

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
---	---	---

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:	<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan; or	
	<input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) ____	
B This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	
	<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>		
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
	<input type="checkbox"/> special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan COLEMAN AMERICAN COMPANIES, INC. SAVINGS & PROTECTION PLAN	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	01/01/1986	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) COLEMAN AMERICAN MOVING SERVICES, INC. PO BOX 960 MIDLAND CITY, AL 36350-0960	2b Employer Identification Number (EIN) 63-0419836	2c Sponsor's telephone number 334-983-6500	2d Business code (see instructions) 484200

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.	10/12/2010	KRISTEN BAKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") COLEMAN AMERICAN MOVING SERVICES, INC. PO BOX 960 MIDLAND CITY, AL 36350-0960	3b Administrator's EIN 63-0419836 3c Administrator's telephone number 334-983-6500
--	---

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	479
---	----------	-----

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	474
b Retired or separated participants receiving benefits.....	6b	4
c Other retired or separated participants entitled to future benefits.....	6c	66
d Subtotal. Add lines 6a , 6b , and 6c	6d	544
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	545
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	545
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	6

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:
 2F 2K

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
--	--

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

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan COLEMAN AMERICAN COMPANIES, INC. SAVINGS & PROTECTION PLAN	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 COLEMAN AMERICAN MOVING SERVICES, INC.	D Employer Identification Number (EIN) 63-0419836	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	233985	13367
(2) Participant contributions	1b(2)	58239	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1964175	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	564685	595310
(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)	4432035	8861988
(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	7253119	9470665

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	9090	27026
k Total liabilities (add all amounts in lines 1g through 1j)	1k	9090	27026

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7244029	9443639
---	-----------	---------	---------

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)	0	
(B) Participants	2a(1)(B)	773104	
(C) Others (including rollovers)	2a(1)(C)	41401	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		814505

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	44161	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		44161

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	97514	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		97514

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

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		1603223
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2559403

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	328532	
(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)		328532
f Corrective distributions (see instructions)	2f		27026
g Certain deemed distributions of participant loans (see instructions).....	2g		3710
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)		
(4) Other	2i(4)	525	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		525
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		359793

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2199610
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: BELL AND COMPANY, P.A.

(2) EIN: 71-0550475

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 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>COLEMAN AMERICAN COMPANIES, INC. SAVINGS & PROTECTION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLEMAN AMERICAN MOVING SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>63-0419836</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	<u>0</u>
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>22-1211670</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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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):



4504 Burrow Drive • North Little Rock, Arkansas 72116 • Phone: 501.753.9700 • Fax: 501.753-3794

Independent Auditors' Report

To the Plan Administrative Committee
Coleman American Companies, Inc. Savings & Protection Plan
Midland City, Alabama

We were engaged to audit the financial statements of the Coleman American Companies, Inc. Savings & Protection Plan (the 401(k) Plan) as of December 31, 2009 and 2008, and the supplemental schedules for the years then ended, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Prudential Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Bell & Company, PA

North Little Rock, Arkansas
October 7, 2010

Coleman American Companies, Inc. Savings & Protection Plan
EIN 63-0419836 Plan 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

(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
Prudential Mutual Funds	Prudential Govt Sec - Money Market D	\$ 1,732,675	\$ 1,732,675
Prudential Mutual Funds	Prudential Jennison Blend A	399,478	398,777
Prudential Mutual Funds	Prudential Jennison Small Co. A	672,232	660,446
Prudential Mutual Funds	Prudential Stock Index Z	1,173,600	1,127,141
Prudential Mutual Funds	Prudential Financial Services A	195,497	239,172
Prudential Mutual Funds	Frank Small Cap Value Fund A	5,106	5,812
Prudential Mutual Funds	Templeton Growth Fund A	68,696	52,152
Prudential Mutual Funds	Franklin Income A	299,510	320,219
Prudential Mutual Funds	Oppenheimer Intl Grow A	78,016	97,910
Prudential Mutual Funds	Allianz NFJ Renaissance A	109,408	101,084
Prudential Mutual Funds	Oppenheimer Global Fund A	269,370	277,279
Prudential Mutual Funds	Mutual Shares A	411,507	405,980
Prudential Mutual Funds	Pimco Total Return A	647,448	671,864
Prudential Mutual Funds	MFS Research Fund A	284,692	292,612
Prudential Mutual Funds	Templeton Foreign Fund A	860,357	657,054
Prudential Mutual Funds	Franklin Flex Cap Growth A	756,876	877,432
Prudential Mutual Funds	George Putnam Fund of Boston A	286,025	215,867
Prudential Mutual Funds	Growth Fund of America	698,597	728,512
Participant Loans	Maturing from Feb 2010 - May 2021 4.25% - 9.25%	-	595,310
		<u>\$ 8,949,090</u>	<u>\$ 9,457,298</u>

See independent auditors' report and notes to financial statements.

