

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2008</u> and ending <u>12/31/2008</u>	
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	<u>GOLD CROSS EMS 401K PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>01/01/2004</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN) <u>58-2363827</u>		
	2c Sponsor's telephone number <u>706-760-9100</u>		
<u>4328 WHEELER ROAD</u> <u>MARTINEZ, GA 30907-9740</u>	2d Business code (see instructions) <u>621900</u>		
<u>4328 WHEELER ROAD</u> <u>MARTINEZ, GA 30907-9740</u>			

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/01/2011	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

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

Form 5500 (2010)
v.092307.1

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 3c Administrator's telephone number 706-760-9100
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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	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	126
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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	112
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	4
d Subtotal. Add lines 6a , 6b , and 6c	6d	116
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	116
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	86
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	11

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 3E

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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	8-00861	116	01/01/2008	12/31/2008

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
4081	655

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 PARKEAY AUGUSTA, GA 30909-1809

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4081	655	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** 87370**5** Current value of plan's interest under this contract in separate accounts at year end **5** 295793**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ PENSION PROVIDER**b** Balance at the end of the previous year **7b** 35947**c** Additions: (1) Contributions deposited during the year **7c(1)** 52981(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 1934(4) Transferred from separate account **7c(4)** 4446(5) Other (specify below) **7c(5)** 39

▶ LOAN PAYMENT

(6) Total additions **7c(6)** 59400**d** Total of balance and additions (add **b** and **c(6)**). **7d** 95347**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 7003(2) Administration charge made by carrier **7e(2)** 19(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 955

▶ LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 7977**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 87370

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP VALUE III SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-022</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5058</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL GOVT&HQBND SEP ACT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-007</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4507</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL INTL EM MKT SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3656</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL U.W. PROPERTY SEPACT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5053</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL BOND AND MTG SEP AC</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6421</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL DIVERS INTL SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-015</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6741</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&P 500 INX SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5882</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINC SMALL CAP S&P 600 INDEX SA			
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) 3285

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL MIDCAP GROWTH III SA			
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) 356

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP GROWTH II SEP ACCT			
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) 2193

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP VALUE III SEP ACCT			
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) 2952

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP VALUE III SEP ACCT			
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) 274

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP VALUE III SEP ACCT			
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) 228

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETM 2010 SEP ACCT			
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) 30516

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETM 2020 SEP ACCT			
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) 75253

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETM 2030 SEP ACCT			
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) 65457

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETM 2040 SEP ACCT			
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) 53530

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINICPAL LIFETM 2050 SEP ACCT

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)

20864

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM STR INC SEP ACCT

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)

498

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP VALUE II SEP ACCT

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)

3071

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

Part II Information on Participating Plans (to be completed by DFEs)

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008		
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		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	74
	(2) Participant contributions	1b(2)	0	
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		5313
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	182474	295793
	(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)	35947	87370
	(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	218421	388550

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	218421	388550
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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)	130885	
(B) Participants	2a(1)(B)	185326	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		316211

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	65	
(F) Other	2b(1)(F)	1934	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1999
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-121768
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		3
d Total income. Add all income amounts in column (b) and enter total.....	2d		196445

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26201	
(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)		26201
f Corrective distributions (see instructions)	2f		
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)	112	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		112
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		26313

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		170132
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

(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.).....	☒	☐	6282
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.).....	☐	☒	
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.)	☐	☒	
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.).....	☐	☒	
e Was this plan covered by a fidelity bond?.....	☒	☐	10000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
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.).....	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☐	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☐	☐	
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)

Financial Statements and Independent Auditors' Report

GOLD CROSS EMS 401K PLAN

December 31, 2008 and 2007

GOLD CROSS EMS 401K PLAN
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December 31, 2008 and 2007

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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, 2008 and 2007, and the related statement of changes in net assets available for benefits for the year ended December 31, 2008 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, 2008. 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, 2008 and 2007 and for the year ended December 31, 2008, 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.

