

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), 6057(b), 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 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) ____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>SELECT SIRES, INC. AMENDED PENSION PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SELECT SIRES, INC.</u> 11740 U.S. 42 NORTH, PO BOX 143 PLAIN CITY, OH 43064 11740 U.S. 42 NORTH, PO BOX 143 PLAIN CITY, OH 43064	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1974</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>31-0717091</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>614-873-4683</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>115210</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan <u>01/01/1974</u>		2b Employer Identification Number (EIN) <u>31-0717091</u>		2c Plan Sponsor's telephone number <u>614-873-4683</u>		2d Business code (see instructions) <u>115210</u>	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan <u>01/01/1974</u>											
2b Employer Identification Number (EIN) <u>31-0717091</u>											
2c Plan Sponsor's telephone number <u>614-873-4683</u>											
2d Business code (see instructions) <u>115210</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	CHRISTOPHER ENGLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	CHRISTOPHER ENGLAND
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor CHRISTOPHER ENGLAND 11740 U.S. 42 NORTH, PO BOX 143 PLAIN CITY, OH 43064	3b Administrator's EIN 31-0717091
	3c Administrator's telephone number 614-873-4683
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	5 439
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 231
a(2) Total number of active participants at the end of the plan year	6a(2) 219
b Retired or separated participants receiving benefits.....	6b 150
c Other retired or separated participants entitled to future benefits.....	6c 63
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 432
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 3
f Total. Add lines 6d and 6e	6f 435
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 Characteristics Codes in the instructions: 1A 1I 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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
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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan SELECT SIRES, INC. AMENDED PENSION PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 SELECT SIRES, INC.	D Employer Identification Number (EIN) 31-0717091	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-5A-0630		01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	699869
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	17272
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	17272
d Total of balance and additions (add lines 7b and 7c(6))	7d	717141
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	38653
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	38653
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	678488

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE 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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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 SELECT SIRES, INC. AMENDED PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SELECT SIRES, INC.	D Employer Identification Number (EIN) 31-0717091

E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	62540492	
b Actuarial value	2b	62540492	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	143	23665358	23665358
b For terminated vested participants	65	4679989	4679989
c For active participants	231	36310713	36310713
d Total	439	64656060	64656060
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.27%	
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		09/28/2016
Signature of actuary		Date
GREGG RUESCHHOFF, ASA		14-04349
Type or print name of actuary		Most recent enrollment number
MILLIMAN, INC.		402-393-9400
Firm name		Telephone number (including area code)
1120 SOUTH 101ST STREET, SUITE 400 OMAHA, NE 68124-1088		
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 ☐

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 (line 13 from prior year)	0	3987613
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	3987613
10 Interest on line 9 using prior year's actual return of <u>2.60</u> %	0	103678
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2287676
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.50</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		2287676
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4091291

Part III Funding Percentages		
14 Funding target attainment percentage	14	90.40 %
15 Adjusted funding target attainment percentage	15	90.40 %
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	92.08 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/29/2015	318762		07/02/2015	318762	
02/27/2015	318762		07/31/2015	318762	
03/30/2015	318762		09/01/2015	318762	
04/29/2015	318762		10/02/2015	318762	
05/28/2015	318762		10/29/2015	318761	
06/24/2015	20509		11/30/2015	25000	
			Totals ►	18(b)	4870650
				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 contributions 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	4690921
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 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
0	0	0
(4) 4th	0	

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 (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance.....		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

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

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
12/01/2015	318761				
12/08/2015	500000				
12/15/2015	500000				
12/30/2015	318761				
			Totals ►	18(b)	18(c)

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 contributions from prior years.	19a
b Contributions made to avoid restrictions adjusted to valuation date.....	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No	
c If line 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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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 subject to 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	6206859	2042105	
	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	2042105	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	2042105	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4690921	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2648816	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan SELECT SIRES, INC. AMENDED PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SELECT SIRES, INC.	D Employer Identification Number (EIN) 31-0717091	

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
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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)

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(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?
19 27 33 49 50 71 72 99	INVESTMENT MANAGEMENT	268888	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MILLIMAN, INC.

91-0675641

(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?
11	ACTUARY	90555	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BALESTRA HART & SCHERER

31-1423363

(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?
10	AUDITOR	7765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	15 64	
(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.	
PRUDENTIAL FUNDS PRU SH TRM CORP BD 22-3703799	ANNUAL RATE OF UP TO \$20 PER POSITION PER POSITION CALCULATED QRTLY \$1.00 PER POSITION AFTER POSITION IS CLOSED ANNUAL RATE OF 0.10% OF AVG DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	15 64	
(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.	
PIMCO INST FDS EMERGING LOCAL BD P 95-2632339	ANNUAL RATE OF UP TO \$19 PER POSITION PER POSITION CALCULATED QRTLY	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	15 64	
(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.	
VIRTUS INSIGHT EMERGING MKTS I 95-4191764	ANNUAL RATE OF UP TO \$21 PER POSITION CALCULATED QRTLY \$3.00 PER POSITION AFTER POSITION IS CLOSED	

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
MORGAN STANLEY SMITH BARNEY	15 64	
(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.	
FRANKLIN TEMPLETON GLOBAL BD FD ADV 94-3167260	ANNUAL RATE OF \$19 PER POSITION OR \$16 PER POSITION CALCULATED QRTLY \$3.00 PER MONTH AFTER POSITION IS CLOSED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	33 49 55	
(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.	
MORGAN STANLEY TRUST 22-3458456	\$50 TIMES THE NUMBER OF BROKERAGE ACCTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	33 49 55	
(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.	
MORGAN STANLEY BANK N.A. 36-3707380	\$50 TIMES THE NUMBER OF BROKERAGE ACCTS	

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
MORGAN STANLEY SMITH BARNEY	15 64	
(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.	
MORGAN STANLEY ADVISORS FNDS MS LIQ 36-3145972	ANNUAL RATE OF UP TO \$21 PER POSITION CALCULATED QRTLY ANNUAL RATE OF \$1.00 PER POSITION AFTER CLOSED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	15 64	
(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.	
RS GUARDIAN FUNDS RS FLOATING RT Y 94-3321067	ANNUAL RATE OF UP TO \$21 PER POSITION CALCULATED QRTLY ANNUAL RATE OF \$3.00 PER POSITION AFTER CLOSED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	15 64	
(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.	
EATON VANCE RETAIL FUNDS E V FLOAT 04-2718215	ANNUAL RATE OF \$19 PER POSITIONS CALCULATED QRTLY \$3 PER MONTH AFTER CLOSED	

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
MORGAN STANLEY SMITH BARNEY	15 64	
(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.	
BLACKROCK FUNDS STRATEGIC INC OPP I 04-6171663	ANNUAL RATE OF \$20 PER POSITION CALCULATED QRTLY	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	15 64	
(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.	
PIMCO INSTITUTIONAL FUNDS COMMODORE 95-2632339	ANNUAL RATE OF \$19 PER POSITION CALCULATED QRTLY	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	49 99	
(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.	
FRANKLIN TEMPLETON 94-3167260	ANNUAL RATE OF 0.16% OF AVG QTR END ASSETS	

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
MORGAN STANLEY SMITH BARNEY	49 99	

(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.
EATON VANCE 04-2718215	ANNUAL RATE OF 0.16% OF AVG QTR END ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	49 99	

(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.
VIRTUS INSIGHT EMERG MKTS I 95-4191764	ANNUAL RATE OF 0.16% OF AVG QTR END ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	49 99	

(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.
RS GUARDIAN FUNDS RS FLOATING RATE 94-3321067	ANNUAL RATE OF 0.16% OF AVG QTR END ASSETS

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
MORGAN STANLEY SMITH BARNEY	49 99	

(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.
BLACKROCK FUNDS STRATEGIC INC OPP I 04-6171663	ANNUAL RATE OF 0.16% OF AVG QTR END ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	49 99	

(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.
PRUDENTIAL FUNDS SHT TRM COPR BD Z 22-3703799	ANNUAL RATE OF 0.16% OF AVG QTR END ASSETS

(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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan SELECT SIRES, INC. AMENDED PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SELECT SIRES, INC.	D Employer Identification Number (EIN) 31-0717091	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3623820	4544641
	(2) U.S. Government securities.....	1c(2)	0	
	(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)	27900	9611
	(B) Common	1c(4)(B)	30084662	30273662
	(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)	28104239	26199033
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	699869	678488
	(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	62540490	61705435

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	62540490	61705435
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4870650	
(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)		4870650

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)	17815	
(C) Corporate debt instruments	2b(1)(C)		
(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)		17815

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1117181	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1117181

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	135263	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	152774	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-17511

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-2501879	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-2501879

		(a) Amount	(b) Total
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3486256

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3676517	
(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)		3676517
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)	98320	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	341749	
(4) Other	2i(4)	204725	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		644794
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4321311

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-835055
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

(2) EIN: 31-1423363

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	N/A	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.)				
4a		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.)				
4b		X		

	Yes	No	N/A	Amount
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.)				
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>SELECT SIRES, INC. AMENDED PENSION 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>SELECT SIRES, INC.</u>	D Employer Identification Number (EIN) <u>31-0717091</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>31-0717091</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>2</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 (include any prior year accumulated funding deficiency not waived)	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 or other authority 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
-----------------	-------------------

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. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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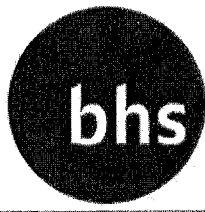
20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

SELECT SIRES, INC.
AMENDED PENSION PLAN
FINANCIAL STATEMENTS

December 31, 2015 and 2014

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Balestra, Harr & Scherer, CPAs, Inc.
Division of BHM CPA Group

INDEPENDENT AUDITOR'S REPORT

To the Pension Committee
Select Sires, Inc. Amended Pension Plan
Plain City, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of the Select Sires, Inc. Amended Pension Plan which comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits – modified cash basis for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in the notes to financial statements; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Select Sires, Inc. Amended Pension Plan as of December 31, 2015 and 2014, and the changes in its net assets available for benefits for the years then ended in accordance with the modified cash basis of accounting described in the notes to financial statements.