Coleman American Companies, Inc. Savings & Protection Plan
EIN 63-0419836 Plan 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2008

(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
Prudential Mutual Funds	Dryden Govt Sec TR- Money Market	\$ 1,964,175	\$ 1,964,175
Prudential Mutual Funds	Jennison Blend Fund A	368,201	240,755
Prudential Mutual Funds	Jennison Small Co. Fund A	750,208	521,080
Prudential Mutual Funds	Dryden Stock Index Fund Z	1,194,320	893,443
Prudential Mutual Funds	Jennison Financial Services A	171,651	108,868
Frank Small Cap Value Fund A	Frank Small Cap Value Fund A	6,413	4,130
Templeton Growth Fund A	Templeton Growth Fund A	163,849	88,085
Franklin Income A	Franklin Income A	124,191	97,563
Oppenheimer Intl Grow A	Oppenheimer Intl Grow A	200,044	139,748
Allianz OCC Renaissance A	Allianz OCC Renaissance A	82,864	47,566
Oppenheimer Global Fund A	Oppenheimer Global Fund A	42,191	40,436
Mutual Shares A	Mutual Shares A	344,484	245,559
Pimco Total Return A	Pimco Total Return A	129,077	125,266
MFS Research Fund A	MFS Research Fund A	313,736	243,412
Templeton Foreign Fund A	Templeton Foreign Fund A	869,702	423,803
Franklin Flex Cap Growth A	Franklin Flex Cap Growth A	797,548	683,976
George Putnam Fund of Boston A	George Putnam Fund of Boston A	298,056	167,713
Growth Fund of America	Growth Fund of America	503,470	360,632
Participant Loans	Maturing from Jan 2009 - May 2021 5.0% - 9.5%	-	564,685
		<u>\$ 8,324,180</u>	<u>\$ 6,960,895</u>

See independent auditors' report and notes to financial statements.

Coleman American Companies, Inc. Savings & Protection Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets		
Investments at fair value		
Investments	\$ 8,861,988	\$ 6,396,210
Forfeitures held to reduce future contributions	13,817	-
Participant loans	595,310	564,685
	<u>9,471,115</u>	<u>6,960,895</u>
Receivables		
Employer's contributions	-	233,985
Participants' contributions	-	58,239
	<u>-</u>	<u>292,224</u>
Total assets	<u>9,471,115</u>	<u>7,253,119</u>
Liabilities		
Excess participants' contributions	<u>27,026</u>	<u>9,090</u>
Net assets available for plan benefits	<u>\$ 9,444,089</u>	<u>\$ 7,244,029</u>

See independent auditors' report and notes to financial statements.

Coleman American Companies, Inc. Savings & Protection Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions		
Investment income		
Net appreciation (depreciation)		
in fair value of investments	\$ 1,594,233	\$ (3,184,428)
Dividends	100,109	127,267
Interest	44,161	50,313
Capital gains	6,395	197,653
	<u>1,744,898</u>	<u>(2,809,195)</u>
Contributions		
Employer	-	233,985
Participants	773,104	714,165
Rollover	41,327	14,367
	<u>814,431</u>	<u>962,517</u>
Total additions (subtractions)	<u>2,559,329</u>	<u>(1,846,678)</u>
Deductions		
Benefits paid to participants	266,669	538,771
Benefit payments, other	74,803	22,768
Deemed distribution	3,710	-
Loan default	14,087	-
	<u>359,269</u>	<u>561,539</u>
Total deductions	<u>359,269</u>	<u>561,539</u>
Net increase (decrease)	2,200,060	(2,408,217)
Net assets available for plan benefits, beginning of year	<u>7,244,029</u>	<u>9,652,246</u>
Net assets available for plan benefits, end of year	<u>\$ 9,444,089</u>	<u>\$ 7,244,029</u>

See independent auditors' report and notes to financial statements.

