

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 6047(e), 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 <div style="text-align: center; font-size: 24pt;">2009</div> 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:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☐ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan GOLD CROSS EMS 401K PLAN	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	01/01/2004	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) GOLD CROSS EMS 4328 WHEELER ROAD MARTINEZ, GA 30907-9740	2b Employer Identification Number (EIN) 58-2363827	2c Sponsor's telephone number 706-860-9100	2d Business code (see instructions) 621900

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.	01/04/2011	SHANNON MINTEER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GOLD CROSS EMS 4328 WHEELER ROAD MARTINEZ, GA 30907-9740	3b Administrator's EIN 58-2363827 <hr/> 3c Administrator's telephone number 706-860-9100
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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: a Sponsor's name GOLD CROSS EMS	4b EIN	
	4c PN	
5 Total number of participants at the beginning of the plan year	5	154
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	157
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	9
d Subtotal. Add lines 6a , 6b , and 6c	6d	166
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	166
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	121
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	3
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 2J 2K 2T 3D

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) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ 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)** ☒ **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

b General Schedules

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

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 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		
A Name of plan GOLD CROSS EMS 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. GOLD CROSS EMS	D Employer Identification Number (EIN) 58-2363827	

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.
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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	800861	166	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 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
3722	1149

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

A H S & ASSOC INC
1229 AUGUSTA WEST PARKWAY
AUGUSTA, GU 30909-1809

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3722	1149	REFERRAL/SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	133651
5 Current value of plan's interest under this contract in separate accounts at year end	5	549566

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	87370
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c Additions: (1) Contributions deposited during the year	7c(1)	67317	
	7c(2)		
	7c(3)	2407	
	7c(4)		
	7c(5)	762	
(5) Other (specify below)..... ▶ LOAN PAYMENT			

(6) Total additions	7c(6)	70486
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d Total of balance and additions (add b and c(6)).	7d	157856
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5896	
(2) Administration charge made by carrier	7e(2)	335	
(3) Transferred to separate account	7e(3)	7069	
(4) Other (specify below).....	7e(4)	10905	

▶ LOAN WITHDRAWAL AND ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR GIC

(5) Total deductions	7e(5)	24205
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f Balance at the end of the current year (subtract e(5) from d)	7f	133651
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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 organization(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 c(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, item 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan GOLD CROSS EMS 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GOLD CROSS EMS	D Employer Identification Number (EIN) 58-2363827	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

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

(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	953	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan GOLD CROSS EMS 401K PLAN				B Three-digit plan number (PN) ► 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GOLD CROSS EMS				D Employer Identification Number (EIN) 58-2363827	
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 MIDCAP VALUE III SA-PRO					
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY					
c EIN-PN 42-0127290-022		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8154		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN GOVT & HQBND SEP ACCT-PRO					
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY					
c EIN-PN 42-0127290-007		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11094		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL EM MKT SEP ACCT-PRO					
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY					
c EIN-PN 42-0127290-013		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11110		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SA-PRO					
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY					
c EIN-PN 42-0127290-027		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4831		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MTGE SA-PRO					
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY					
c EIN-PN 42-0127290-005		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10651		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIV ITNL SA-PRO					
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY					
c EIN-PN 42-0127290-015		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11353		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 IDX SA-PRO					
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY					
c EIN-PN 42-0127290-016		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10494		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule D (Form 5500) 2009 v.092308.1					

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 IDX SA-PRO		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5637
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-PRO		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-026	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2269
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGE CAP GROWTH II SA-PRO		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-067	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5381
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGE CAP GROWTH III SA-PRO		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5389
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP GROWTH II SA-PRO		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-071	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1012
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE III SA-PRO		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-074	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2010 SEP ACCT-PRO		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63300
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2020 SEP ACCT-PRO		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133195
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2030 SEP ACCT-PRO		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-077	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119112
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2040 SEP ACCT-PRO		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96460

a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN LIFETM 2050 SEP ACCT-PRO**
PRINCIPAL LIFE INSURANCE COMPANY

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

c EIN-PN 42-0127290-079	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42974
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN LIFETM STR INC SA-PRO**
PRINCIPAL LIFE INSURANCE COMPANY