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Emphasis of Matter

As discussed in the notes to the financial statements, the plan adopted new accounting guidance related to investments. Prior year disclosures have been revised to reflect the retrospective application of adopting these changes in accounting.

Basis of Accounting

We draw attention to the footnote entitled Summary of Significant Accounting Policies, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at year end) and schedule of assets (acquired and disposal of within the plan year), are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Circleville, Ohio
October 12, 2016

Balestra, Han & Schen, CPAs

SELECT SIRES, INC.
AMENDED PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
Modified Cash Basis

December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
MARKETABLE INVESTMENTS		
Cash and money market funds	\$ 4,544,641	\$ 3,623,820
Common stock	30,273,662	30,084,662
Preferred stock	9,611	27,900
Mutual funds	17,036,943	18,520,518
Hedge funds	<u>9,162,090</u>	<u>9,583,721</u>
	61,026,947	61,840,621
NATIONWIDE LIFE INSURANCE COMPANY		
IMMEDIATE PARTICIPATION CONTRACTS	<u>678,488</u>	<u>699,869</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 61,705,435</u>	<u>\$ 62,540,490</u>

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

SELECT SIRES, INC.
AMENDED PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Modified Cash Basis

For the Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS		
Employer contributions	\$ 4,870,650	\$ 4,050,144
Investment income:		
Interest	17,815	53,584
Dividends	1,117,181	1,506,906
Net realized and unrealized appreciation in fair value of investments	<u>(2,519,390)</u>	<u>720,520</u>
Net investment income	<u>(1,384,394)</u>	<u>2,281,010</u>
TOTAL ADDITIONS	<u>3,486,256</u>	<u>6,331,154</u>
DEDUCTIONS		
Benefit payments	3,676,517	6,894,282
Investment expenses	<u>644,794</u>	<u>663,040</u>
TOTAL DEDUCTIONS	<u>4,321,311</u>	<u>7,557,322</u>
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>(835,055)</u>	<u>(1,226,168)</u>
Net assets available for plan benefits at beginning of period	<u>62,540,490</u>	<u>63,766,658</u>
Net assets available for plan benefits at end of period	<u>\$ 61,705,435</u>	<u>\$ 62,540,490</u>

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

**SELECT SIRES, INC.
AMENDED PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

DESCRIPTION OF THE PLAN

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

General - The Plan is a defined benefit retirement plan sponsored by Select Sires, Inc. (the Plan Sponsor). The following members of the Plan's Sponsor also participate in the Plan:

Select Sire Power, Inc.
Southeast Select Sires, Inc.
Minnesota/Select Sires Co-op, Inc.
Select Sires MidAmerica, Inc.

As a result, the Plan is considered to be a multiple employer plan. A multiple employer plan is a collection of single employer plans that allows employers to pool their resources for investment purposes and reduce administrative costs. The Plan covers all permanent employees of the participating companies who are at least twenty and one-half years of age and have completed six months of qualifying service.

On January 1, 2006, the Plan was amended to provide an alternative to existing participants. They could continue in the Plan or freeze their accrued benefits and receive an annual employer contribution to their 401(k) plan based upon a percentage of salary determined by their years of service to Select Sires, Inc. or its member organizations. As part of that amendment, no new employees would enter the defined benefit plan but would participate in the 401(k) plan.

Effective December 31, 2009, the Plan was further amended to freeze accrued benefits for all participants. As of that date, each participant's accrued benefit became nonforfeitable. The Plan Sponsor will continue to fund the Plan but no additional benefits will accrue. All employees will now receive an annual employer contribution to the 401(k) plan based upon a percentage of their salary determined by their years of service to Select Sires, Inc. or its member organizations.

Benefits - Participants are eligible for normal monthly benefit payments at age 65. Reduced benefits are payable upon reaching the age of 55 with a minimum of 5 years of service. The Plan also provides for certain benefits in instances of disability, retirement, termination or death. The maximum benefit is 100% of average monthly compensation.

Vesting - All participants are fully vested.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying financial statements have been prepared on a modified cash basis, whereby investments are recorded at current fair values, but related investment income is recorded when received and expenses are recorded when paid. This differs from the accrual basis of accounting which recognizes revenues in the accounting period they are earned and expenses in the accounting period the expense is incurred regardless of when the cash is received or paid.

SELECT SIRES, INC.
AMENDED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2015 and 2014

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

The more significant accounting policies that comprise this basis of accounting are:

Marketable Investments - Investments are recorded at fair value on the year end date. Dividend and interest income is recorded when received.

Contributions - Contributions are recognized when paid by the participating employers. Select Sires makes contributions to the Plan within the minimum and maximum amounts allowed by law as determined by the Plan's actuary.

Benefit Payments - Benefit payments are recognized when paid to the participants.

Immediate Participation Contracts - The contracts are valued at cost plus interest and experience rate credits earned. The contracts had a guaranteed minimum rate of 2% and 3% at December 31, 2015 and 2014, respectively.

Expenses - Investment expenses are recognized when paid. Other fees and expenses with respect to providing administrative services to the Plan are absorbed by the Plan Sponsor.

Federal Income Tax Status - The Internal Revenue Service (IRS) issued its latest determination letter on September 12, 2012, which stated that the Plan and its underlying trust qualify under the applicable provisions of the Internal Revenue Code and, therefore, are exempt from federal income taxes. The Trustees are not aware of any provision, action or event that has occurred that might affect the Plan's qualified status.

The Plan complies with ASC 740-10 related to uncertain tax positions. This standard prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken on a tax return. Plan administration is not aware of any tax positions taken by the Plan that it considers to be uncertain. Tax returns for the years ended 2012, 2013 and 2014 are open and subject to examination by the Internal Revenue Service.

Contracts with Insurance Company - Certain benefits related to some participants are paid through fully funded annuity contracts with an insurance company. Since the insurance company assumes the liability and risk for these benefits and the investment, the benefit payments, related assets, liabilities and investment income are not included in the accounts of the Plan.

Subsequent Events - Subsequent events were evaluated through October 12, 2016, which is the date the financial statements were available to be issued.

Risks and Uncertainties - The Plan invests in a variety of investment securities. These investment securities are exposed to various risks, such as interest rate and 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 would materially affect the amounts reported in the statement of net assets available for benefits.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

SELECT SIRES, INC. AMENDED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2015 and 2014

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

New Accounting Standards – In May 2015, the Financial Accounting Standards Board (FASB) issued ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, *Fair Value Measurement*, from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. The Plan elected not to early adopt the provisions of this new standard and are still evaluating the effects on the financial statements.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960): Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient*. This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Parts I and II are effective for fiscal years beginning after December 15, 2015 and should be applied retrospectively, with early application permitted. Part III is effective for fiscal years beginning after December 15, 2015 and should be applied prospectively, with early application permitted. The Plan has elected to adopt Parts I and II early. Accordingly, the changes were retrospectively applied resulting in the elimination of footnote disclosures only and did not have an impact on the statements of net assets available for benefits or statements of changes in net assets available for benefits. Part III is not applicable to this Plan.

RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Information included on the Form 5500 was consistent with the audited financial statements. In the past, there have been insignificant differences related to the timing of the recording of transactions to reflect the modified cash basis of accounting.

PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are provided by or managed by the Plan's investment advisor, as is customary in retirement plans. Milliman Actuarial serves as the Plan's actuary and Balestra, Harr & Scherer, CPAs, serves as the Plan's auditor. Transactions with these parties qualify as party-in-interest transactions.

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee received compensation from the Plan. Certain administrative expenses of the Plan are paid directly by the Plan Sponsor and are not charged to the Plan.

