

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 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ 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 COBA/SELECT SIRES, INC. AMENDED PENSION PLAN AND TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/07/1973
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) COBA/SELECT SIRES, INC. 1224 ALTON DARBY ROAD COLUMBUS, OH 43228
2b	Employer Identification Number (EIN) 31-4360593
2c	Sponsor's telephone number 614-878-5333
2d	Business code (see instructions) 112900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	KIM M HOUSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	KIM M HOUSE
	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") COBA/SELECT SIRES, INC. 1224 ALTON DARBY ROAD COLUMBUS, OH 43228	3b Administrator's EIN 31-4360593 3c Administrator's telephone number 614-878-5333
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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	
5 Total number of participants at the beginning of the plan year	5	131
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	66
b Retired or separated participants receiving benefits.....	6b	36
c Other retired or separated participants entitled to future benefits.....	6c	16
d Subtotal. Add lines 6a , 6b , and 6c	6d	118
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	9
f Total. Add lines 6d and 6e	6f	127
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1I

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) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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

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

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

A Name of plan <u>COBA/SELECT SIRES, INC. AMENDED PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COBA/SELECT SIRES, INC.</u>	D Employer Identification Number (EIN) <u>31-4360593</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>7024909</u>
b	Actuarial value 2b <u>7024909</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>47</u> <u>4978600</u>
b	For terminated vested participants 3b <u>18</u> <u>1193637</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>616816</u>
(2)	Vested benefits 3c(2) <u>4998855</u>
(3)	Total active 3c(3) <u>66</u> <u>5615671</u>
d	Total 3d <u>131</u> <u>11787908</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.37</u> %
6	Target normal cost 6 <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/07/2010</u>
Signature of actuary	Date
<u>FRANK T. VEDEGYS, FSA</u>	<u>08-04752</u>
Type or print name of actuary	Most recent enrollment number
<u>CBIZ BENEFITS & INSURANCE, INC.</u>	<u>216-447-9000</u>
Firm name	Telephone number (including area code)
<u>6050 OAK TREE BLVD, SUITE 500</u> <u>CLEVELAND, OH 44131</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	177468	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	177468	0
10 Interest on item 9 using prior year's actual return of <u>-19.58</u> %	-34748	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		562182
b Interest on (a) using prior year's effective rate of <u>6.00</u> %		33731
c Total available at beginning of current plan year to add to prefunding balance		595913
d Portion of (c) to be added to prefunding balance.....		595913
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	142720	595913

Part III Funding percentages		
14 Funding target attainment percentage.....	14	53.32 %
15 Adjusted funding target attainment percentage.....	15	53.33 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	59.59 %

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/20/2009	80000		07/21/2009	85000	
02/19/2009	80000		08/25/2009	85000	
03/19/2009	80000				
05/14/2009	85000				
05/26/2009	85000				
06/23/2009	85000				
			Totals ►	18(b)	665000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	650476
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5501630	973060
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	973060
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	142720	179864
36 Additional cash requirement (item 34 minus item 35).....	36	650476
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	650476
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE 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 COBA/SELECT SIRES, INC. AMENDED PENSION PLAN AND TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COBA/SELECT SIRES, INC.		D Employer Identification Number (EIN) 31-4360593

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	
GATEWAY INVESTMENT ADVISORS, L.P.	399 BOYLSTON STREET BOSTON, MA 02116
31-0921083	

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

MANNING & NAPIER ADVISORS, INC.

16-0995736

(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?
28 51	INVESTMENT MANAGER	20205	Yes ☒ No ☐	Yes ☐ No ☒	28140	Yes ☒ No ☐

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

MANNING & NAPIER ADVISORS, INC.

16-0995736

(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?
33	SECURITIES BROKERAGE	0	Yes ☒ No ☐	Yes ☐ No ☒	1487	Yes ☐ No ☒

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

HUNTINGTON NATIONAL BANK

31-0966785

(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?
15 19 51	ADMINISTRATOR	7541	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN FUNDS

12711 NORTH MERICIAN STREET
CARMEL, IN 46032-9181

(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?
52	ASSET MANAGEMENT	0	Yes ☒ No ☐	Yes ☐ No ☒		Yes ☒ No ☐

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

GATEWAY INVESTMENT ADVISORS, L.P.