Carr, Riggs & Ingram, LLC

Atlanta, Georgia
March 25, 2011

GOLD CROSS EMS 401K PLAN
Statements of Net Assets Available for Benefits
December 31, 2008 and 2007

	<u>2008</u>	<u>2007</u>
Assets		
Investments, at fair value:		
Contract with insurance company	\$ 383,163	\$ 218,421
Participant loans	5,313	
	<u>388,476</u>	<u>218,421</u>
Total investments	388,476	218,421
Receivables:		
Employer contribution receivable	28,684	
	<u>28,684</u>	
Total receivables	28,684	
Net assets available for benefits	<u>\$ 417,160</u>	<u>\$ 218,421</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, 2008

Additions to net assets attributed to	
Investment income:	
Net depreciation in fair value of investments	\$ (119,834)
Interest and dividend income	65
Total investment income (loss)	(119,769)
Contributions:	
Employer	159,494
Participant	185,327
Total contributions	344,821
Total additions	225,052
Deductions from net assets attributed to	
Benefits paid to participants	26,201
Administrative expenses	112
Total deductions	26,313
Net increase in net assets	198,739
Net assets available for benefits:	
Beginning of year	218,421
End of year	\$ 417,160

The accompanying notes are an integral part of this statement.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements
December 31, 2008 and 2007

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). Effective January 1, 2004, the Plan adopted a Principal Life prototype plan document as its plan agreement. The Plan was amended effective July 1, 2008 for various law changes.

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

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 \$15,500 for 2008. 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 \$5,000 for 2008. These amounts are pre-tax contributions.

The Employer matches a percentage of the participant contribution. The Employer match for the year ended December 31, 2008 was 25% of each participant's salary reduction contribution up to 4% of compensation for the first half of the year and 50% of each participant's salary reduction contribution up to 8% of compensation for the second half of the year.

The Employer may also make a discretionary matching contribution. During 2008, the Plan Sponsor made a profit sharing contribution of \$69,218 to participants who were contributing to the Plan. The profit sharing contribution was not in accordance with the Plan's documents, so the Plan Sponsor self-corrected by making a contribution to eligible, but not contributing, participants of 4% of compensation of \$28,684.

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.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2008 and 2007

Note A – Description of Plan – Continued

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 the Plan's 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.

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.

While employed, a participant may rollover contributions at any time.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2008 and 2007

Note A – Description of Plan – Continued

4. Distributions – Continued

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.

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.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2008 and 2007

Note B – Summary of Significant Accounting Policies – Continued

2. Investments – Continued

The Plan's credited interest options for investment are called guaranteed interest accounts. The guaranteed interest accounts are stated at fair value. At December 31, 2008 and 2007, there was no difference between contract value and fair value. The contract interest rates range from 1.37% to 3.16% at December 31, 2008 and 1.25% to 3.16% at December 31, 2007. The average yield of the guaranteed interest accounts was 3.21% for 2008.

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 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.

At December 31, 2008 and 2007, there was no difference between contract value and fair value of these investments, based on information reported by the insurance company, and therefore not presented.

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.

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 Life. 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.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2008 and 2007

Note B – Summary of Significant Accounting Policies – Continued

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 June 2006, the FASB released FASB Interpretation No. 48, *Accounting for Uncertainty in Income Taxes* (FIN 48). FIN 48 interprets the guidance in SFAS 109. When FIN 48 is implemented, reporting entities utilize different recognition thresholds and measurement requirements when compared to prior technical literature. On December 30, 2008, the FASB Staff issued FASB Staff Position FIN 48-3, *Effective Date of FASB Interpretation No. 48 for Certain Nonpublic Enterprises* (FSP FIN 48-3). As deferred by the guidance in FSP FIN 48-3, the Plan is not required to implement the provisions of FIN 48 until fiscal years beginning after December 15, 2008. As such, the Plan has not implemented those provisions in the 2008 financial statements.

Since the provisions of FIN 48 have not been implemented in accounting for uncertain tax positions, the Plan continues to utilize its prior policy of accounting for these positions, following the guidance in SFAS 5, *Accounting for Contingencies*. Disclosure is not required of a loss contingency involving an unasserted claim or assessment when there has been no manifestation by a potential claimant of an awareness of a possible claim or assessment unless it is considered probable that a claim will be asserted and there is a reasonable possibility of a materially unfavorable outcome. Using that guidance the Plan has no material uncertain tax positions that qualify for either recognition or disclosure in the financial statements, as of December 31, 2008.

In September 2006, the FASB issued Statement No. 157 (SFAS 157), *Fair Value Measurements*. SFAS 157 defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. This standard is effective for financial statements issued for fiscal years beginning after November 15, 2007 and was adopted by the Plan effective January 1, 2008.