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

c EIN-PN 42-0127290-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 632
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN SMALLCAP VALUE II SA-PRO**
PRINCIPAL LIFE INSURANCE COMPANY

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

c EIN-PN 42-0127290-096	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 950
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN LARGECAP VALUE I SA-PRO**
PRINCIPAL LIFE INSURANCE COMPANY

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

c EIN-PN 42-0127290-098	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5567
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN LARGECAP VALUE II SA-PRO**
PRINCIPAL LIFE INSURANCE COMPANY

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

c EIN-PN 42-0127290-100	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan GOLD CROSS EMS 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GOLD CROSS EMS	D Employer Identification Number (EIN) 58-2363827	

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

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)	74	2841
(2) Participant contributions	1b(2)	0	5734
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	5313	25922
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	295793	549566
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	87370	133651
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	388550	717714

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	388550	717714
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	101787	
(B) Participants	2a(1)(B)	153212	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		254999

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	738	
(F) Other	2b(1)(F)	2407	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3145
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		99588
(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)		0
c Other income.....	2c		-2905
d Total income. Add all income amounts in column (b) and enter total.....	2d		354827

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23070	
(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)		23070
f Corrective distributions (see instructions)	2f		1640
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	953	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		953
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		25663

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		329164
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: CARR, RIGGS & INGRAM, LLC

(2) EIN: 72-1396621

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	X		7579
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		20000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)

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 section 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 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

A Name of plan <u>GOLD CROSS EMS 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GOLD CROSS EMS</u>	D Employer Identification Number (EIN) <u>58-2363827</u>

Part I	Distributions
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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
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): <u>42-0127290</u> 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)
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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	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 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
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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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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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 contributed more than 5% of total contributions to the plan during the plan year (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 items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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 item 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 items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Financial Statements and Independent Auditors' Report

GOLD CROSS EMS 401K PLAN

December 31, 2009 and 2008

GOLD CROSS EMS 401K PLAN
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December 31, 2009 and 2008

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Independent Auditors' Report

Plan Administrator GOLD CROSS EMS 401K PLAN

We were engaged to audit the accompanying statements of net assets available for benefits of the Gold Cross EMS 401K Plan (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedules of schedule H, line 4a – schedule of delinquent participant contributions and schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedules are the responsibility of Gold Cross EMS (the Plan Administrator).

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Principal Life Insurance Company, the custodian of the Plan's assets, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As discussed in Note J, the Plan Administrator has brought to our attention that the Plan did not operate in technical compliance with the Plan document and certain Internal Revenue Service rules and regulations.



Atlanta, Georgia
December 29, 2010

GOLD CROSS EMS 401K PLAN
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets		
Investments, at fair value:		
Contract with insurance company	\$ 683,217	\$ 383,163
Participant loans	25,922	5,313
	<u>709,139</u>	<u>388,476</u>
Total investments	709,139	388,476
Receivables:		
Employer contributions	2,841	28,684
Participant contributions	5,734	
	<u>8,575</u>	<u>28,684</u>
Total receivables	8,575	28,684
Net assets reflecting investments at fair value	717,714	417,160
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	2,905	
Net assets available for benefits	<u>\$ 720,619</u>	<u>\$ 417,160</u>

The accompanying notes are an integral part of these statements.

GOLD CROSS EMS 401K PLAN
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2009

Additions to net assets attributed to	
Investment income:	
Net appreciation in fair value of investments	\$ 101,992
Interest and dividend income	739
	<hr/>
Total investment income	102,731
Contributions:	
Employer	73,178
Participant	153,212
	<hr/>
Total contributions	226,390
Total additions	329,121
Deductions from net assets attributed to	
Benefits paid to participants	24,709
Administrative expenses	953
	<hr/>
Total deductions	25,662
Net increase in net assets available for benefits	303,459
Net assets available for benefits:	
Beginning of year	417,160
End of year	\$ <u><u>720,619</u></u>

The accompanying notes are an integral part of this statement.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements
December 31, 2009 and 2008