31-0921083

(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?
28 52	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 COBA/SELECT SIRES, INC. AMENDED PENSION PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COBA/SELECT SIRES, INC.	D Employer Identification Number (EIN) 31-4360593	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	8939	19298
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1380575	692838
(2) U.S. Government securities.....	1c(2)	530490	937654
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	458606	1412233
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1274399	1275918
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)	3371900	3973550
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	7024909	8311491

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	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7024909	8311491
---	-----------	---------	---------

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)	665000	
(B) Participants	2a(1)(B)		
(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)		665000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10491	
(B) U.S. Government securities	2b(1)(B)	23337	
(C) Corporate debt instruments	2b(1)(C)	16783	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		50611

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	20408	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	85684	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		106092

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1219025	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1377970	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-158945

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1218797	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1218797
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-20503
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1861052

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	545582	
(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)		545582
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)		
(3) Investment advisory and management fees	2i(3)	28888	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28888
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		574470

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1286582
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: BALESTRA, HARR & SCHERER CPA'S INC

(2) EIN: 34-1413363

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	
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		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.).....			
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)

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.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>COBA/SELECT SIRES, INC. AMENDED PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COBA/SELECT SIRES, INC.</u>	D Employer Identification Number (EIN) <u>31-4360593</u>

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 year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4360593</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 <u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____			
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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
--	-----------------------------------	-----------------------------------	-------------------------------	--

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

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): _____

To the Trustees
COBA/Select Sires, Inc. Pension Plan

INDEPENDENT AUDITOR'S REPORT

We have audited the accompanying statements of net assets available for pension benefits and of accumulated plan benefits of COBA/Select Sires, Inc. Pension Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for pension benefits and of changes in accumulated plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of COBA/Select Sires, Inc. Pension Plan as of December 31, 2009 and 2008, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules included on pages 15 through 22, although some required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, are presented for purposes of additional analysis and are not a required part of the basic financial statements. This supplemental information is the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Circleville, Ohio
June 25, 2010

Balestra, Harr & Scherer, CPAs

Street Location:

129 Pinckney Street • Circleville, Ohio 43113 • (740) 474-5210 • FAX (740) 474-7319
528 South West Street • Piketon, Ohio 45661 • (740) 289-4131 • FAX (740) 289-3639
www.bhscpas.com

COBA/SELECT SIRES, INC. PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PENSION BENEFITS

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Trust managed by Meeder Financial:		
Interest receivable	\$ 11,775	\$ -
Cash and money market funds	635,698	1,242,943
Mutual funds	719,497	799,252
Corporate bonds and notes	997,688	-
	<u>2,364,658</u>	<u>2,042,195</u>
Trust managed by Huntington National Bank:		
Interest receivable	7,523	8,939
Huntington Money Market II	57,140	137,632
Huntington fixed income funds	342,064	183,118
U.S. Government and agency issues	458,174	414,753
Corporate bonds and notes	287,825	350,372
	<u>1,152,726</u>	<u>1,094,814</u>
Trust managed by Manning & Napier:		
Huntington Treasury Market Fund IV	57,883	67,266
Huntington fixed income funds	408,933	357,604
U.S. Government and agency issues	479,480	115,737
Corporate bonds and notes	126,720	108,234
Equity mutual funds	510,942	333,214
Common stock	1,131,955	1,145,306
Common stock (foreign)	143,963	129,093
	<u>2,859,876</u>	<u>2,256,454</u>
Trust managed by American Funds:		
Equity mutual funds	<u>1,155,783</u>	<u>902,325</u>
Trust managed by Gateway Investment Advisers:		
Equity mutual funds	<u>778,448</u>	<u>729,121</u>
 NET ASSETS AVAILABLE FOR PENSION BENEFITS	 <u>\$ 8,311,491</u>	 <u>\$ 7,024,909</u>

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

COBA/SELECT SIRES, INC. PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PENSION BENEFITS

For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Employer contributions	\$ 665,000	\$ 960,000
Investment income:		
Net unrealized appreciation (depreciation) in value of investments	1,218,797	(1,805,078)
Realized gain (loss) on sale of securities	(179,448)	(152,471)
Interest	50,611	89,667
Dividends	106,092	129,546
Net investment income (loss)	<u>1,196,052</u>	<u>(1,738,336)</u>
 TOTAL ADDITIONS	 <u>1,861,052</u>	 <u>(778,336)</u>
 Distributions to participants	 545,582	 1,154,962
Trustee fees	<u>28,888</u>	<u>31,297</u>
 TOTAL DEDUCTIONS	 <u>574,470</u>	 <u>1,186,259</u>
 NET INCREASE (DECREASE)	 1,286,582	 (1,964,595)
 Net assets available for pension benefits at beginning of year	 <u>7,024,909</u>	 <u>8,989,504</u>
 Net assets available for pension benefits at end of year	 <u>\$ 8,311,491</u>	 <u>\$ 7,024,909</u>

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

COBA/SELECT SIRES, INC. PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Active participants	\$ 5,278,351	\$ 4,998,855
Retired	4,259,671	4,978,600
Deferred	<u>1,132,412</u>	<u>1,193,637</u>
Total vested benefits	10,670,434	11,171,092
Nonvested benefits	<u>584,399</u>	<u>616,816</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 11,254,833</u>	<u>\$ 11,787,908</u>