FAIR VALUE MEASUREMENTS

The Plan complies with ASC 820 *Fair Value Measurements and Disclosures* to account for and report fair value. ASC 820 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.

**SELECT SIRES, INC.
AMENDED PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2015 and 2014

FAIR VALUE MEASUREMENTS - Continued

Fair value of certain assets and liabilities are determined based on the fair value hierarchy established in the standard, 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. 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

		<u>Fair Value Measurements Using:</u>		
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>December 31, 2015</u>				
Cash and money market funds	\$ 4,544,641	\$ 2,775,958	\$ 1,768,683	\$ -
Common stocks, preferred stocks, bank bonds and U.S. government securities	30,283,273	30,283,273	-	-
Mutual funds				
Equity	2,460,797	2,460,797	-	-
Fixed income	14,576,146	14,576,146	-	-
Hedge funds	9,162,090	-	9,162,090	-
Immediate participation contracts	678,488	-	-	678,488
Total	<u>\$ 61,705,435</u>	<u>\$ 50,096,174</u>	<u>\$ 10,930,773</u>	<u>\$ 678,488</u>

**SELECT SIRES, INC.
AMENDED PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2015 and 2014

FAIR VALUE MEASUREMENTS - Continued

		<u>Fair Value Measurements Using:</u>		
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>December 31, 2014</u>				
Cash and money market funds	\$ 3,623,820	\$ 2,447,379	\$ 1,176,441	\$ -
Common stocks, preferred stocks, bank bonds and U.S. government securities	30,112,562	30,112,562	-	-
Mutual funds				
Equity	2,580,513	2,580,513	-	-
Fixed income	15,940,005	15,940,005	-	-
Hedge funds	9,583,721	-	9,583,721	-
Immediate participation contracts	699,869	-	-	699,869
Total	\$ 62,540,490	\$ 51,080,459	\$ 10,760,162	\$ 699,869

Cash, common and preferred stock, U.S. government securities and debt and equity mutual funds are all publicly traded and their fair value represents the closing price or net asset value as of December 31, 2015 and 2014. As a result, these items are listed as Level 1. Hedge funds and money market funds are listed as Level 2 and their value is based on the values of the underlying securities held by the funds. Immediate participation contracts are valued at fair value using cost plus interest and expense rate credits earned. As a result, they are classified as Level 3.

The following table provides a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2015 and 2014:

	<u>Immediate Participation Contracts</u>	
	<u>2015</u>	<u>2014</u>
Balance, beginning of year	\$ 699,869	\$ 711,110
Benefit payments	(38,653)	(33,292)
Interest	17,272	22,051
Balance, end of year	<u>\$ 678,488</u>	<u>\$ 699,869</u>

OBLIGATION FOR PENSION BENEFITS

Accumulated plan benefits are those future benefit payments attributable to service that employees have rendered to date under the Plan's provisions. The actuarial present value of accumulated plan benefits has been determined by an independent actuary, and is that amount which 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 benefit information date and the expected payment dates. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

**SELECT SIRES, INC.
AMENDED PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2015 and 2014

OBLIGATION FOR PENSION BENEFITS - Continued

The actuarial present value of accumulated plan benefits as of January 1 was as follows:

	<u>2015</u>	<u>2014</u>
Vested:		
Retired participants and beneficiaries	\$ 24,242,830	\$ 20,651,223
Active and terminated participants	<u>41,986,777</u>	<u>33,537,447</u>
	66,229,607	54,188,670
Nonvested	<u>-</u>	<u>-</u>
Total present value of accumulated plan benefits	<u>\$ 66,229,607</u>	<u>\$ 54,188,670</u>

The employers' contributions are designed to maintain the Plan's funded status. The employers may terminate the Plan or discontinue contributions at any time, subject to the provisions set forth in ERISA. All participants became 100% vested in benefits earned as of the date the Plan was frozen.

The following presents the changes in the actuarial present value of accumulated plan benefits for the periods presented:

	<u>Year ended January 1, 2016</u>	<u>Year ended January 1, 2015</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>54,188,670</u>	\$ <u>55,239,654</u>
Reduction in discount period	4,190,862	4,148,706
Actuarial loss	700,051	1,694,595
Benefits paid	(3,676,531)	(6,894,285)
Change in assumptions	<u>10,826,555</u>	<u>-</u>
Net increase (decrease)	<u>12,040,937</u>	<u>(1,050,984)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 66,229,607</u>	<u>\$ 54,188,670</u>

**SELECT SIRES, INC.
AMENDED PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2015 and 2014

OBLIGATION FOR PENSION BENEFITS - Continued

The more significant assumptions and methods underlying the actuarial valuations are as follows:

Actuarial cost method	Entry age normal cost
Interest rate for determining liability	6.25% in 2015 and 8.0% in 2014
Mortality rate	2000 Healthy Retiree Mortality Table for Males and Females for post-retirement participants and 2000 Employee Mortality Table for Males and Females for pre-retirement participants.
Retirement age	Normal retirement age
Salary increase	Not applicable due to frozen status
Employee turnover	Based upon certain published data

If the termination is the result of bankruptcy or near bankruptcy of the participating employers and the Plan's assets are not adequate to pay all benefits vested prior to the termination, the Pension Benefit Guaranty Corporation (PBGC) will take over the Plan and will apply those benefits which it guarantees. In this case, some participants may receive a smaller benefit than if the Plan had continued. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits (as described in the Plan) and the level of benefits guaranteed by the PBGC at that time.

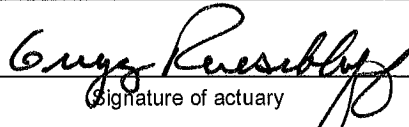
If, however, the Plan is terminated for any reason other than the bankruptcy or near bankruptcy of the participating employers and the Plan has insufficient assets, the participating employers will be required to pay to the Plan an amount which, together with Plan assets, will satisfy all benefits accumulated to the date of the Plan termination.

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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
▶ 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 SELECT SIRES, INC. AMENDED PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SELECT SIRES, INC.	D Employer Identification Number (EIN) 31-0717091
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>2015</u>			
2 Assets:			
a Market value.....		2a	62,540,492
b Actuarial value.....		2b	62,540,492
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	143	23,665,358	23,665,358
b For terminated vested participants.....	65	4,679,989	4,679,989
c For active participants.....	231	36,310,713	36,310,713
d Total.....	439	64,656,060	64,656,060
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....	5		6.27 %
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	 Signature of actuary	<u>9/28/2016</u> Date
Gregg Rueschhoff, ASA Type or print name of actuary		14-04349 Most recent enrollment number
Milliman, Inc. Firm name		(402) 393-9400 Telephone number (including area code)
1120 South 101st Street, Suite 400 Omaha NE 68124-1088 Address of the firm		

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 (line 13 from prior year).....	0	3,987,613
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	3,987,613
10 Interest on line 9 using prior year's actual return of <u>2.60%</u>	0	103678
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2287676
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.50%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		2287676
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4091291

Part III Funding Percentages

14 Funding target attainment percentage	14	90.40 %
15 Adjusted funding target attainment percentage	15	90.40 %
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	92.08 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/29/2015	318,762		07/02/2015	318,762	
02/27/2015	318,762		07/31/2015	318,762	
03/30/2015	318,762		09/01/2015	318,762	
04/29/2015	318,762		10/02/2015	318,762	
05/28/2015	318,762		10/29/2015	318,761	
06/24/2015	20,509		11/30/2015	25,000	
Totals ▶			18(b)	4,870,650	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 contributions 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 4,690,921

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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 subject to 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	6,206,859	2,042,105	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	2,042,105	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	2,042,105	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4,690,921	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2,648,816	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Select Sires Inc., Amended Pension Plan
EIN/PN: 31-0717091/001
Attachment to 2015 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

Date	Plan Year to Apply Contribution	Effective Interest Rate	Contribution Amount	Discounted Value as of 1/1/2015
None				
Total			0	0

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2015
1/29/2015	2015	6.27%		318,762	317,278
2/27/2015	2015	6.27%		318,762	315,749
3/30/2015	2015	6.27%		318,762	314,122
4/29/2015	2015	6.27%		318,762	312,556
5/28/2015	2015	6.27%		318,762	311,050
6/24/2015	2015	6.27%		20,509	19,923
7/2/2015	2015	6.27%		318,762	309,241
7/31/2015	2015	6.27%		318,762	307,751
9/1/2015	2015	6.27%		318,762	306,114
10/2/2015	2015	6.27%		318,762	304,537
10/29/2015	2015	6.27%		318,761	303,169
11/30/2015	2015	6.27%		25,000	23,651
12/1/2015	2015	6.27%		318,761	301,507
12/8/2015	2015	6.27%		500,000	472,385
12/15/2015	2015	6.27%		500,000	471,834
12/30/2015	2015	6.27%		318,761	300,054
Total				4,870,650	4,690,921

Select Sires Inc., Amended Pension Plan
EIN/PN: 31-0717091/001
Attachment to 2015 Form 5500
Schedule SB, Assumptions and Methods

The actuarial cost method is a particular technique used by the actuary for establishing the amount and incidence of annual actuarial costs. The actuarial cost method determines the portion of the ultimate cost of a pension plan that should be allocated to each year (known as the normal cost). The cost method is thus a budgeting tool that helps to ensure that the pension plan will be adequately and systematically funded.