Note A – Description of Plan

The following description of the Gold Cross EMS 401K Plan (the Plan) provides only general information. Reference should be made to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a contributory defined contribution plan that was adopted as of January 1, 2004 by Gold Cross EMS (the Plan Sponsor, the Plan Administrator and the Employer). The Plan's third-party administrator is Principal Life Insurance Company (Principal Life). The Plan has adopted a Principal Life prototype profit sharing/401(k) document, restated at September 10, 2009, as its Plan Agreement.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On July 1, 2009, the Financial Accounting Standards Board established the FASB Accounting Standards Codification (the Codification, FASB ASC) as the single source of nongovernmental authoritative U.S. generally accepted accounting principles. The Codification supersedes all existing non-SEC accounting and reporting standards. The Codification is effective for financial statements issued for interim and annual periods ending after September 15, 2009. The Plan has adopted the Codification during the year ended December 31, 2009 and has modified its disclosures accordingly for the year ended December 31, 2009 and thereafter.

Subsequent events have been evaluated through December 29, 2010, the date the financial statements were available to be issued.

1. Eligibility

All employees who complete at least one year of service (and 500 hours), as defined by the Plan agreement, and have attained the age of 21 are eligible to participate in the Plan. Participation may begin on the first day of the quarter following the satisfaction of the eligibility requirements.

2. Funding

Participants are allowed to contribute a percentage of their annual compensation (as defined) subject to statutory dollar limitation of \$16,500 for 2009. In addition, participants who are age 50 or older and have made the maximum contribution to the Plan can make an additional "catch-up" contribution to an annual maximum of \$5,500 for 2009. These amounts are pre-tax contributions.

The Employer matches a percentage of the participant contribution. The Employer match for the year ended December 31, 2009 was 50% of each participant's salary reduction contribution up to 8% of compensation.

The Employer may also make a discretionary matching contribution; however, no additional discretionary contribution was made during the year ended December 31, 2009.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2009 and 2008

Note A – Description of Plan – Continued

2. Funding – Continued

Participants become 100% vested in the Employer's contributions and earnings when the participants reach normal retirement age. Prior to normal retirement age, the participants become vested in the Employer's matching and profit sharing contributions, earnings and forfeitures based on the following schedule:

<u>Years of Credited Service</u>	<u>% Vested</u>
One year, but less than 2	20%
2 years, but less than 3	40%
3 years, but less than 4	60%
4 years, but less than 5	80%
5 years or more	100%

Participant pre-tax contributions and the earnings thereon are fully vested at all times.

3. Allocations to the Participant Accounts

The following types of participant accounts are established and maintained under the provisions of the Plan:

<u>Type of Account</u>	<u>Description</u>
Employee contribution account	Participant's voluntary contributions and earnings or loss thereon and, if applicable, a separate rollover account for distributions from other plans and earnings or loss thereon.
Employer contribution account	Participant's portion of the Employer's matching and profit sharing contribution and earnings or loss thereon.

Allocations to participant's accounts are made as follows:

<u>Type of Allocation</u>	<u>Basis of Allocation</u>
Net appreciation (depreciation) in the fair value of investments and interest income	Based upon actual returns for the participant's self-directed investments.
Forfeitures	Forfeitures are used to pay Plan expenses and reduce the Employer's matching contribution.
Employer matching contribution	Discretionary percentage of the participant's annual contribution, which is based on the participant's compensation.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2009 and 2008

Note A – Description of Plan – Continued

4. Distributions

The participant's vested portion of his/her account balance will be available for distribution in the event of retirement, early retirement (age 55 and 5 years of service), death, disability or termination of employment, subject to the Plan's provisions. If the value of the participant's account is \$1,000 or less, it will be paid in a lump sum payment. If the vested value of the participant's account is greater than \$1,000 but less than \$5,000, it will be distributed in a lump sum or rolled over into an IRA for the benefit of the participant, if the participant's age is less than 65. If the value of the participant's account is greater than \$5,000, the participant may elect to receive the distribution in a lump-sum payment or in various annuity options.

The Plan permits hardship withdrawals if the Plan participants meet certain criteria. The participant may withdraw only deferral contributions, not matching or discretionary contributions. Upon receipt of a hardship withdrawal, the participant is not permitted to make contributions to the Plan until six months have passed.