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

COBA/SELECT SIRES, INC. PENSION PLAN

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 11,787,908</u>	<u>\$ 13,125,477</u>
Changes during the year attributed to:		
Change in assumptions	2,475,461	(1,706,312)
Benefits accumulated and noninvestment experience	(3,222,952)	297,161
Decrease in discount period	759,998	613,168
Benefits paid	<u>(545,582)</u>	<u>(541,586)</u>
Net decrease	<u>(533,075)</u>	<u>(1,337,569)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 11,254,833</u>	<u>\$ 11,787,908</u>

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

COBA/SELECT SIRES, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

DESCRIPTION OF PLAN

The following brief description of the COBA/Select Sires, Inc. Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General - The Plan is a defined benefit pension plan covering substantially all employees of COBA/Select Sires, Inc. (the Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In December of 2005, the Board of Trustees voted to freeze the accrued benefits of the Plan as of December 31, 2005. At that time, each participant's accrued benefit became nonforfeitable. The Sponsor will continue to fund the Plan but no additional benefits will accrue to the participants.

Pension Benefits - Following is a summary of the pension benefit formulas and information used to determine the benefits:

Normal Retirement Date	The first day of the month coinciding or next following the latter of the employee's 65th birthday or 5 years of participation.
Normal Retirement Benefit	Prior to 2005, participants were provided a monthly pension equal to 2.3% of the participant's average monthly pay (calculated as the average of the highest 5 annual salaries over the past 10 years) multiplied by the total number of years of service not to exceed 100% of average monthly pay. In December 2005, the Plan was frozen and benefits will no longer be accrued.
Early Retirement Date	First day of the month coinciding with or next following date of termination provided the employee is within 10 years of his or her normal retirement date and has 5 years of service.
Special Early Retirement	Employee may retire at 40 years of service, regardless of age.
Early Retirement Benefit	Accrued pension commencing at normal retirement date, or a pension commencing at early retirement date, reduced 1/15 for each of the first five years and 1/30 for each of the next five years and reduced actuarially for each additional year thereafter the benefit precedes the normal retirement date.
Special Early Benefit	The accrued pension is not reduced for early age.
Accrued Benefit	Prior to 2005, the normal retirement benefit, as calculated under normal retirement benefit, multiplied by a fraction of which the numerator was credited service to date, and the denominator, was projected credited service at normal retirement date. In December 2005, the Plan was frozen and benefits will no longer be accrued.

COBA/SELECT SIRES, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2009 and 2008

DESCRIPTION OF PLAN - Continued

Pension Benefits - Continued

Termination Eligibility	Employee must have 5 or more years of service.
Termination Benefit	100% of the accrued pension commencing at normal retirement date.
Disability Eligibility	Eligible for Social Security disability benefits.
Disability Benefit	Accrued pension as of December 31, preceding disability payable at normal retirement date.
Death Benefit	Joint and 50% survivor coverage is automatic for the spouse of any vested participant regardless of age. Benefit is payable after the latter of (1) the participant's death, or (2) the date the participant would have reached the earliest permissible retirement age.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Following are the significant accounting policies followed by the plan:

Valuation of Investments - Investments are recorded at fair value, as determined by quoted market prices, as of the last day of the Plan's year. The change in the fair value of investments during the year is reflected in the statement of changes in net assets available for pension benefits as unrealized appreciation (depreciation).

The realized gain or loss on investments is the difference between the proceeds received and the cost of the investments sold with cost being determined using the first-in, first-out method for common stock and the weighted average method for mutual funds.

In accordance with the terms of an agreement, the investment advisors have discretionary investment powers, and distribute Plan assets at the direction of the trustees of the Plan. Trust assets are valued at their current fair value. Interest is recognized when earned.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered and which are expected to be paid to present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their years of credited service. The accumulated plan benefits for active employees are based on their compensation during the previous years ending on the date benefit information is presented (the valuation date). Benefits payable under circumstances of retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided by annuity contracts excluded from the Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

COBA/SELECT SIRES, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2009 and 2008

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Actuarial Present Value of Accumulated Plan Benefits - Continued - Significant actuarial assumptions used in the valuations as of December 31, 2009 and 2008 were (a) life expectancy of participants, the 2008 Combined Mortality for healthy lives Table was used, (b) retirement age assumptions (the assumed average retirement age was normal retirement date or attained age, if later), (c) investment return rates of 8% for 2009 and 2008, (d) salary scale included no increase for 2009 or 2008 since the Plan was frozen and (e) turnover table T-3 of the Actuary's Pension Handbook. The 2009 and 2008 valuations used a segmented current liability interest rate ranging from 5.03% to 6.82% (5.72% to 6.09% for 2008) as required by law. The noted changes in the actuarial assumptions resulted in a significant increase in the accumulated plan benefits. The foregoing actuarial assumptions are based on the presumption the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Income Taxes - The Plan is exempt from income taxes as a pension plan under Internal Revenue Service Code Section 401(a). Accordingly, no provision for income taxes has been presented in the accompanying financial statements.