The annual cost for a pension plan is determined using the unit credit cost method. The ultimate cost for a pension plan will be determined not by the cost method but by the benefits and expenses which become payable and the earnings which are obtained on the investments of the Plan. In addition, the choice of actuarial assumptions will affect the current level of contributions and pattern of future contributions.

Under the unit credit cost method, the target normal cost for each participant is equal to the present value of the projected benefit (salary increases may be included) one year from the valuation date minus the present value of accrued benefits as of the valuation date. The target normal cost for the Plan is the total of the individually computed target normal costs for all participants including the costs for any death or disability benefits under the Plan.

The target liability at any point in time for an active participant is the present value of the participant's accrued benefit. For persons receiving benefits or entitled to a deferred vested retirement income, the target liability is equal to the present value of their future benefit payments. The total target liability for the Plan is the total of the individually computed target liability amounts for all participants.

Certain assumptions are made in the calculation of the target liability, such as: interest rates, mortality, turnover, etc. which are assumed to hold for many years into the future. Since actual experience may differ somewhat from the assumptions, the costs determined by the valuation must be regarded as estimates of the true costs of the Plan.

The actuarial value of assets equals the fair market value of assets.

Select Sires Inc., Amended Pension Plan
EIN/PN: 31-0717091/001
Attachment to 2015 Form 5500
Schedule SB, Assumptions and Methods

Interest rates

For purposes of determining the Adjusted Funding Target Attainment Percentage (AFTAP) and minimum required contribution, the valuation interest rates used are the HATFA rates issued by the Department of the Treasury:

<u>Segment one</u>	<u>Segment two</u>	<u>Segment three</u>
4.72%	6.11%	6.81%

For all other purposes, the valuation interest rates are the three segmented rates as of January 1, 2015.

<u>Segment one</u>	<u>Segment two</u>	<u>Segment three</u>
1.22%	4.11%	5.20%

The interest rate used to determine the present value of accumulated benefits for FAS 35 is 8.00%

Earning progression

N/A – Plan was frozen December 31, 2009.

Mortality rates - PPA funding

Post-retirement: Annuitant Mortality tables as prescribed on the valuation date

Pre-retirement: Non-annuitant Mortality tables as prescribed on the valuation date

Mortality rates - FAS 35

Post-retirement: 2000 Healthy Retiree Mortality Table for Males and Females with projection

Pre-retirement: 2000 Employee Mortality Table for Males and Females with projection

Disability rates

None assumed.

Withdrawal rates

Sarason T3.

Retirement rates

Participants are assumed to retire at their normal retirement age.

Expense assumption

None.

Select Sires Inc., Amended Pension Plan
EIN/PN: 31-0717091/001
Attachment to 2015 Form 5500
Schedule SB, Line - Shortfall Amortization

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall Amortizations, for the plan year beginning January 1, 2015 is determined below. The net Funding Shortfall for a plan year is amortized in seven level payments. The present value and amortization factors shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

1. Present value of remaining prior Shortfall Amortizations

	Date Established	Amortization Amount	Years Remaining	Present Value Factor	Present Value
a.	January 1, 2011	\$2,098,341	3	2.86681	\$6,015,545
b.	January 1, 2012	(524,609)	4	3.73760	(1,960,779)
c.	January 1, 2013	846,582	5	4.56914	3,868,152
d.	January 1, 2014	(796,698)	6	5.31253	(4,232,482)
e.	Total	1,623,616			3,690,436

2. Shortfall Amortization for current plan year

a.	Applicable Funding Target	64,656,060
b.	Actuarial Value of Assets less Prefunding Balance	58,449,201
c.	Funding Shortfall [(a) - (b), but not less than \$0]	6,206,859
d.	Net Funding Shortfall [if (c) > \$0, (c) - (1e), otherwise n/a]	2,516,423
e.	Amortization factor	6.01312
f.	Shortfall Amortization for current plan year [(d) ÷ (e)]	418,489

3. Total Shortfall Amortizations

[(1e) + (2f), but not less than \$0]	\$2,042,105
--------------------------------------	-------------

Select Sires Inc., Amended Pension Plan
EIN/PN: 31-0717091/001
Attachment to 2015 Form 5500
Schedule SB, Plan Provisions

Definitions

Accrued Benefit

Monthly pension for life thereafter, equal to 2.3% of average monthly compensation multiplied by past years of credited service, maximum of 100% of average monthly compensation (grandfathered each year after age 55). This benefit is reduced by any vested benefits with any previous artificial insemination pension plan (payable at Normal Retirement Date).

Benefits were frozen as of December 31, 2009

Actuarial equivalent

Actuarial equivalent means a form of benefit differing in time, period and/or manner of payment from another form of benefit but having the same value when computed based upon the following interest and mortality assumptions:

Interest: 8.00% per annum, compounded annually.

Mortality: UP-1984 Unisex Mortality Table.

For purposes of lump sum determinations under IRC 417(e), actuarial equivalence is determined using the following interest and mortality assumptions:

Interest: Three segmented rates in effect during the month of November preceding the first day of the plan year in which the distribution is made.

Mortality: Table required under IRC Section 417.

Average Monthly Compensation

The monthly average of an employee's total earnings during the last 5 calendar years preceding his Normal Retirement Date.

Effective date

The effective date of the Plan is January 1, 1974.

Normal retirement age

A participant's normal retirement age is age 65, or the 5th anniversary of plan year in which participation began.

Normal retirement date

A participant's normal retirement date is the first day of the month that coincides with or next follows the date on which the participant attains normal retirement age.

Plan year

The plan year is the 12-month period beginning January 1 and ending December 31.

Vested accrued benefit

A participant's vested accrued benefit as of a given date is equal to the product of his accrued benefit multiplied by his vested percentage as of that date.

Select Sires Inc., Amended Pension Plan
EIN/PN: 31-0717091/001
Attachment to 2015 Form 5500
Schedule SB, Plan Provisions

Vesting schedule

A participant's vested percentage will be determined in accordance with the following table:

<u>Years of Vesting Service</u>	<u>Vested Percentage</u>
Less than 5 Years	0%
5 Years	100%

Eligibility

Anniversary date coinciding or next following the completion of 6 months of service, attained age 20½ and employed prior to July 1, 2005.

Normal retirement

Each participant who becomes eligible for a normal retirement benefit under the Plan will be entitled to receive a monthly retirement pension benefit beginning at the participant's normal retirement date and payable in the normal benefit form.

Normal Retirement Benefit

Monthly pension for life thereafter, equal to 2.3% of average monthly compensation multiplied by total years of credited service, maximum of 100% of average monthly compensation. This benefit is reduced by any vested benefits with any previous artificial insemination pension plan.

All Accrued Benefits as of December 31, 2009, are frozen.

Normal benefit form

Lifetime Pension - Monthly pension benefit payable for the lifetime of the participant.

Early retirement**Early retirement date**

A participant's early retirement date is the first day of the month so elected by the participant that coincides with or next follows the date upon which the participant satisfies attainment of age 55 and completion of 5 years of service.

Early Retirement Benefit

Accrued pension for life thereafter commencing at the Early Retirement Date, reduced 5/9 of 1% for each of the first 60 months between Early and Normal Retirement and 5/18 of 1% for each month thereafter.

Late retirement

An active participant who continues his employment with the employer beyond his normal retirement date may begin to receive his late retirement benefit to which he is entitled as of his late retirement date.

Late retirement date

A participant's late retirement date is the first day of the month coincident with or next following the date he retires and requests the commencement of his late retirement benefit after he has continued in the employ of the employer beyond his normal retirement date.

Select Sires Inc., Amended Pension Plan
EIN/PN: 31-0717091/001
Attachment to 2015 Form 5500
Schedule SB, Plan Provisions

Late retirement benefit

A participant's late retirement benefit is equal to an amount which is the actuarial equivalent of the participant's normal retirement benefit at his normal retirement date.

Disability

Same eligibility and benefits as for any other type of termination other than retirement.

Optional benefit forms

Optional benefit forms are available and equal to the actuarial equivalent of the normal benefit form and may be in an amount more than or less than that provided by the normal benefit form depending on the option selected.

Death Benefit

Joint & 50% Survivor coverage is automatic for the spouse of any vested participant regardless of age. Benefit is payable (1) after the later of the participant's death, or the date the participant would have reached the earliest permissible retirement age or (2) a lump sum payout at death if less than \$7,500.

Termination benefit

In the event of the termination of a participant's employment for any reason other than death, disability or retirement, the participant will become entitled to receive a monthly pension benefit commencing on his normal retirement date equal to his vested accrued benefit.