5. Loans

A participant may borrow up to the lesser of \$50,000 or 50% of the vested portion of his/her account balance, repayable within five years (unless the proceeds are used to purchase the participant's principal residence), bearing interest at a reasonable rate of interest as determined by the Plan Administrator. Principal and interest is paid ratably through payroll deductions.

6. Investment Options

In accordance with the Plan provisions, the Plan Administrator contracted with Principal Life, an insurance company, to provide a variety of investment options with different investment objectives and levels of risk for the participants' accounts. Participants may change their investment allocations and redirect their existing account balances to a different investment fund daily.

Note B – Summary of Significant Accounting Policies

A summary of the significant accounting policies of the Plan applied in the accompanying financial statements follows.

1. Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting. Benefits are recorded when paid to participants.

2. Investments

The Plan permits its participants to direct the investment of their account balance under the Plan. The Plan Administrator funds the Plan's investments by a group annuity contract with Principal Life. Under this contract, the participants have choices of various types of mutual funds and credited interest options.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2009 and 2008

Note B – Summary of Significant Accounting Policies – Continued

2. Investments – Continued

When contributions are allocated to a mutual fund choice, shares of that fund are purchased by Principal Life and held in a pooled separate account, with the Plan holding units of participation in the separate account. The separate account is valued at fair value, based on the net asset value of the underlying mutual fund, less any charges for fees or taxes.

The Plan's credited interest options for investment are called guaranteed interest accounts. The guaranteed interest accounts are stated at fair value. The contract interest rates range from 0.43% to 3.22% at December 31, 2009 and 1.37% to 3.16% at December 31, 2008. The average yield of the guaranteed interest accounts was 1.55% and 3.21% for 2009 and 2008, respectively.

Increases or decreases in the market values of the pooled separate accounts and market value adjustments for guaranteed interest accounts, held at the end of the year, are reflected in the statement of changes in net assets available for benefits as net appreciation/depreciation in fair value of investments.

In the event the Plan Sponsor terminates the contract, the assets are subject to a graduated asset charge.

Participant loans are stated at the outstanding principal balance, which approximates fair value.

As described in Financial Accounting Standards Board (FASB) issued Accounting Standards Codification (ASC) 946 and FASB ASC 962, formerly known as Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans (the FSP), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The guaranteed interest accounts included in the Plan's investment in the insurance contract meets the criteria of the FSP. The Plan has adopted the provisions of the FSP.

The fair value of the guaranteed interest accounts included in the Plan's investment in the insurance contract is based on information reported by the insurance company at year-end. The contract value of the common collective trust represents contributions, plus earnings, less participant withdrawals and administrative expenses.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Dividends are recorded on the ex-dividend basis.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2009 and 2008

Note B – Summary of Significant Accounting Policies – Continued

3. Concentrations of Market and Credit Risk

The financial instruments, which potentially subject the Plan to concentrations of market and credit risk, are principally investments. The Plan's investments consist of various mutual funds in pooled separate accounts with Principal. To reduce concentrations of credit risk, the Plan Administrator has made available various types of funds to the participants, and the participants themselves choose their own funds based upon their appropriate risk level. As a consequence, the Plan Administrator believes that the Plan's credit risk exposure is limited.

However, due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the financial statements.

4. Use of Estimates

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

5. New Accounting Guidance

In April 2009, FASB ASC 820, formerly known as Staff Position (FSP) No. 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset and Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*. ASC 820 emphasizes that even if there has been a significant decrease in the volume and level of activity, the objective of a fair value measurement remains the same. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction (that is, not a forced liquidation or distressed sale) between market participants. ASC 820 provides a number of factors to consider when evaluating whether there has been a significant decrease in the volume and level of activity for an asset or liability in relation to normal market activity. In addition, when transactions or quoted prices are not considered orderly, adjustments to those prices based on the weight of available information may be needed to determine the appropriate fair value. The FSP also requires increased disclosures. This FSP is effective for annual reporting periods ending after June 15, 2009, and has been adopted by the Plan. The adoption did not have a material effect on the Plan's net assets available for benefits or changes therein.