During 2009, the Plan adopted the new accounting standard related to uncertain tax positions. Management is not aware of any tax positions taken by the Plan on its tax returns that they consider to be uncertain. Tax returns for the years ended 2006, 2007 and 2008 are still open and subject to examination by the Internal Revenue Service.

Use of Estimates - The preparation of the financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on management's knowledge of current events and actions it may undertake in the future, they may ultimately differ from actual results.

FUNDING POLICY

The Company's funding policy is to make annual contributions to the Plan in amounts required to fund employer normal cost and to amortize unfunded liability over 10 years, such that all employees' benefits will be fully provided for by the time they retire (within the minimum and maximum amounts required by ERISA). Employer contributions to the Plan were \$665,000 for the year ended December 31, 2009 (\$960,000 in 2008).

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

REPORTABLE TRANSACTIONS

Transactions that represent 5% or more of the Plan's net assets (reportable transactions) are required to be separately identified in accordance with the provisions of Department of Labor Regulation 2520.103-10(b)(6). The Plan transferred \$1,250,000 from the Meeder Financial Money Market Fund and invested it in the Meeder Financial Fixed Income Fund during 2009. There were no reportable transactions for 2008.

COBA/SELECT SIRES, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2009 and 2008

INCOME TAX STATUS

The Internal Revenue Service ruled on June 19, 1985 that the Plan qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan trustees are not aware of any action or event that has occurred that might affect the Plan's qualified status.

INVESTMENTS

The Plan's investments are held by the Huntington National Bank administered trust funds, a trust fund managed by Meeder Financial, a trust fund managed by Manning & Napier, a trust fund held by American Funds and a trust fund managed by Gateway Funds. Investment amounts presented at the end of the Plan year represent the fair values of those investments.

The following investments exceed 5% of the Plan's net assets available for pension benefits at December 31, 2009:

Fixed Income Fund (Meeder Asset Management)
Muirfield Fund
Gateway Fund

The cost and related accumulated appreciation (depreciation) of investments by type held by the Plan at December 31, 2009 and 2008 are summarized as follows:

	<u>2009</u>		<u>2008</u>	
	<u>Cost</u>	<u>Appreciation (Depreciation)</u>	<u>Cost</u>	<u>Appreciation (Depreciation)</u>
Cash and money market funds	\$ 750,721	\$ 0	\$ 1,447,911	\$ 0
U.S. Government and agency issues	932,903	7,969	497,585	36,696
Income and growth mutual funds	4,529,849	(335,359)	4,258,116	(952,895)
Common stock	1,155,244	120,674	1,733,345	(458,946)
Corporate obligations	1,120,194	29,243	456,085	7,012

NET UNREALIZED APPRECIATION (DEPRECIATION) IN FAIR VALUE

During 2009 and 2008, the Plan's investments (including investments bought, sold, as well as held during the year) appreciated(depreciated) in value by \$1,218,797 and (\$1,805,078), respectively, as shown below:

	<u>2009</u>	<u>2008</u>
Income and growth mutual funds	\$ 645,675	\$ (1,262,710)
Common stocks	579,620	(543,815)
Corporate obligations	22,229	2,746
U.S. Government and agency issues	(28,727)	(1,299)
Totals	<u>\$ 1,218,797</u>	<u>\$ (1,805,078)</u>

COBA/SELECT SIRES, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2009 and 2008

FAIR VALUE MEASUREMENTS

In accordance with generally accepted accounting principles, the Plan adopted a new accounting standard entitled, "Fair Value Measurements", (included within the "Fair Value Measurements and Disclosures" topic of the FASB Accounting Standards Codification). This standard provides a single definition of fair value, a framework for measuring fair value and expanded disclosures concerning fair value. It also defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

The standard establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

The standard describes three levels within its hierarchy that may be used to measure fair value which are:

Level 1 - Values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2 - Values are based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Values are generated from unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities. These unobservable inputs would reflect management's estimates of assumptions that market participants would use in pricing related assets or liabilities. Valuation techniques might include the use of pricing models, discounted cash flow models or similar techniques.

A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2009 and 2008:

Money market funds: Valued using the valuation of the underlying securities that the money market is invested in.

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price on the active market on which the individual securities are traded

Mutual funds: Valued at the net asset value "NAV" of shares held by the plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

COBA/SELECT SIRES, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2009 and 2008

FAIR VALUE MEASUREMENTS - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value.

	Fair Value Measurements Using:			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
December 31, 2009:				
Cash and money market funds	\$ 532,237	\$ 218,537	\$ -	\$ 750,774
Mutual funds	4,194,490	-	-	4,194,490
U.S. Government and agency issues	940,872	-	-	940,872
Common stock	1,275,918	-	-	1,275,918
Corporate obligation	1,149,437	-	-	1,149,437
Total	<u>\$ 8,092,954</u>	<u>\$ 218,537</u>	<u>\$ -</u>	<u>\$ 8,311,491</u>
December 31, 2008:				
Money market funds	\$ -	\$ 1,447,911	\$ -	\$ 1,447,911
Mutual funds	3,305,221	-	-	3,305,221
U.S. Government and agency issues	534,281	-	-	534,281
Common stock	1,274,399	-	-	1,274,399
Corporate obligation	463,097	-	-	463,097
Total	<u>\$ 5,576,998</u>	<u>\$ 1,447,911</u>	<u>\$ -</u>	<u>\$ 7,024,909</u>

RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There are no significant differences between the amounts reported on Form 5500 and the audited financial statements.

RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these statements and assumptions in the near term would be material to the financial statements.

COBA/SELECT SIRES, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2009 and 2008

PLAN TERMINATION

The Board of Trustees voted to freeze the accrued benefits of the Plan as of December 31, 2005. As a result, the accrued benefits of each participant at that date became nonforfeitable and no additional benefits will accrue in the future.

In the event the Plan is terminated, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations. Benefits provided by contracts under which Nationwide Insurance is obligated to pay are excluded for allocation purposes.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations this ceiling is adjusted periodically. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single life annuity, the corresponding ceilings are actuarially adjusted downward. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

SUBSEQUENT EVENTS

Subsequent events were evaluated through June 25, 2010, which is the date the financial statements were available to be issued.

COBA/SELECT SIRES, INC. PENSION PLAN

EIN 31-6150007
PLAN NUMBER 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2009

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Meeder Financial	Fixed Income Fund cash equivalents, interest rate 2%	\$ 1,250,000	N/A	N/A	\$ -	\$ 1,250,000	\$ 1,250,000	\$ -
Meeder Financial	Money Market Fund, interest rate 1%	N/A	1,250,000	N/A	-	1,250,000	1,250,000	-

COBA/SELECT SIRES, INC. PENSION PLAN

EIN 31-6150007
PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR)

For the Year Ended December 31, 2009

(a) Identity of issue, borrower, lessor or similar property	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
FNMA	par value \$50,000 due 7/28/10	\$ 50,000	\$ 50,000
Allergran Inc	260 shares common stock	9,242	12,640
Schwab	1,650 shares common stock	18,370	22,901
FHLMC	par value \$22,000 due 7/15/32	26,059	26,059

COBA/SELECT SIRES, INC. PENSION PLAN

EIN 31-6150007
PLAN NUMBER 001

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

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value	Accrued Income
TRUST MANAGED BY MEEDER					
FINANCIAL:					
Cash and money market funds:					
	Fixed Income Fund cash equivalents	532236.70 shares	\$ 532,237	\$ 532,237	\$ -
	Money market fund	103460.500 shares	103,461	103,461	-
	Total		635,698	635,698	-
Mutual Funds:					
	The Flex-funds Quantex Fund	6478.344 shares	122,514	119,720	-
	Dynamic Growth Fund	13596.699 shares	86,736	95,993	-
	Muirfield Fund	156708.513 shares	870,630	781,975	-
	Total		1,079,880	997,688	-
Corporate Obligations:					
	Verizon Communications, Inc	par value \$200,000 2/15/11	210,514	208,548	4,004
	Protective Life Secured Trust	par value \$200,000 8/16/10	205,834	204,760	3,744
	General Electric Capital Corp	par value \$300,000 8/13/12	302,400	306,189	4,027
	Total		718,748	719,497	11,775
	Total Meeder Financial		\$ 2,434,326	\$ 2,352,883	\$ 11,775
	Meeder Financial and accrued income			\$ 2,364,658	
TRUST MANAGED BY AMERICAN					
FUNDS:					
Equity mutual funds:					
	EuroPacific Growth Fund-R3	6310.325 shares	\$ 266,597	\$ 237,773	\$ -
	Capital World Growth and Income-R3	10368.256 shares	395,292	351,588	-
	Fundamental Investors-R3	3151.122 shares	134,166	102,947	-
	The Income Fund of America-R3	21491.771 shares	395,643	331,833	-
	Capital World Bond Fund-R3	6568.951 shares	123,712	131,642	-
	Total American Funds		\$ 1,315,410	\$ 1,155,783	\$ -
TRUST MANAGED BY GATEWAY FUNDS:					
Mutual funds:					
	Gateway Fund	30841.836 shares	\$ 884,402	\$ 778,448	\$ -
TRUST MANAGED BY HUNTINGTON					
NATIONAL BANK:					
Cash and money market funds:					
*	Huntington Money Market II	57139.6 shares	\$ 57,140	\$ 57,140	\$ 53
	Total		57,140	57,140	53
Fixed income mutual funds:					
*	Huntington Short and Intermediate Fixed Fun	5082.174 shares	99,782	100,525	141
*	Huntington Fixed Income Fund II	9424.441 shares	199,385	203,756	418
*	Huntington Intermediate Income Fund II	3517.878 shares	36,573	37,783	73
	Total		335,740	342,064	632