In October 2008, the FASB issued Staff Position (FSP) 157-3, *Determining the Fair Value of a Financial Asset When the Market for that Asset is Not Active*. This FSP clarifies the application of SFAS 157 in a market that is not active. The impact of adoption of these standards as of January 1, 2008, was not material to the Plan's net assets available for benefits.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2008 and 2007

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 the group annuity contract, provided by Principal Life at December 31, 2008 and 2007, consist of the following:

	<u>2008</u>	<u>2007</u>
Principal Life's general fund accounts:		
Guaranteed Interest Accounts (at contract value)	\$ 87,370	\$ 35,947
Principal Life's pooled separate accounts, invested in mutual funds	\$295,793	\$182,474

Principal Life certified as complete and accurate \$119,834 of the net depreciation in fair value of investments and \$65 of interest and dividend income as shown in the financial statements for the year ended December 31, 2008.

Note D – Investments

The following is a summary of investments held by the Plan at December 31, 2008 and 2007 that represent 5% or more of the Plan's net assets:

	<u>2008</u>	<u>2007</u>
Guaranteed interest accounts (at fair value):		
Maturing 12/13/2012, bearing interest at 1.52%	\$53,797	
Maturing 12/13/2011, bearing interest at 2.83%	\$32,547	\$34,946
Pooled separate accounts, invested in mutual funds:		
Principal LifeTime 2010 Separate Account	\$30,516	*
Principal LifeTime 2020 Separate Account	\$75,253	\$40,906
Principal LifeTime 2030 Separate Account	\$65,457	\$44,501
Principal LifeTime 2040 Separate Account	\$53,530	\$42,931
Principal LifeTime 2050 Separate Account	\$20,864	*

*Investment in mutual funds comprised less than 5% of the Plan's net assets at December 31, 2007.

The investments in the group annuity contract (including gains and losses on investments sold, as well as held during the year) depreciated by \$119,834 for the year ended December 31, 2008.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2008 and 2007

Note E – Fair Value Measurements

Effective January 1, 2008, the Plan adopted SFAS 157, *Fair Value Measurements*, 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 SFAS 157 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.

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.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2008 and 2007

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		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, 2008:

	<u>Pooled Separate Account</u>	<u>Participant Loans</u>	<u>Total</u>
Beginning balance	\$2,960	\$	\$ 2,960
New loans issued		5,313	5,313
Purchases	2,857		2,857
Unrealized loss	(767)		(767)
Loan repayments and distributions	3		3
Ending balance	\$5,053	\$5,313	\$10,366

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.

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.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2008 and 2007

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, 2008 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	\$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>
Net increase in net assets available for benefits, per the Form 5500	\$170,132
Contributions receivable at December 31, 2008, per the financial statements	28,684
Less contributions receivable at December 31, 2008, per the Form 5500	(74)
Rounding difference	<u>(3)</u>
Net increase in net assets available for benefits, per the financial statements	<u>\$198,739</u>

Note J – Plan Compliance

During the Plan year ended December 31, 2008, 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 was notified by Principal Life that certain remittances of participant deferrals and loan payments were deemed late, as defined by DOL rules and regulations. Also, the Plan Sponsor was notified by the DOL on December 30, 2010 that it may file under VFCP. On February 17, 2011, the Plan Sponsor filed a VFCP application with the DOL. The application is currently under the review of the DOL, and the late remittance amounts that are the subject of the VFCP application are disclosed on Schedule H, Line 4a – Schedule of Delinquent Participant Contributions. .
- It came to the attention of the Plan Sponsor that its ERISA bond was inadequate for plan years 2008 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 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, 2008. Subsequent to December 31, 2008, the Plan changed payroll providers and is investigating whether the payroll system issues noted above have been corrected.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2008 and 2007

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, 2008 and 2007.

Note L – Subsequent Events

The markets in which the Plan holds investments have experienced significant volatility since 2008 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, 2008, the volatility of the financial markets continued.

The Plan Document was restated in its entirety effective September 10, 2009 for various law changes.