During 2009, the Plan adopted FASB ASC 855, *Subsequent Events* (ASC 855), which was issued in May 2009 and is effective for fiscal years and interim periods ending after June 15, 2009. ASC 855 requires evaluation of subsequent events through the date of financial statement issuance. The adoption of this guidance is reflected in these financial statements.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2009 and 2008

Note B – Summary of Significant Accounting Policies – Continued

5. New Accounting Guidance – Continued

In September 2009, the FASB issued under ASC 820, ASC Update 2009-12, *Fair Value Measurements and Disclosures – Investment in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*. This update provides guidance on estimating the fair value of a company's investments in investment companies when the investment does not have a readily determinable fair value. It permits the use of the investment's net asset value as a practical expedient to determine fair value. This guidance also required additional disclosure of the attributes of these investments such as: (i) the nature of any restrictions on the reporting entity's ability to redeem its investment; (ii) unfunded commitments; and (iii) investment strategies of the investees. This guidance is effective for periods ending after December 15, 2009. The adoption did not have a material impact on the Plan's net assets available for benefits or changes therein.

In January 2010, the FASB issued under ASC 820, ASC Update 2010-06, *Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements*. This guidance requires: (i) separate disclosure of significant transfers between Level 1 and Level 2 and reasons for the transfers; (ii) disclosure, on a gross basis, of purchases, sales, issuances, and net settlements within Level 3; (iii) disclosures by class of assets and liabilities; and (iv) a description of the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements. This guidance is effective for reporting periods beginning after December 15, 2009, except for the Level 3 disclosure requirements, which will be effective for fiscal years beginning after December 15, 2010 and interim periods within those fiscal years. Management does not believe that the adoption of this guidance will have a material effect on the Plan's net assets for benefits or changes therein and related disclosures.

Note C – Certification of Financial Information

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following investment information was certified by the Principal Life Insurance Company and was not subjected to any auditing procedures, except for comparing such information to the amounts included in the Plan's financial statements and supplemental schedule.

Investments in group annuity contract, provided by Principal Life at December 31, 2009 and 2008, consist of the following:

	<u>2009</u>	<u>2008</u>
Principal Life's general fund accounts:		
Guaranteed Interest Accounts (at contract value)	\$136,556	\$87,370
Principal Life's pooled separate accounts, invested in mutual funds	\$549,566	\$295,793

Principal Life certified as complete and accurate \$101,992 of the net appreciation in fair value of investments and \$739 of interest and dividend income as shown in the financial statements for the year ended December 31, 2009.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2009 and 2008

Note D – Investments

The following is a summary of investments held by the Plan at December 31, 2009 and 2008 that represent 5% or more of the Plan's net assets:

	<u>2009</u>	<u>2008</u>
Guaranteed interest accounts (at fair value):		
Maturing 12/13/2013, bearing interest at 0.43%	\$ 62,552	
Maturing 12/13/2012, bearing interest at 2.75%	\$ 40,659	\$53,797
Maturing 12/13/2011, bearing interest at 3.18%	*	\$32,547
Pooled separate accounts, invested in mutual funds:		
Principal LifeTime 2010 Separate Account	\$ 63,300	\$30,516
Principal LifeTime 2020 Separate Account	\$133,195	\$75,253
Principal LifeTime 2030 Separate Account	\$119,112	\$65,457
Principal LifeTime 2040 Separate Account	\$ 96,460	\$53,530
Principal LifeTime 2050 Separate Account	\$ 42,974	\$20,864

*Investment in mutual funds comprised less than 5% of the Plan's net assets at December 31, 2009.

The investments in the group annuity contract (including gains and losses on investments sold, as well as held during the year) appreciated by \$101,992 for the year ended December 31, 2009.

Note E – Fair Value Measurements

Effective January 1, 2008, the Plan adopted FASB ASC 820, *Fair Value Measurements and Disclosures* (ASC 820), formerly known as SFAS 157, which defines fair value, establishes a framework for measuring fair value and requires additional disclosures about the use of fair value measurements. That framework provides 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are observable as of the reporting date. These inputs include quoted prices for similar assets in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; and inputs derived by other observable market data.

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

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2009 and 2008

Note E – Fair Value Measurements – Continued

The asset or liability's fair value measurement 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Below is a description of the valuation methodologies used for assets held in the insurance contract with insurance company measured at fair value.