COBA/SELECT SIRES, INC. PENSION PLAN

EIN 31-6150007
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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END) - Continued

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value	Accrued Income
TRUST MANAGED BY HUNTINGTON NATIONAL BANK-Continued:					
U.S. Government obligations:					
	U.S. Treasury Note	par value \$50,000 4/30/11	\$ 50,752	\$ 52,664	\$ 417
	FHLMC	par value \$50,000 8/24/12	50,173	50,252	397
	FHLMC	par value \$50,000 8/27/13	50,156	50,461	495
	FHLB	par value \$50,000 5/7/14	50,000	50,891	394
	FHLB	par value \$50,000 12/28/11	50,000	49,906	118
	FHLB	par value \$50,000 12/10/10	50,347	51,344	102
	FHLB	par value \$50,000 9/26/13	50,260	52,594	581
	FNMA	par value \$50,000 11/25/11	50,000	50,047	284
	FNMA	par value \$50,000 7/30/12	50,075	50,015	430
	Total		451,763	458,174	3,218
Corporate bonds and notes:					
	Berkshire Hathaway	par value \$25,000 7/15/14	24,688	26,795	588
	Bristol-Myers Squibb	par value \$25,000 8/15/13	24,911	27,096	496
	Emerson Electric Co	par value \$25,000 12/15/14	24,661	26,876	56
	Goldman Sachs	par value \$25,000 2/14/12	24,973	26,525	504
	National Rural Utilities	par value \$50,000 10/1/10	50,000	51,334	547
	Northern Trust	par value \$25,000 2/1/13	24,139	26,242	479
	Occidental Pete Corp Series Mtn	par value \$50,000 3/15/10	50,425	50,368	626
	Pepsico	par value \$25,000 5/15/12	25,000	26,912	164
	Wells Fargo	par value \$25,000 11/15/14	24,510	25,677	160
	Total		273,307	287,825	3,620
	Total Huntington National Bank Trust Fund		\$ 1,117,950	\$ 1,145,203	\$ 7,523
	Huntington National Bank market value and accrued income			\$ 1,152,726	

COBA/SELECT SIRES, INC. PENSION PLAN

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

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value	Accrued Income
TRUST MANAGED BY MANNING & NAPIER:					
Cash and money market funds:					
*	Huntington Treasury Market Fund IV	57883.30 shares	\$ 57,883	\$ 57,883	\$ -
	Total		<u>57,883</u>	<u>57,883</u>	<u>-</u>
Common stock:					
	American Express	820 shares	17,625	33,226	-
	Autodesk Inc	1210 shares	32,946	30,746	-
	Automatic Data Processing	690 shares	24,610	29,546	-
	Baker Hughes Inc.	715 shares	29,346	28,943	-
	Bank of New York Mellon Corp	1000 shares	29,476	27,970	-
	Becton Dickinson	410 shares	25,985	32,333	-
	Carnival Corporation	835 shares	29,208	26,461	-
	Cerner Corp	170 shares	5,539	14,015	-
	Cisco Systems	2415 shares	56,148	57,815	-
	Dean Foods Co	1150 shares	24,120	20,746	-
	Walt Disney Co	1810 shares	43,379	58,373	-
	EMC Corp	2640 shares	33,058	46,121	-
	Electronic Arts Inc	1940 shares	65,051	34,435	-
	Fortune Brands Inc	300 shares	14,362	12,960	-
	General Mills	440 shares	22,473	31,156	-
	Genzyme Corp	550 shares	31,593	26,956	-
	Google Inc	90 shares	31,897	55,798	-
	Hess Corp	480 shares	27,403	29,040	-
	Home Depot Inc	470 shares	12,669	13,597	-
	International Game Tech	1000 shares	26,171	18,770	-
	Johnson & Johnson	450 shares	27,480	28,985	-
	Juniper Networks Inc	515 shares	12,872	13,735	-
	Kellogg Co	570 shares	22,210	30,324	-
	Kroger Co	950 shares	21,363	19,504	-
	Lowes Cos Inc	670 shares	15,212	15,671	-
	Microsoft Corp	1420 shares	39,284	43,282	-
	Millipore Corp	290 shares	20,579	20,981	-
	Monsanto Co	520 shares	39,067	42,510	-
	Perkinelmer Inc	1285 shares	26,594	26,458	-
	Quest Diagnostics Inc	540 shares	28,436	32,605	-
	Safeway Inc	960 shares	20,111	20,438	-
	Sherwin-Williams Co	330 shares	17,409	20,344	-
	Southwest Airlines Co	4960 shares	35,550	56,693	-
	Thermo Fisher Scientific Inc	550 shares	18,754	26,230	-
	Unilever Plc ADR New	1420 shares	35,748	45,298	-
	UPS	495 shares	31,861	28,398	-
	Weyerhaeuser Co	730 shares	21,164	31,492	-
	Total		<u>1,016,753</u>	<u>1,131,955</u>	<u>-</u>
Common stock - foreign:					
	Nestle SA Sponsored ADR	975 shares	37,199	47,347	-
	Nokia Corp	2970 shares	45,570	38,165	-
	Weatherford Intl LTD	1830 shares	33,758	31,769	-
	SAP AG-Sponsored ADR	570 shares	21,964	26,682	-
	Total		<u>138,491</u>	<u>143,963</u>	<u>-</u>

