reduction in balances due to elections or deemed elections.....	104327	137362
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	219841

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
08/14/2009	350000		
		Totals ►	18(b) 350000 18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 336529
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	248295
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	363569	67106
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	315401
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	219841
36 Additional cash requirement (item 34 minus item 35).....	36	95560
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	336529
38 Interest-adjusted excess contributions for current year (see instructions).....	38	240969
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</p> <p>▶ File as an attachment to Form 5500 or 5500-SF.</p>	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

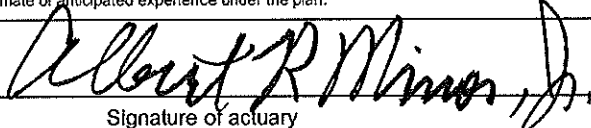
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan National Registry of Emergency Medical Technicians Retirement Plan	B Three-digit plan number (PN) <u>▶</u> <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF National Registry of Emergency Medical Technicians	D Employer Identification Number (EIN) 31-0806232
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	2,297,378	
b Actuarial value.....	2b	2,297,378	
3 Funding target/participant count breakdown	(1) Number of participants		(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	0	0
b For terminated vested participants.....	3b	32	373,001
c For active participants:			
(1) Non-vested benefits.....	3c(1)		21,546
(2) Vested benefits.....	3c(2)		2,202,374
(3) Total active.....	3c(3)	25	2,223,920
d Total.....	3d	57	2,596,921
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.55 %	
6 Target normal cost.....	6	248,295	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>9-12-10</u> Date
	ALBERT R. MINOR, JR., ASA, ACOPA	08-02734
	Type or print name of actuary	Most recent enrollment number
	AL MINOR & ASSOCIATES, INC.	(614) 899-0636
	Firm name	Telephone number (including area code)
	283 SOUTH STATE STREET	
	WESTERVILLE OH 43081	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	430,042	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	300,764	0
9	Amount remaining (Item 7 minus item 8).....	129,278	0
10	Interest on item 9 using prior year's actual return of (19.30)%	(24,951)	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		336,413
b	Interest on (a) using prior year's effective rate of 6.18 %		20,790
c	Total available at beginning of current plan year to add to prefunding balance		357,203
d	Portion of (c) to be added to prefunding balance.....		357,203
12	Reduction in balances due to elections or deemed elections.....	104,327	137,362
13	Balance at beginning of current year (Item 9 + item 10 + item 11d - item 12)	0	219,841

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/14/2009	350,000				
			Totals ▶	18(b)	350,000
				18(c)	0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	336,529

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost				
21 Discount rate:				
a Segment rates:		1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %
		☐ N/A, full yield curve used		
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see Instructions)		☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		
Part VI Miscellaneous items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No				
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No				
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....				27
Part VII Reconciliation of unpaid minimum required contributions for prior years				
28 Unpaid minimum required contribution for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....				30 0
Part VIII Minimum required contribution for current year				
31 Target normal cost, adjusted, if applicable (see instructions).....				31 248,295
32 Amortization installments:		Outstanding Balance		Installment
a Net shortfall amortization installment		363,569		67,106
b Waiver amortization installment		0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....				34 315,401
		Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement		0	219,841	219,841
36 Additional cash requirement (item 34 minus item 35).....				36 95,560
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c).....				37 336,529
38 Interest-adjusted excess contributions for current year (see instructions).....				38 240,969
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....				39 0
40 Unpaid minimum required contribution for all years				40 0

Attachment to 2009 Form 5500
Schedule SB, line 19 - Discounted Employer Contributions

Plan Name	National Registry of Emergency Medical Technicians Retirement Plan	 EIN	31-0806232
Plan Sponsor's Name	National Registry of Emergency Medical Technicians	PN	001

[illegible]

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name National Registry of Emergency Medical Technicians Retirement Plan **ENR:** 31-0806232
Plan Sponsor's Name National Registry of Emergency Medical Technicians **PS:** 001

The weighted average retirement age is equal to the normal retirement age of 65.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Attachment to 2009 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name National Registry of Emergency Medical Technicians Retirement Plan **EIN:** 31-0806232
Plan Sponsor's Name National Registry of Emergency Medical Technicians **PN:** 001

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

Salary Scale 4% per annum

Social Security Projection 4%

Withdrawal None

Valuation Assets Market Value

Probability of Lump

Sum Payout 100%

Pre-Retirement Segment Rates - 5.32%/6.45%/6.69%

Post-Retirement Segment Rates - 5.32%/6.45%/6.69%
Small Plan Combined Tables - sex distinct

Attachment to 2009 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name National Registry of Emergency Medical Technicians Retirement Plan **EIN:** 31-0806232
Plan Sponsor's Name National Registry of Emergency Medical Technicians **PN:** 001

Summary:

SUMMARY OF MAJOR PLAN PROVISIONS

Effective Date

January 1, 1975

Eligibility

An employee is eligible to participate in the plan after completion of one year of service.

Normal Retirement Benefit

On the first day of the month that falls on or follows the employee's 65th birthday and after completion of 5 years of participation, the participant is entitled to a monthly pension equal to 70% of average compensation minus 16.25% of final average compensation not in excess of the Covered Compensation Table in effect in the year of retirement or termination. The total benefit is reduced for each year of service less than 25.

Early Retirement Benefit

Upon attaining age 55 with 5 years of participation service, the Participant is entitled to a monthly pension equal to his accrued benefit reduced to reflect his early commencement of benefits.

Normal Form of Payment

Life only.

Vesting Benefits

An employee will receive a monthly retirement income commencing at his Normal Retirement Date equal to a percentage of his accrued retirement income, calculated based on years of service, as shown in the following table:

Years of Service	Vesting Percentage
2	20
3	40
4	60
5	80
6 or more	100

Death Benefit

The surviving spouse of a participant who dies after becoming eligible for early retirement will receive a benefit equal to 50% of the participant's joint and 50% survivor early retirement benefit.

Plan Name	National Registry of Emergency Medical Technicians REIN: rema-001-0806232
Plan Sponsor's Name	National Registry of Emergency Medical Technicians PN: ans 001

[illegible][illegible][illegible]

Attachment to 2009 Form 5500
Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name	National Registry of Emergency Medical Technicians Retirement Plan	 EIN	31-0806232
Plan Sponsor's Name	National Registry of Emergency Medical Technicians	PN	001

[illegible]