Guaranteed interest accounts: Contract value less early withdrawal charges.

Pooled separate accounts: Valued at the net asset value based on the market value of the underlying investments. The various pooled separate accounts are made up of a wide variety of underlying investments such as equity and debt mutual funds, equities, bonds, and real estate. The net asset value of the pooled separate accounts is not a publicly-traded price in an active market. All pooled separate accounts, except Principal U.S. Property, are valued using Level 2 inputs. The Principal U.S. Property separate account is valued using Level 3 inputs.

Participant Loans: Valued at outstanding principal balance which approximates fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investment in insurance contract at fair value as of December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed interest accounts	\$	\$133,651	\$	\$133,651
Pooled separate accounts:				
Target Date		455,041		455,041
Large Cap Equity		26,831		26,831
Mid Cap Equity		10,424		10,424
Small Cap Equity		7,599		7,599
Intermediate U.S. Bond		21,746		21,746
Foreign Markets		22,463		22,463
Retirement Income		631		631
Real Estate			4,831	4,831
Total pooled separate accounts		544,735	4,831	549,566
Participant loans			25,922	25,922
Total assets at fair value	\$	\$678,386	\$30,753	\$709,139

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2009 and 2008

Note E – Fair Value Measurements – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investment in insurance contract at fair value as of December 31, 2008:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed interest accounts	\$	\$ 87,370	\$	\$ 87,370
Pooled separate accounts:				
Target Date		245,619		245,619
Large Cap Equity		14,098		14,098
Mid Cap Equity		5,413		5,413
Small Cap Equity		3,786		3,786
Intermediate U.S. Bond		10,928		10,928
Foreign Markets		10,398		10,398
Retirement Income		498		498
Real Estate			5,053	5,053
Total pooled separate accounts		290,740	5,053	295,793
Participant loans			5,313	5,313
Total assets at fair value	\$	\$378,110	\$10,366	\$388,476

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

	<u>Pooled Separate Account</u>	<u>Participant Loans</u>	<u>Total</u>
Beginning balance	\$ 5,053	\$ 5,313	\$10,366
New loans issued		27,963	27,963
Purchases	1,585		1,585
Unrealized loss	(1,807)		(1,807)
Loan repayments and distributions		(7,354)	(7,354)
Ending balance	\$4,831	\$25,922	\$30,753

Note F – Termination of the Plan

Although it has not expressed any intent to do so, the Employer 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 the Plan's termination, participants will become 100% vested in their account balances.

Note G – Trustee's Responsibility

The Plan is administered by the Plan Administrator. Authority for control, management and administration of the Plan is vested in the Plan Administrator. The Plan's Trustee, Principal Life Insurance Company, is appointed by the Plan Administrator. As the Plan's fiduciary, the trustee's responsibility is to maintain the Plan assets. The trust fund established by the trustee is the funding medium used for the accumulation and distribution of benefits.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2009 and 2008

Note H – Parties-in-Interest Transactions

Certain expenses of the Plan, including legal and accounting fees, are paid by the Employer. In addition, certain services to the Plan, by the Employer, were performed at no charge.

Note I – Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits as of December 31, 2009 and the increase in assets available for benefits for the year then ended per Form 5500 to the financial statements:

Net assets available for benefits, per the Form 5500	\$717,714
Adjustment of contract value to fair value for general accounts	<u>2,905</u>
Net assets available for benefits, per the financial statements	<u>\$720,619</u>
Net increase in net assets available for benefits, per the Form 5500	\$329,164
Less contributions receivable at December 31, 2008, per the financial statements	(28,684)
Plus contributions receivable at December 31, 2008, per the Form 5500	74
Adjustment of contract value to fair value for general accounts as of December 31, 2009	<u>2,905</u>
Net increase in net assets available for benefit, per the financial statements	<u>\$303,459</u>

The following is a reconciliation of the net assets available for benefits as of December 31, 2008 per Form 5500 to the financial statements:

Net assets available for benefits, per the Form 5500	\$388,550
Contributions receivable at December 31, 2008, per the financial statements	28,684
Less contributions receivable at December 31, 2008, per the Form 5500	<u>(74)</u>
Net assets available for benefits, per the financial statements	<u>\$417,160</u>