COBA/SELECT SIRES, INC. PENSION PLAN

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

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value	Accrued Income
TRUST MANAGED BY MANNING & NAPIER-Continued:					
Fixed income mutual funds:					
*	Manning & Napier Fund Inc	38983.095 shares	388,287	408,933	-
	Total		<u>388,287</u>	<u>408,933</u>	<u>-</u>
Equity Mutual funds:					
*	Manning & Napier Small Cap Series	9095.665 shares	86,456	67,217	-
*	Manning & Napier Technology Series	6788.128 shares	54,243	66,048	-
*	Manning & Napier International Series	12394.516 shares	103,286	103,990	-
*	Manning & Napier World Opportunities Series	10114.594 shares	69,688	82,130	-
*	Manning & Napier Life Sciences Series	9887.136 shares	111,006	104,903	-
*	Manning & Napier Financial Services Series	10231.911 shares	73,299	56,787	-
*	Manning & Napier Real Estate Series	2814.972 shares	28,152	29,867	-
	Total		<u>526,130</u>	<u>510,942</u>	<u>-</u>
U.S. Government obligations:					
	U.S. Treasury Note	par value \$30,000 8/15/18	31,528	30,640	-
	U.S. Treasury Note	par value \$75,000 12/31/13	74,203	73,025	-
	U.S. Treasury Note	par value \$110,000 6/30/14	110,791	110,800	-
	U.S. Treasury Note	par value \$140,000 10/31/14	138,917	138,479	-
	U.S. Treasury Bond	par value \$60,000 8/15/28	64,003	66,863	-
	FHLMC	par value \$6,000 3/15/31	7,652	7,307	-
	FNMA	par value \$22,000 5/15/29	25,599	25,156	-
	FNMA	par value \$10,000 5/15/30	13,425	12,787	-
	FNMA	par value \$12,000 11/15/30	15,022	14,423	-
	Total		<u>481,140</u>	<u>479,480</u>	<u>-</u>
Corporate bonds and notes:					
	Goldman Sachs	par value \$28,000 6/15/12	29,385	29,090	-
	Citigroup Funding Inc	par value \$98,000 10/22/12	98,754	97,630	-
	Total		<u>128,139</u>	<u>126,720</u>	<u>-</u>
	Total Manning & Napier Trust Fund		<u>\$ 2,736,823</u>	<u>\$ 2,859,876</u>	<u>\$ -</u>
	TOTAL INVESTMENTS		<u>\$ 8,488,911</u>	<u>\$ 8,292,193</u>	<u>\$ 19,298</u>
	Total Market Value and Accrued Income			<u>\$ 8,311,491</u>	

* Represents party-in-interest

**Schedule SB, line 32 –
Schedule of Amortization Bases**

Type of Base	Date Established	Balance At Val Date	Payment	Years Remaining At Val Date
Shortfall	1/1/2008	\$ 1,936,790	\$370,523	6
Shortfall	1/1/2009	3,564,840	602,537	7
Total		\$ 5,501,630	\$ 973,060	

**Schedule SB, line 26 –
Schedule of Active Participant Data**

Years of credited service:

Attained	<1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35+	Total
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	1	4	0	0	0	0	0	0	5
30 to 34	0	1	2	0	0	0	0	0	0	3
35 to 39	0	2	4	3	1	0	0	0	0	10
40 to 44	0	2	2	3	0	2	0	0	0	9
45 to 49	0	1	0	4	1	3	3	1	0	13
50 to 54	0	0	2	3	3	3	1	1	0	13
55 to 59	0	1	2	1	1	0	0	0	0	5
60 to 64	0	0	0	3	2	0	0	1	1	7
65 to 69	0	0	0	1	0	0	0	0	0	1
70 & up	0	0	0	0	0	0	0	0	0	0
Total	0	8	16	18	8	8	4	3	1	66