Funding of the Plan

Solely by the Employer. No employee contributions required or permitted.

Funding Vehicle

By direction of the Board of Trustees.

Administration

By a Committee appointed by the Company.

Schedule SB, Line 26 - Schedule of Active Participant Data

Plan Name: Select Sires, Inc. Amended Pension Plan
EIN: 31-0717091
Plan Number: 001

Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up	Totals
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	1	0	0	0	0	0	0	1
30 to 34	0	0	0	6	0	0	0	0	0	0	6
35 to 39	0	0	0	4	3	1	0	0	0	0	8
40 to 44	0	0	0	9	4	4	0	0	0	0	17
45 to 49	0	0	0	13	6	4	3	0	0	0	26
50 to 54	0	0	2	16	4	5	12	7	0	0	46
55 to 59	0	0	1	11	7	8	2	17	13	1	60
60 to 64	0	0	0	17	6	8	7	6	8	9	61
65 to 69	0	0	0	2	0	0	1	0	0	1	4
70 & up	0	0	0	1	1	0	0	0	0	0	2
Totals	0	0	3	80	31	30	25	30	21	11	231

PN: 001

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SELECT SIRES, INC.
AMENDED PENSION PLAN

EIN 31-0717091

PLAN NUMBER 001

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

December 31, 2015

(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
	MORGAN STANLEY BANK NA	Cash	\$ 2,646,914	\$ 2,646,914
*	WILMINGTON TRUST CORP SERV	Cash	129,219	129,219
*	UNSETTLED TRANSACTIONS	Cash	(175)	(175)
*	MS LIQUID ASSET FUND	Money Market	1,766,699	1,766,699
	SCHWAB MONEY MARKET FUND	Money Market	1,984	1,984
	AAC TECHNOLOGIES HLDG INC	Common Stock	45,209	40,625
	ABBOT LABORATORIES	Common Stock	55,234	72,081
	ACI WORLDWIDE INC	Common Stock	20,303	18,276
	ACUITY BRANDS INC	Common Stock	84,085	93,520
	ADOBE SYSTEMS	Common Stock	200,030	244,902
	ADT CORPORATION COM	Common Stock	52,099	44,193
	AES CORP	Common Stock	62,595	53,592
	AGIOS PHARMACEUTICALS INC COM	Common Stock	10,057	6,167
	AGREE REALTY CORP	Common Stock	5,145	5,031
	AIA GROUP LTD SPON ADR	Common Stock	131,491	187,344
	AIR LIQUIDE ADR	Common Stock	124,377	136,374
	AKBANK TURK ANONIM SIRKETI ADR	Common Stock	82,251	49,407
	AKORN INC	Common Stock	23,183	31,079
	AKZO NOBEL NV ADR	Common Stock	148,364	164,946
	ALEXANDRIA REAL ESTATE EQ INC	Common Stock	14,536	19,698
	ALEXION PHARM INC	Common Stock	194,504	271,819
	ALIBABA GROUP HLDG LTD (BABA)	Common Stock	184,524	192,204
	ALIGN TECHNOLOGY (ALGN)	Common Stock	25,478	29,633
	ALLEGHENY TECH INC	Common Stock	74,549	26,325
	ALLERGAN PLC SHS	Common Stock	49,344	59,375
	ALLIANZ SE ADS	Common Stock	122,920	165,170
	ALLSTATE CORP	Common Stock	51,945	73,266
	ALPHABET INC CL A	Common Stock	78,395	135,374
	ALPHABET INC CL C	Common Stock	92,700	150,258
	AMAG PHARMACEUTICALS INC	Common Stock	10,906	5,344
	AMAZON COM INC	Common Stock	169,620	344,704
	AMBEV S A SPONSORED ADR	Common Stock	97,004	67,391
	AMER INTL GP INC NEW	Common Stock	72,725	101,321
	AMERICA MOVIL SA DE CV ADR L	Common Stock	38,418	29,878
	AMERICAN CAMPUS CMMTYS INC	Common Stock	10,743	10,170
	AMERICAN ELECTRIC POWER CO	Common Stock	78,128	116,540
	AMERICAN TOWER REIT COM	Common Stock	53,583	63,018
	AMERIPRISE FINCL INC	Common Stock	63,540	92,053
	ANACOR PHARMACEUTICALS	Common Stock	9,759	9,828
	ANHEUSER BUSCH INBEV SA SPON	Common Stock	68,336	101,250
	ANTHEM INC COM (ANTM)	Common Stock	70,542	94,819

(Continued on following page)

SELECT SIRES, INC.
AMENDED PENSION PLAN

EIN 31-0717091

PLAN NUMBER 001

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

December 31, 2015

(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
	APARTMENT INVT & MGMT CO A	Common Stock	\$ 6,363	\$ 10,408
	APPLE INC	Common Stock	127,606	180,521
	APPLIED MATERIALS INC	Common Stock	81,261	98,671
	ARCHER DANIELS MIDLAND	Common Stock	48,220	60,082
	ARM HOLDINGS PLC ADS	Common Stock	154,557	162,185
	ARRIS GROUP INC COM NEW (ARRS)	Common Stock	39,140	39,955
	ARYZTA AG ZUERICH (ARZTY)	Common Stock	63,386	55,542
	ASHLAND INC NEW	Common Stock	24,259	35,945
	ASSURED GUARANTY LTD	Common Stock	30,916	43,213
	AT&T INC	Common Stock	50,073	50,583
	ATLAS COPCO AS A ADR A NEW	Common Stock	48,434	67,860
	AUTOLIV INC	Common Stock	21,865	47,038
	AVALONBAY COMM INC	Common Stock	11,164	15,283
	AVIS BUDGET GROUP COM	Common Stock	22,949	15,314
	AVIVA PLC ADR	Common Stock	122,513	137,073
	BAIDU INC ADS	Common Stock	213,147	258,985
	BAKER HUGHES INC	Common Stock	59,158	54,688
	BALFOUR BEATTY PLC SPON ADR	Common Stock	38,802	40,180
	BANCO BILBAO VIZ ARG SA ADS (BBVA)	Common Stock	74,739	55,503
	BANCO DO BRASIL SA SPON ADR (BDORY)	Common Stock	142,173	43,873
	BANCO MACRO S.A. SPONS ADR (BMA)	Common Stock	33,950	74,684
	BANKUNITED INC	Common Stock	46,481	54,523
	BARCLAYS PLC ADR	Common Stock	138,699	115,279
	BAXTER INTL INC (BAX)	Common Stock	9,927	9,919
	BAYER AG SPON ADR	Common Stock	55,110	70,532
	BAYERISCHE MOTOREN WERKE AG	Common Stock	100,793	103,026
	BB SEGURIDADE PARTICIPACOES (BBSEY)	Common Stock	75,142	40,272
	BE AEROSPACE INC	Common Stock	15,996	14,575
	BG GROUP PLC	Common Stock	132,976	110,512
	BIDVEST GROUP LTD SPONS ADR	Common Stock	33,440	30,097
	BIOGEN INC COM (BIIB)	Common Stock	146,312	202,191
	BIOMARIN PHARMAC SE	Common Stock	37,863	50,285
	BIOMED REALTY TRUST INC (BMR)	Common Stock	11,785	11,727
	BITAUTO HLDGS LTD SPON ADS (BITA)	Common Stock	16,110	10,916
	BNP PARIBAS SP ADR REPSTG	Common Stock	89,195	78,676
	BOEING CO	Common Stock	39,799	73,018
	BOSTON PROPERTIES INC	Common Stock	16,145	20,151
	BRISTOL MYERS SQUIBB CO	Common Stock	223,759	288,230
	BRITISH AMER TOB SPON ADR	Common Stock	158,160	165,233
	BRIXMOR PPTY GROUP INC (BRX)	Common Stock	16,357	16,189
	BROADSOFT INC COM (BSFT)	Common Stock	10,285	9,512

(Continued on following page)