Note J – Plan Compliance

During the Plan year ended December 31, 2009, and subsequently, it came to the attention of the Plan Sponsor that certain compliance issues had occurred in the operation of the plan as follows, along with the Plan Sponsor's response:

- Certain errors in the payroll system and related control procedures resulted in deferrals made, but not remitted to the Plan. It is possible that the related matching contribution also was not made. The Plan Sponsor is in the process of calculating the extent of the error, along with lost earnings, so that a correction can be made under the Department of Labor's Voluntary Fiduciary Correction Program (VFCP).
- The Plan Sponsor has become aware that certain remittances of participant deferrals and loan payments were deemed late, as defined by DOL rules and regulations. The late remittance amounts are disclosed on Schedule H, Line 4a - Schedule of Delinquent Participant Contributions. The Plan Sponsor is in the process of taking corrective action as may be applicable under the Employee Plans Compliance Resolution Systems (EPCRS) and VFCP.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2009 and 2008

Note J – Plan Compliance – Continued

- The Plan Sponsor learned that an error in the payroll system resulted in certain participants receiving a larger matching contribution than the amount set forth in the plan document. The Plan Sponsor is in the process of determining the extent of this error and any resulting correction necessary.
- It came to the attention of the Plan Sponsor that its ERISA bond was inadequate for plan years 2008, 2009 and 2010 and the Plan Sponsor is in the process of updating the bond to the appropriate amounts.
- The Plan Sponsor was informed that it should have attached an audit to the Plan's 2008 Form 5500 filing. The Plan Sponsor has engaged an independent qualified public accountant to conduct the audit of the 2008 plan year and will file an amended return under the DOL's Delinquent Filer Voluntary Compliance Program.

The Plan Sponsor is in the process of diligently assessing and correcting, as necessary, the above listed compliance issues. The Plan Sponsor estimates that any amounts related to the correction of the above compliance matters is not significant to the Plan's financial statements, and therefore an account receivable has not been recorded at December 31, 2009. Subsequent to December 31, 2009, the Plan changed payroll providers and is investigating whether the payroll system issues noted above have been corrected.

Note K – Tax Status

The prototype plan received a letter of qualification under the applicable federal income tax statutes approved by the Internal Revenue Service stating that the form of the Plan was qualified under §401 of the Internal Revenue Code, and therefore, the related trust is tax exempt. In accordance with Revenue Procedure 2002-6 and Announcement 2001-77, the Plan Sponsor has determined that it is eligible to and has chosen to rely on the current Internal Revenue Service prototype plan opinion letter.

The Plan Administrator believes that the Plan, as amended and as adopted from the prototype plan, is designed and being operated in accordance with the applicable requirements of the Internal Revenue Code and, therefore, the Plan was qualified and the related trust was tax-exempt at December 31, 2009 and 2008.

For the year ended December 31, 2009, the Plan was required to adopt the new provisions of FASB ASC 740, *Income Taxes* (ASC 740). The new provisions require disclosures regarding uncertainties in income tax positions. The Plan's management does not believe that the Plan has unrelated business income or other situations that would create a material uncertain tax position at December 31, 2009. However, the Plan's tax returns for the years ended December 31, 2008, 2007 and 2006 are still subject to examination by the relevant taxing authorities.

Note L – On Going Economic Conditions

The markets in which the Plan holds investments have experienced significant volatility during 2008 and 2009 due to changes in economic conditions. The value, liquidity and related income of these investments are sensitive to these changes. As a result, participants' account balances have also experienced volatility. Subsequent to December 31, 2009, the volatility of the financial markets continued.

Supplemental Schedules

GOLD CROSS EMS 401K PLAN

EIN 58-2363827

Plan Number 001

Schedule H, Line 4a -- Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2009

Participant Contributions Transferred Late to Plan			Total That Constitute Nonexempt Prohibited Transactions			Totally Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections in VFCP	
\$ 1,379	10/28/2006	12/1/2006	\$ 1,379			
\$ 1,790	4/14/2007	6/4/2007	\$ 1,790			
\$ 2,206	4/28/2007	6/4/2007	\$ 2,206			
\$ 565	various	8/28/2009 (1)	\$ 565			
\$ 1,639	various	8/28/2009 (2)	\$ 1,639			

(1) Represents delinquent participant loan repayments from various 2008 pay periods.