**Schedule SB, Part V –
Summary of Plan Provisions**

- | | | |
|-----|---|---|
| 1. | <u>Anniversary Date</u> | January 1 |
| 2. | <u>Eligibility</u> | Full time salaried employees who have completed 6 months of service and attained age 20 1/2 shall become a participant on the January 1 following the date in which the eligibility requirements were met. |
| 3. | <u>Normal Retirement Date</u> | The first day of the month coinciding with or next following the later of the employee's 65th birthday or 5 years of participation. |
| 4. | <u>Normal Retirement Benefit</u> | A monthly pension for life equal to 2.3% Average Monthly Compensation times years of service, but not greater than 100% Average Monthly Compensation. |
| 5. | <u>Early Retirement Date</u> | First day of the month coinciding with or next following date of termination, provided the employee is age 55 or older and has 5 years of service. |
| 5a. | <u>Special Early Retirement</u> | 40 years of service, regardless of age. |
| 6. | <u>Early Retirement Benefit</u> | Accrued pension commencing at Normal Retirement Date, or a pension commencing at the Early Retirement Date, reduced 1/15 for each of the first 5 years, 1/30 for each of the next 5 years and actuarially thereafter. |
| 6a. | <u>Special Early Retirement Benefit</u> | Accrued pension not reduced for early age. |

**Schedule SB, Part V –
Summary of Plan Provisions**

- | | |
|-----------------------------------|---|
| 7. <u>Accrued Benefit</u> | The Normal Retirement Benefit as calculated above without additional accrual as of <u>December 31, 2005</u> . |
| 8. <u>Termination Eligibility</u> | Employee must have 5 or more years of service. |
| 9. <u>Termination Benefit</u> | 100% of the Accrued Benefit commencing at Normal Retirement Date. |
| 10. <u>Disability Eligibility</u> | Eligible for Social Security Disability Benefits. |
| 11. <u>Disability Benefit</u> | Frozen accrued pension preceding disablement payable at Normal Retirement Date. |
| 12. <u>Death Benefit</u> | Joint & 50% Survivor coverage is automatic for the spouse of any vested participant regardless of age. Benefit is payable after the later of (1) the participant's death, or (2) the date the participant would have reached the earliest permissible retirement age. |
| 13. <u>Changes</u> | None. |

**Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods**

Interest Rate	5.64% 1 st Segment Rate 6.40% 2 nd Segment Rate 6.56% 3 rd Segment Rate
Mortality Rates	2009 Combined Mortality for healthy lives Disability Mortality per IRS Rev. Ruling 96-7 for Disabled
Retirement Age	All retirements are assumed to occur at Normal Retirement Date or attained age, if later.
Withdrawal:	Table T-3 of the Actuary's Pension Handbook.
Form of payment	All assumed to elect the normal form of payment.
Employees excluded	Those not eligible to participate.
Actuarial Value of Assets	Market Value of Assets

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

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

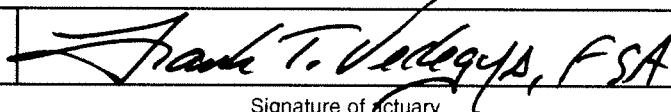
A Name of plan COBA/Select Sires, Inc. Amended Pension Plan and Trust		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COBA/Select Sires, Inc.		D Employer Identification Number (EIN) 31-4360593
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....		2a	7,024,909
b Actuarial value.....		2b	7,024,909
3 Funding target/participant count breakdown		(1) Number of participants (2) Funding Target	
a For retired participants and beneficiaries receiving payment.....		3a	47 4,978,600
b For terminated vested participants.....		3b	18 1,193,637
c For active participants:			
(1) Non-vested benefits.....		3c(1)	616,816
(2) Vested benefits.....		3c(2)	4,998,855
(3) Total active.....		3c(3)	66 5,615,671
d Total.....		3d	131 11,787,908
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....		5	6.37 %
6 Target normal cost.....		6	0

Statement by Enrolled Actuary

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

SIGN HERE		09/07/2010
Signature of actuary		Date
Frank T. Vedegys, FSA		08-04752
Type or print name of actuary		Most recent enrollment number
CBIZ Benefits & Insurance, Inc.		(216) 447-9000
Firm name		Telephone number (including area code)
6050 Oak Tree Blvd, Suite 500		
Cleveland OH 44131		
Address of the firm		

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	177,468	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	177,468	0
10 Interest on item 9 using prior year's actual return of <u>(19.58)%</u>	(34,748)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		562,182
b Interest on (a) using prior year's effective rate of <u>6.00 %</u>		33,731
c Total available at beginning of current plan year to add to prefunding balance		595,913
d Portion of (c) to be added to prefunding balance		595,913
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	142,720	595,913

Part III Funding percentages

14 Funding target attainment percentage	14	53.33 %
15 Adjusted funding target attainment percentage	15	53.33 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	59.59 %

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/20/2009	80,000		07/21/2009	85,000	
02/19/2009	80,000		08/25/2009	85,000	
03/19/2009	80,000				
05/14/2009	85,000				
05/26/2009	85,000				
06/23/2009	85,000				
Totals ▶			18(b)	665,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	650,476

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....		31	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		5,501,630	973,060
b Waiver amortization installment.....			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....		34	973,060
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	142,720	179,864	322,584
36 Additional cash requirement (item 34 minus item 35).....	36		650,476
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37		650,476
38 Interest-adjusted excess contributions for current year (see instructions).....	38		0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39		0
40 Unpaid minimum required contribution for all years	40		0