SELECT SIRES, INC.
AMENDED PENSION PLAN

EIN 31-0717091

PLAN NUMBER 001

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

December 31, 2015

(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
	BROOKDALE SENIOR LIVING INC	Common Stock	\$ 41,420	\$ 34,169
	BUNGE LTD	Common Stock	104,936	100,372
	BURLINGTON STORES INC (BURL)	Common Stock	31,169	24,196
	CABLE ONE INC COM (CABO)	Common Stock	47,959	50,305
	CAIXABANK UNSPON ADR (CAIXY)	Common Stock	94,606	70,783
	CANADIAN NATL RAILWAY CO	Common Stock	70,861	95,387
	CAPITAL ONE FINANCIAL CORP	Common Stock	50,659	65,323
	CARNIVAL PLC	Common Stock	73,882	108,433
	CARRIZO OIL & GAS INC	Common Stock	19,157	13,548
	CARTER'S (CRI)	Common Stock	21,383	19,230
	CASEY'S GENERAL STORES INC	Common Stock	36,774	66,248
	CBRE GROUP INC	Common Stock	22,185	43,329
	CELGENE CORP	Common Stock	156,920	238,442
	CENTENE CORPORATION (CNC)	Common Stock	20,688	31,984
	CENTURYLINK INC	Common Stock	109,979	81,518
	CHESAPEAKE ENERGY CORP (CHK)	Common Stock	60,673	23,580
	CHEVRON CORP	Common Stock	205,473	198,812
	CHINA CONSTRUCTION BANK CORP	Common Stock	139,300	124,532
	CHINA MOBILE LTD	Common Stock	185,295	188,987
	CHINA SHENHUA ENERGY LTD ADR (CSUAY)	Common Stock	50,756	28,303
	CIELO SA SPONSORED ADR NEW	Common Stock	61,395	55,021
	CIENA CORP NEW	Common Stock	27,488	26,380
	CIGNA CORPORATION COM	Common Stock	37,568	76,823
	CISCO SYS INC (CSCO)	Common Stock	130,359	169,990
	CITIGROUP INC NEW	Common Stock	215,222	230,029
	CLARIANT AG MUTTENZ UNSPON ADR (CLZN)	Common Stock	54,281	53,816
	CLICKS GROUP LTD SPONS ADR (CLCGY)	Common Stock	62,827	55,590
	CNOOC LTD ADS	Common Stock	218,125	144,044
	COGNIZANT TECH SOLUTIONS CL A	Common Stock	90,159	127,543
	COLOPLAST AS ADR (CLPBY)	Common Stock	21,563	25,279
	COMCAST CORP (NEW) CLASS A	Common Stock	100,683	136,843
	COMMERCIAL INTL BNK LTD SP ADR	Common Stock	43,644	49,086
	COMPAGNIE FIN RICHEMONTAG ADR (CFRU)	Common Stock	77,462	67,590
	COMPANHIA ENERGY DE MIN SP ADR (CIG)	Common Stock	48,655	13,965
	CONAGRA FOODS INC (CAG)	Common Stock	14,836	14,756
	CONCHO RES INC	Common Stock	35,737	26,929
	CONOCOPHILLIPS	Common Stock	104,067	95,948
	CORE LABORATORIES N V (CLB)	Common Stock	18,540	13,266
	CORNING INC	Common Stock	52,484	54,749
	COSTCO WHOLESALE CORP NEW	Common Stock	46,683	73,483
	CROWN CASTLE INTL CORP NEW COM (CCI)	Common Stock	20,453	20,748

(Continued on following page)

SELECT SIRES, INC.
AMENDED PENSION PLAN

EIN 31-0717091

PLAN NUMBER 001

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

December 31, 2015

(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
	CROWN HLDGS INC (CCK)	Common Stock	\$ 46,649	\$ 63,324
	CSL LTD (CSLLY)	Common Stock	54,774	103,397
	CUBESMART COM (CUBE)	Common Stock	14,111	15,769
	CUMMINS INC (CMI)	Common Stock	61,420	46,645
	CVS HEALTH CORP COM (CVS)	Common Stock	188,302	213,236
	CYPRESS SEMICONDUCTOR DELA (CY)	Common Stock	32,100	34,286
	DANA HOLDING CORP	Common Stock	70,615	56,649
	DANAHER CORPORATION	Common Stock	56,293	80,806
	DARLING INGREDIENTS INC (DAR)	Common Stock	43,018	39,555
	DASSAULT SYSTEMS SA ADS	Common Stock	112,965	218,088
	DBS GROUP HOLDINGS LTD SP	Common Stock	67,301	63,739
	DEVON ENERGY CORP NEW (DVN)	Common Stock	105,550	56,960
	DEXCOM INC (DXCM)	Common Stock	114,549	113,186
	DIAGEO PLC SPON ADR NEW (DEO)	Common Stock	82,057	80,166
	DIAMONDBACK ENERGY INC (FANG)	Common Stock	20,590	17,461
	DIGITAL REALTY TRUST INC	Common Stock	14,096	17,393
	DILLARDS INC CL A	Common Stock	14,519	11,171
	DOLBY CLA A COM STK	Common Stock	16,610	17,195
	DOMTAR CORPORATION NEW (UFS)	Common Stock	52,724	44,746
	DUNKIN BRANDS GROUP INC	Common Stock	22,596	19,549
	EAST JAPAN RY CO ADR (EJPRY)	Common Stock	113,811	132,303
	EASTGROUP PROPERTIES INC	Common Stock	11,871	12,735
	EDUCATION RLTY TR INC COM (EDR)	Common Stock	9,772	10,228
	EMC CORP MASS	Common Stock	87,074	88,468
	ENANTA PHARMACEUTICALS INC (ENTA)	Common Stock	23,748	19,845
	ENGIE SPONS ADR (ENGIY)	Common Stock	142,303	118,888
	ENSCO PLC CLASS A	Common Stock	134,698	47,632
	ENTEGRIS INC	Common Stock	12,859	19,149
	ENTERGY CORP NEW	Common Stock	76,027	68,018
	EPR PPTYS COM	Common Stock	12,283	15,782
	F5 NETWORKS INC	Common Stock	28,149	28,506
	FACEBOOK INC CL-A	Common Stock	178,270	378,241
	FANUC CORPORATION UNSP ADR	Common Stock	130,104	147,683
	FEDL RLTY INVT TRUST S B I (FRT)	Common Stock	14,250	20,162
	FIREEYE INC (FEYE)	Common Stock	24,458	9,582
	FIRST INDUST REALTY TR INC (FR)	Common Stock	10,980	11,176
	FIRST REPUBLIC BANK (FRC)	Common Stock	25,096	38,579
	FITBIT INC CL A (FIT)	Common Stock	127,018	101,346
	FLEETCOR TECHNOLOGIES (FLT)	Common Stock	30,862	38,591
	FLUOR CORP NEW (FLR)	Common Stock	125,775	102,940
	FOOT LOCKER INC (FL)	Common Stock	36,156	44,522

(Continued on following page)

SELECT SIRES, INC.
AMENDED PENSION PLAN

EIN 31-0717091

PLAN NUMBER 001

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

December 31, 2015

(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
	FORTINET INC (FTNT)	Common Stock	\$ 33,251	\$ 29,643
	FRANKLIN RESOURCES INC (BEN)	Common Stock	91,175	64,251
	FRESENIUS MEDICAL CARE AG&CO (FMS)	Common Stock	68,539	85,061
	FUCHS PETRLUB AG UNSPON ADR (FUPBY)	Common Stock	63,070	62,268
	GAP INC (GPS)	Common Stock	96,604	67,184
	GARTNER INC (IT)	Common Stock	16,849	24,580
	GAZPROM O A O SPON ADR (OGZPY)	Common Stock	93,466	43,159
	GENERAL ELECTRIC CO (GE)	Common Stock	185,674	246,397
	GENL DYNAMICS CORP (GD)	Common Stock	38,561	72,801
	GEO GROUP INC COM NEW (GEO)	Common Stock	5,709	4,857
	GILEAD SCIENCE (GILD)	Common Stock	55,507	54,643
	GIVAUDAN SA ADR (GVDNY)	Common Stock	16,525	19,288
	GLAXOSMITHKLINE PLC ADS (GSK)	Common Stock	121,275	109,550
	GLOBAL PAYMENT INC (GPN)	Common Stock	34,933	53,866
	GOLDMAN SACHS GRP INC (GS)	Common Stock	56,725	69,208
	GRAMERCY PROP TRUST (GPT)	Common Stock	10,615	11,032
	GRIFOLS SA ADR (GRFS)	Common Stock	46,636	43,546
	GUIDEWIRE SOFTWARE INC (GWRE)	Common Stock	9,937	11,250
	HAIN CELESTIAL GROUP INC (HAIN)	Common Stock	24,948	19,428
	HARTFORD FIN SERS GRP INC (HIG)	Common Stock	105,143	160,150
	HCP INCORPORATED (HCP)	Common Stock	11,628	10,707
	HD SUPPLY HOLDINGS (HDS)	Common Stock	32,800	34,685
	HEALTHSOUTH CP NEW (HLS)	Common Stock	39,964	36,864
	HEARTLAND PAYMENT SYS INC (HPY)	Common Stock	16,538	50,729
	HERTZ GLOBAL HOLDINGS, INC (HTZ)	Common Stock	45,951	29,556
	HITACHI 10 COM NEW ADR (HTHIY)	Common Stock	139,050	120,204
	HOME DEPOT INC (HD)	Common Stock	70,035	117,703
	HORIZON PHARMA PLC SHS (HZNP)	Common Stock	19,878	15,039
	HOSPITALITY PTYS TR COM SBI (HPT)	Common Stock	15,237	14,252
	HOST HOTEL & RESORTS INC (HST)	Common Stock	12,383	13,423
	HSBC HOLDINGS PLC SPON ADR NEW (HSBC)	Common Stock	152,636	133,803
	IAC INTERACTIVECORP COM (IACI)	Common Stock	28,097	38,372
	ICICI BANK LTD (IBN)	Common Stock	90,837	93,107
	ICON PLC (ICLR)	Common Stock	23,747	30,070
	IDEXX LABS (IDXX)	Common Stock	20,968	20,563
	ILLUMINA INC (ILMN)	Common Stock	185,743	214,978
	IMAX CORP (IMAX)	Common Stock	21,890	21,964
	IMPERIAL HLDGS LTD ADR (IHLDY)	Common Stock	70,215	28,247
	IMPERIAL OIL LTD COM NEW (IMO)	Common Stock	109,514	83,902
	INFINERA CORP (INFN)	Common Stock	30,392	28,684
	INGRAM MICRO INC CLA (IM)	Common Stock	35,745	43,838