(2) Represents delinquent participant loan repayments from various 2009 pay periods.

GOLD CROSS EMS 401K PLAN

EIN 58-2363827

Plan Number 001

Schedule H, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2009

Description of Assets	Cost ⁽¹⁾	Current Value
*Investment in insurance contract with Principal Life Insurance Company, invested in guaranteed interest accounts as follows:		
Maturity date 12/31/2009, interest at 2.48%		\$ 366
Maturity date 12/31/2010, interest at 3.16%		347
Maturity date 12/31/2011, interest at 3.18%		29,727
Maturity date 12/31/2012, interest at 2.75%		40,659
Maturity date 12/31/2013, interest at .43%		62,552
		<u>133,651</u>
*Investment in insurance contract with Principal Life Insurance Company, invested in pooled separate accounts as follows:		
Edge Asset Management, Inc. Government & High Quality Bond Separate Account--Pro		11,094
Principal Bond and Mortgage Separate Account-Pro		10,651
Principal U.S. Property Separate Account-Pro		4,831
Principal LifeTime Strategic Income Separate Account--Pro		632
Principal LifeTime 2010 Separate Account--Pro		63,300
Principal LifeTime 2020 Separate Account--Pro		133,195
Principal LifeTime 2030 Separate Account--Pro		119,112
Principal LifeTime 2040 Separate Account--Pro		96,460
Principal LifeTime 2050 Separate Account--Pro		42,974
Alliance Bernstein/Westwood LargeCap Value III Separate Account-Pro		5,389
Am Century/Montag & Caldwell LargeCap Growth II Separate Account-Pro		5,381
Principal Global Investors SmallCap S&P 600 Index Separate Account-Pro		5,637
Principal LargeCap S&P 500 Index Separate Account-Pro		10,494
UBS/TS&W LargeCap Value I Separate Account-Pro		5,567
DFA/Waughan Nelson/LA Capital SmallCap Value II Separate Account-Pro		951
Emerald/Essex SmallCap Growth II Separate Account-Pro		1,012
Principal Global/Barrow Hanley MidCap Value III Separate Account-Pro		8,154
Turner/Mellon/Jacobs Levy Midcap Growth III Separate Account-Pro		2,269
Principal Global Investors Diversified International Separate Account-Pro		11,353
Principal Global Investors International Emerging Markets Separate Account-Pro		11,110
		<u>549,566</u>
*Installment loans to participants at 5.25% to 7%, with final payments due in 2014		<u>25,922</u>
		<u><u>\$ 709,139</u></u>

*Indicates a party-in-interest to the Plan as defined by ERISA.

⁽¹⁾Cost information not required for investments in mutual funds as per special rule for certain participant directed transactions.

GOLD CROSS EMS 401K PLAN

EIN 58-2363827

Plan Number 001

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*Indicates a party-in-interest to the Plan as defined by ERISA.

⁽¹⁾Cost information not required for investments in mutual funds as per special rule for certain participant directed transactions.

Form 5500, Box B - AMENDED FILING

Ladies and Gentlemen:

Gold Cross EMS (the “Plan Sponsor”) hereby makes this amended filing of the Gold Cross EMS 401K Plan’s 2009 Form 5500 in response to the error code messages P-273 and P-317.

In regard to Error Code P-273, the amount of the discrepancy between Schedule A and Schedule H represents an adjustment from fair value to contract value for fully benefit-responsive investment contracts. Specifically, the amount on line 7f of Schedule A is the guaranteed investment contracts at contract value. On Schedule H, line 1c(14)(b), the amount is presented at fair value, per the form’s instructions.

The instructions for Schedule A do not specify that line 7 should be at fair value. However, due to the Error Code, we have amended Schedule A to reflect fair value. The difference of \$2,905 is shown on the face of the statement of net assets per the Auditors’ Report.

In regard to Error Code P-317, as the Schedule of Assets was originally included within the Auditors’ Report, which was provided in the filing. However, with this amendment, we have also included it as a separate attachment.

Thank you for your consideration of this amended filing.