Coleman American Companies, Inc. Savings & Protection Plan
Notes to Financial Statements
December 31, 2009 and 2008

1. Description of Plan

- a. General** - The following description of the Coleman American Companies, Inc. (collectively the Company) Savings & Protection Plan (the 401(k) Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering all full-time employees of the Company who have completed at least 6 months of eligible service, as defined in the Plan agreement, and are 18 years of age or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

- b. Participant Accounts** - Each participant's account is credited with the participant's voluntary contribution, the Company's matching contribution, and allocations of Plan earnings. Allocations are based on participant earnings or account balances as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- c. Contributions** - An employee's aggregate elective deferral is subject to an annual limit based on IRS Code Section 402. Employer contributions may be contributed at the discretion of the Company's Board of Directors.
- d. Vesting** - Participants are fully vested in their employee contributions plus actual earnings thereon. Vesting in the Company contributions portion and earnings thereon is based on years of continuous service. A participant is 100% vested after three years of service.
- e. Forfeitures** - Forfeitures are applied against the current period employer contribution. During 2009, there were no employer contributions; therefore, the forfeitures are held as an asset to be applied to future employer contributions.
- f. Administrative Expenses** - The Company absorbs all significant administrative expenses of the Plan.
- g. Participant Loans** - Under the terms of the Plan, participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participants' accounts and bear interest at prime plus 1%. These rates are revised quarterly for any new loans disbursed. Loan terms range from one to five years or up to ten years for the purchase of a primary residence.

Coleman American Companies, Inc. Savings & Protection Plan
Notes to Financial Statements
December 31, 2009 and 2008

1. Description of Plan (Continued)

- h. Payment of Benefits** - Upon termination of service due to death, a married participant's spouse will receive a qualified pre-retirement survivor annuity. If the spouse dies before benefits start, a participant's vested account will be paid to the spouse's beneficiary. The beneficiary of a participant who does not have a spouse will receive a single lump-sum distribution upon a participant's termination due to death.

For termination of service due to other reasons, unless a qualified election of an optional form of benefit has been made, the automatic form of benefit payable to a participant is a qualified joint and survivor annuity. There are several optional forms of benefit payments as outlined in the Plan agreement.

2. Summary of Significant Accounting Policies

- a. Investment Valuation and Income Recognition** - Investments in securities are presented at fair value, based on the quoted market prices on the last business day of the year.

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

- b. Payment of Benefits** - Benefit payments to participants are reported upon distribution.
- c. Excess Contributions** - Excess contributions and any related earnings which are refunded within two and one-half months following the end of the plan year are treated as a reduction of contributions and a reduction of contributions receivable on the financial statements.
- d. Use of Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the Plan management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Coleman American Companies, Inc. Savings & Protection Plan
Notes to Financial Statements
December 31, 2009 and 2008

3. Investments

At December 31, 2009 and 2008, the Plan's investments were held by a bank administered trust fund. The following table presents the fair values of investments as determined by quoted market price:

	<u>2009</u>	<u>2008</u>
Investments		
Mutual Funds		
George Putnam Fund of Boston	\$ 215,867	\$ 167,713
Franklin Flex Cap Growth A	877,432	683,976
Prudential Jennison Small Company Fund A	660,446	521,081
Prudential Stock Index Fund Z	1,127,141	893,443
Templeton Foreign Fund A	657,054	423,803
Prudential Gov't Sec - Money Market A	1,732,675	1,964,175
MFS Research Fund A	292,612	243,412
Prudential Jennison Blend Fund A	398,777	240,755
Growth Fund of America	728,512	360,632
Frank Small Cap Value Fund A	5,812	4,130
Templeton Growth Fund A	52,152	88,085
Franklin Income A	320,219	97,563
Oppenheimer Intl Grow A	277,279	139,748
Allianz NFJ Renaissance A	101,084	47,566
Oppenheimer Global Fund A	97,910	40,435
Mutual Shares A	405,980	245,559
Pimco Total Return A	671,864	125,266
Prudential Financial Services A	239,172	108,868
Participant Loans	595,310	564,685
Total investments at fair value	<u>\$ 9,457,298</u>	<u>\$ 6,960,895</u>

Coleman American Companies, Inc. Savings & Protection Plan
Notes to Financial Statements
December 31, 2009 and 2008

3. Investments (Continued)

During the years ended December 31, 2009 and 2008, the Plan's investments, including gains and losses on investments bought, sold, or held during the years, changed in value as follows:

	<u>2009</u>	<u>2008</u>
Investments		
Mutual Funds	<u>\$ 1,594,233</u>	<u>\$ (3,184,428)</u>

Interest and dividends realized on the Plan's investments for the years ended December 31, 2009 and 2008, were \$144,270 and \$177,580, respectively.

4. Plan Termination

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

5. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated September 19, 1997, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Company's third party administrator, Prudential Retirement Services, has received IRS approval for a prototype plan in order to comply with GUST requirements. The prototype plan was adopted in June 2003.

6. Subsequent Events

The plan has evaluated subsequent events as of October 7, 2010, the date the financial statements were available to be issued. No subsequent events existed as of this date.