(Continued on following page)

SELECT SIRES, INC.
AMENDED PENSION PLAN

EIN 31-0717091

PLAN NUMBER 001

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

December 31, 2015

(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
	INTEL CORP (INTC)	Common Stock	\$ 101,144	\$ 139,178
	INTERACTIVE BROKERS GROUP INC (IBKR)	Common Stock	8,947	17,222
	INTERCEPT PHARMACEUTICALS INC (ICPT)	Common Stock	164,130	115,149
	INTERCONTINENTALEXCHANGE GROUP (ICE)	Common Stock	154,595	170,413
	INTERNATIONAL CONS AIRLS GRP (ICAGY)	Common Stock	43,683	59,786
	INTERNATIONAL PAPER CO (IP)	Common Stock	77,839	59,943
	IONIS PHARMACEUTICALS INC (IONS)	Common Stock	25,562	37,220
	IRON MOUNTAIN INC NEW COM (IRM)	Common Stock	53,816	46,592
	ITAU UNIBANCO MULTIPLE ADR (ITUB)	Common Stock	119,233	69,266
	ITC HOLDINGS (ITC)	Common Stock	28,962	35,325
	JAPAN AIRLS LTD ADR (JAPSY)	Common Stock	80,594	80,947
	JAZZ PHARMACEUTICALS PLC (JAZZ)	Common Stock	22,461	24,739
	JD COM INC SPON ADR CL A (JD)	Common Stock	50,900	49,849
	JGC CORP UNSPONSORED ADR (JGCCY)	Common Stock	103,585	52,960
	JOHNSON & JOHNSON (JNJ)	Common Stock	114,598	154,696
	JPMORGAN CHASE & CO (JPM)	Common Stock	122,355	194,458
	KAPSTONE PAPER AND PACKAGING (KS)	Common Stock	12,802	22,138
	KASIKORNBANK PUB CO LTD UNSPON (KPCF)	Common Stock	47,805	31,125
	KB FINANCIAL GRP INC SONS ADR (KB)	Common Stock	92,614	74,747
	KBC GROUP NV UNSPONS ADR (KBCSY)	Common Stock	25,616	30,122
	KDDI CORP UNSPON ADR (KDDIY)	Common Stock	117,896	197,217
	KEYCORP NEW (KEY)	Common Stock	31,707	43,474
	KIMBERLY CLARK CORP (KMB)	Common Stock	55,794	85,036
	KIMBERLY CLARK SPON ADR (KCDMY)	Common Stock	64,925	61,826
	KITE RLTY GROUP TR (KRG)	Common Stock	11,518	9,853
	KOC HLDG AS UNSPON ADR (KHOLY)	Common Stock	60,976	53,355
	KOHL'S CORPORATION WISC (KSS)	Common Stock	73,190	65,253
	KONE OYJ ADR (KNYJY)	Common Stock	67,177	62,253
	KROGER CO (KR)	Common Stock	58,795	67,974
	L OREAL CO ADR (LRLCY)	Common Stock	88,471	119,779
	LENNAR CORPORATION (LEN)	Common Stock	70,402	89,163
	LINDE AG SPONSORED ADR (LNEGY)	Common Stock	158,312	125,065
	LINKEDIN CORP-A (LNKD)	Common Stock	190,257	258,842
	LITTLE FUSE INC (LFUS)	Common Stock	33,492	40,557
	LIVE NATION ENTERTAINMENT INC (LYV)	Common Stock	22,464	37,052
	LLOYD'S BANKING GROUP PLC (LYG)	Common Stock	111,700	105,124
	LOCALIZA RENT A CAR SA SPON (LZRFY)	Common Stock	97,339	48,208
	LTC PROPERTIES INC (LTC)	Common Stock	8,148	10,526
	LVMH MOET HENNESSY LOUIS VUITT (LVMU)	Common Stock	42,160	49,699
	MANHATTAN ASSOC INC (MANH)	Common Stock	10,172	22,498
	MANPOWERGROUP INC COM (MAN)	Common Stock	16,087	23,601

(Continued on following page)

SELECT SIRES, INC.
AMENDED PENSION PLAN

EIN 31-0717091

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

December 31, 2015

(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
	MARATHON OIL CO (MRO)	Common Stock	\$ 106,758	\$ 58,166
	MARKETAXESS HOLDINGS INC (MKTX)	Common Stock	8,778	14,730
	MARRIOTT INTL INC NEW CL A (MAR)	Common Stock	50,511	58,325
	MASTERCARD INC CL A (MA)	Common Stock	76,875	144,580
	MC DONALDS CORP (MCD)	Common Stock	42,285	44,303
	MCGRAW HILL FINANCIAL INC COM (MHFI)	Common Stock	19,061	20,307
	MEDIDATA SOLUTIONS INC COM (MDSO)	Common Stock	20,764	21,145
	MEDIVATION INC (MDVN)	Common Stock	27,747	33,210
	MERCADOLIBRE INC (MELI)	Common Stock	177,607	172,539
	MERCK & CO INC NEW COM (MRK)	Common Stock	144,636	141,558
	METLIFE INCORPORATED (MET)	Common Stock	80,267	86,826
	MICRON TECH INC (MU)	Common Stock	89,015	67,402
	MICROSOFT CORP (MSFT)	Common Stock	191,358	259,646
	MIDDLEBY CORP DEL (MIDD)	Common Stock	29,402	28,909
	MITSUBISHI EST ADR (MITEY)	Common Stock	66,983	48,982
	MOBILE TELESYSTEMS PJSC (MBT)	Common Stock	95,502	36,209
	MOBILEYE N.V. (MBLY)	Common Stock	192,149	177,365
	MOMENTA PHARM INC (MNTA)	Common Stock	11,249	9,082
	MONOTARO CO LTD ADR (MONOY)	Common Stock	22,005	54,253
	MONSANTO CO/NEW (MON)	Common Stock	33,575	32,019
	MONSTER BEVERAGE CORP NEW COM (MNE)	Common Stock	186,622	203,032
	MORGAN STANLEY (MS)	Common Stock	32,768	40,717
	MTN GRP LTD SPONS ADR (MTNOY)	Common Stock	86,059	39,487
	MURPHY OIL CORP (MUR)	Common Stock	125,007	57,472
	NABORS INDUSTRIES LTD NEW (NBR)	Common Stock	48,277	30,423
	NASPERS LIMITED ADS (NPSNY)	Common Stock	52,699	52,086
	NATIONAL RETAIL PROPERTIES I (NNN)	Common Stock	8,085	10,413
	NEDBANK GRP LTD SPON ADR (NDBKY)	Common Stock	51,787	32,388
	NESTLE SPON ADR REP REG SHR (NSRGY)	Common Stock	136,379	185,901
	NETAPP INC COM (NTAP)	Common Stock	33,198	23,612
	NETEASE.COM INC ADS (NTES)	Common Stock	65,088	161,304
	NETFLIX INC (NFLX)	Common Stock	55,762	113,122
	NIKE INC B (NKE)	Common Stock	160,110	259,375
	NIKON CORP ADR (NINOY)	Common Stock	116,315	88,972
	NORDSON CP (NDSN)	Common Stock	19,234	19,951
	NORTHSTAR RLTY FIN CORP (NRF)	Common Stock	14,584	10,048
	NORTHWESTERN CORPORATION (NWE)	Common Stock	14,486	14,919
	NOVARTIS AG ADR (NVS)	Common Stock	115,545	127,769
	NOVO NORDISK A/S ADR (NVO)	Common Stock	205,299	254,681
	NUCOR CORPORATION (NUE)	Common Stock	68,766	61,780
	NVR INCORPORATED NEW (NVR)	Common Stock	30,713	36,146

(Continued on following page)