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, 2008**

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	
				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 in 2008	8/28/2009 (1)		\$ 565	
\$ 342	various in 2008	-		\$ 342	

(1) Represents delinquent participant loan repayments from various 2008 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, 2008**

Description of Assets	Cost ⁽¹⁾	Fair Value
*Investment in insurance contract with Principal Life Insurance Company, invested in guaranteed interest accounts as follows:		
Maturity date 12/31/2008, interest at 1.97%		\$ 333
Maturity date 12/31/2009, interest at 2.49%		357
Maturity date 12/31/2010, interest at 3.15%		336
Maturity date 12/31/2011, interest at 2.83%		32,547
Maturity date 12/31/2012, interest at 1.52%		53,797
		<u>87,370</u>
*Investment in insurance contract with Principal Life Insurance Company, invested in pooled separate accounts as follows:		
Principal Global Investors Government & High Quality Bond Separate Account--Pro		4,507
Principal Bond and Mortgage Separate Account-Pro		6,421
Principal Real Estate Inv U.S. Property Separate Account-Pro		5,052
Principal Global Investors LifeTime Strategic Income Separate Account--Pro		498
Principal Global Investors LifeTime 2010 Separate Account--Pro		30,516
Principal Global Investors LifeTime 2020 Separate Account--Pro		75,253
Principal Global Investors LifeTime 2030 Separate Account--Pro		65,457
Principal Global Investors LifeTime 2040 Separate Account--Pro		53,530
Principal Global Investors LifeTime 2050 Separate Account--Pro		20,864
Alliance Bernstein/Westwood LargeCap Value III Separate Account-Pro		2,952
American Century Inv. Mgmt. LargeCap Growth II Separate Account-Pro		2,193
Principal Global Investors SmallCap S&P 600 Index Separate Account-Pro		3,285
Principal Global Investors LargeCap S&P 500 Index Separate Account-Pro		5,882
American Century Inv. Mgmt LargeCap Value II Separate Account		3,071
Ark Asset Mgmt/LA Capital Management SmallCap Value III Separate Account		228
UBS/Emerald/Essex SmallCap Growth II Separate Account-Pro		274
Principal Global/Barrow Hanley MidCap Value III Separate Account-Pro		5,058
Turner/Mellon Midcap Growth III Separate Account-Pro		356
Principal Global Investors Diversified International Separate Account-Pro		6,740
Principal Global Investors International Emerging Markets Separate Account-Pro		3,656
		<u>295,793</u>
*Installment loans to participants at 7% to 7.25%, with final payments due in 2013		<u>5,313</u>
		<u>\$ 388,476</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

Schedule H, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2008

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		<u>87,370</u>
*Investment in insurance contract with Principal Life Insurance Company, invested in pooled separate accounts as follows:		
Principal Global Investors Government & High Quality Bond Separate Account--Pro		4,507
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Principal Real Estate Inv U.S. Property Separate Account-Pro		5,052
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Principal Global Investors LifeTime 2010 Separate Account--Pro		30,516
Principal Global Investors LifeTime 2020 Separate Account--Pro		75,253
Principal Global Investors LifeTime 2030 Separate Account--Pro		65,457
Principal Global Investors LifeTime 2040 Separate Account--Pro		53,530
Principal Global Investors LifeTime 2050 Separate Account--Pro		20,864
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American Century Inv. Mgmt. LargeCap Growth II Separate Account-Pro		2,193
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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 D - DFVC FILING

Ladies and Gentlemen:

Gold Cross EMS (the “Plan Sponsor”) hereby makes this filing of the Gold Cross EMS 401K Plan’s 2008 Form 5500 under the DFVC Program. In accordance with DOL procedure, the Plan Sponsor has, contemporaneously with this filing, mailed a check representing the fee for this submission made payable to the Department of Labor in the amount of \$2,000.00.

**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

► File as an Attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2008

This Form Is Open to
Public Inspection.

For calendar year 2008 or fiscal plan year beginning

and ending

A Name of plan

GOLD CROSS EMS 401K PLAN

B Three-digit
plan number

001

C Plan sponsor's name as shown on line 2a of Form 5500

GOLD CROSS EMS

D Employer Identification Number

58-2363827

Part I Distributions

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

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

1 \$

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during
the plan year. (If more than two, enter EINs of the two payors who paid the greatest dollar amounts of
benefits). 42-0127290

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

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

3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 7.

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. 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.

6a 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, do not complete the remainder of this schedule.

7 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

8 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. (See instructions).

☐ Increase ☐ Decrease ☐ No

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements ☐ the ratio percentage test ☐ average benefit test

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

v11.3 Schedule R (Form 5500) 2008