SELECT SIRES, INC.
AMENDED PENSION PLAN

EIN 31-0717091

PLAN NUMBER 001

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

December 31, 2015

(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
	NXP SEMICONDUCTORS NV (NXPI)	Common Stock	\$ 28,919	\$ 24,348
	O'REILLY AUTOMOTIVE INC NEW (ORLY)	Common Stock	45,647	72,985
	OLD DOMINION FREIGHT LINE (ODFL)	Common Stock	27,621	28,885
	OMEGA HEALTHCARE INV INC (OHI)	Common Stock	26,768	41,976
	ONEOK INC NEW (OKE)	Common Stock	26,374	16,029
	OPHTHOTECH CORP COM (OPHT)	Common Stock	19,407	19,397
	OUTFRONT MEDIA INC COM NPV (OUT)	Common Stock	11,986	9,496
	OWENS ILLINOIS COM NEW (OI)	Common Stock	45,074	38,638
	PALO ALTO NETWORKS INC (PANW)	Common Stock	20,014	18,671
	PARKER HANNIFIN CORP (PH)	Common Stock	60,436	53,921
	PENNEY J C CO (JCP)	Common Stock	66,197	52,414
	PENTAIR PLC (PNR)	Common Stock	51,127	43,091
	PEPSICO INC NC (PEP)	Common Stock	76,110	99,620
	PFIZER INC (PFE)	Common Stock	104,144	121,050
	PHILIPPINE LG DIST TEL SPN ADR (PHI)	Common Stock	76,416	54,293
	PJSC LUKOIL SPONSORED ADR (LUKOY)	Common Stock	85,873	60,357
	PLANTONICS INC (PLT)	Common Stock	41,132	39,596
	PLUM CREEK TIMBER CO INC REI (PCL)	Common Stock	14,219	18,134
	POSTNL N.V. SPON ADR (PNLYY)	Common Stock	33,895	31,674
	POWER INTEGRATIONS INC (POWI)	Common Stock	23,774	20,473
	PPC LIMITED UNSPON ADR (PPCYY)	Common Stock	54,833	16,043
	PREMIER INC CL A (PINC)	Common Stock	30,114	30,509
	PRICELINE GRP INC COM NEW (PCLN)	Common Stock	141,112	221,841
	PROTO LABS (PRLB)	Common Stock	15,019	14,394
	PT ASTRA INTERNATIONAL TBK ADR (PTAIY)	Common Stock	90,239	66,231
	PT BK MANDIRI PERSERO TBK UNSP (PPER)	Common Stock	91,278	81,104
	PT SEMEN GRESIK PERSERO ADR (PSGTY)	Common Stock	72,917	50,886
	PT TELEKOMUNIKASI INDONESIA (TLK)	Common Stock	89,129	100,388
	PT UNITED TRACTORS ADR (PUTKY)	Common Stock	60,653	37,325
	PTT EXPLO & PRODTN SPONS ADR (PEXNY)	Common Stock	36,644	10,368
	PUBLIC SERVICE ENTERPRISE GP (PEG)	Common Stock	57,288	68,481
	QUESTAR CORP (STR)	Common Stock	47,582	40,752
	RADIUS HEALTH INC (RDUS)	Common Stock	14,207	14,585
	RED HAT INC (RHT)	Common Stock	40,408	67,490
	REDWOOD TRUST INC (RWT)	Common Stock	42,301	40,643
	REGENERON PHARM (REGN)	Common Stock	61,989	67,316
	RELX NV SPONSORED ADR (RENX)	Common Stock	117,468	156,098
	ROBERT HALF INT (RHI)	Common Stock	25,359	29,792
	ROCHE HOLDINGS ADR (RHHBY)	Common Stock	238,860	310,437
	RYANAIR HLDGS PLC ADR (RYAAY)	Common Stock	19,743	30,434
	SABRE CORPORATION (SABR)	Common Stock	24,787	23,830

(Continued on following page)

SELECT SIRES, INC.
AMENDED PENSION PLAN

EIN 31-0717091

PLAN NUMBER 001

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

December 31, 2015

(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
	SALESFORCE.COM, INC (CRM)	Common Stock	\$ 61,679	\$ 100,744
	SANDS CHINA LTD UNSPONSORE ADR (SCH)	Common Stock	113,053	59,421
	SANLAM LTD ADR (SLLDY)	Common Stock	39,274	32,906
	SANOFI ADR (SNY)	Common Stock	113,285	96,602
	SAP AG (SAP)	Common Stock	205,493	233,345
	SASOL LTD SPON ADR (SSL)	Common Stock	65,670	47,659
	SBERBANK RUSSIA SPONSORED ADR (SBRC)	Common Stock	123,934	71,275
	SCHLUMBERGER LTD (SLB)	Common Stock	135,659	101,486
	SCHNEIDER ELEC SA UNSP ADR (SBGSY)	Common Stock	124,984	89,852
	SEALED AIR CP NEW (SEE)	Common Stock	46,996	93,660
	SERVICENOW INC (NOW)	Common Stock	119,151	136,765
	SHAKE SHACK INC CL A (SHAK)	Common Stock	18,792	14,256
	SHERWIN WILLIAMS COMPANY OHIO (SHW)	Common Stock	46,793	42,834
	SHIN ETSU CHEM CO LTD ADR (SHECY)	Common Stock	40,045	36,734
	SHINHAN FINANCIAL GROUP CO LTD (SHG)	Common Stock	135,520	73,361
	SHIRE PLC ADR (SHPG)	Common Stock	81,860	78,925
	SHOPRITE HLDGS LTD SPONSORED A (SRGT)	Common Stock	48,415	29,898
	SIGNET JEWELERS LIMITED (SIG)	Common Stock	17,901	30,675
	SILGAN HLDGS INC (SLGN)	Common Stock	20,579	25,302
	SIMON PPTY GROUP INC (SPG)	Common Stock	31,415	43,360
	SK TELECOM CO LTD (SKM)	Common Stock	123,253	113,142
	SKECHERS U S A INC CL A (SKX)	Common Stock	30,292	29,062
	SKYWORKS SOLUTIONS INC (SKWKS)	Common Stock	113,018	104,105
	SONOVA HLDG AG UNSP ADR (SONVY)	Common Stock	44,049	54,724
	SPLUNK INC (SPLK)	Common Stock	217,097	234,358
	SSE PLC SPON ADR (SSEZY)	Common Stock	159,314	147,609
	ST JUDE MEDICAL INC (STJ)	Common Stock	75,273	76,286
	STANDARD BANK GROUP LTD SPON (SGBLY)	Common Stock	59,227	32,335
	STARBUCKS CORP WASHINGTON (SBUX)	Common Stock	51,167	98,749
	STATE STREET CORP (STT)	Common Stock	119,522	169,550
	SUMITOMO MITSUI GROUP INC (SMFG)	Common Stock	93,872	84,530
	SUPERNUS PHARMACEUTICALS INC (SUPN)	Common Stock	11,521	9,852
	SVENSKA HANDELSBANKEN AB ADR (SVNLY)	Common Stock	41,382	43,553
	SYMRISE AG UNSPONS ADR (SYIEY)	Common Stock	52,824	62,292
	SYNCHRONY FINANCIAL (SYF)	Common Stock	20,017	19,797
	SYSCO CORP (YYY)	Common Stock	68,287	73,595
	SYSMEX CORP UNSPON ADR (SSMXY)	Common Stock	66,388	140,828
	TABLEAU SOFTWARE INC CL-A (DATA)	Common Stock	31,399	40,891
	TAIWAN SMCNDCR MFG CO LTD ADR (TSM)	Common Stock	212,245	320,639
	TANDEM DIABETES CARE INC (TNDM)	Common Stock	6,195	5,078
	TARO PHARMACEUTICAL IND LTD (TARO)	Common Stock	42,192	43,892

(Continued on following page)

**SELECT SIRES, INC.
AMENDED PENSION PLAN**

EIN 31-0717091

PLAN NUMBER 001

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

December 31, 2015

(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
	TECHNIP-COFLEXIP (TKPPY)	Common Stock	\$ 79,922	\$ 52,208
	TEREX CP NEW DEL (TEX)	Common Stock	54,619	45,738
	TERRENO RLTY CORP COM (TRNO)	Common Stock	10,265	10,066
	TESLA MOTORS INC (TSLA)	Common Stock	107,633	153,606
	TEXTRON INC (TXT)	Common Stock	66,989	116,578
	TIDEWATER INC (TDW)	Common Stock	54,199	9,981
	TIFFANY & COMPANY NEW (TIF)	Common Stock	42,546	33,568
	TIME WARNER INC NEW (TWX)	Common Stock	55,219	41,389
	TJX COS INC NEW (TJX)	Common Stock	34,727	45,382
	TOTAL S A SPON ADR (TOT)	Common Stock	138,106	117,320
	TOTAL SYSTEM SVCS (TSS)	Common Stock	24,903	55,378
	TOWERS WATSON & CO CL A (TW)	Common Stock	14,923	33,400
	TOYOTA MOTOR CP ADR NEW (TM)	Common Stock	84,150	101,385
	TRAVELERS COMPANIES INC COM (TRV)	Common Stock	58,055	87,467
	TRIBUNE MEDIA COMPANY CLASS A (TRCO)	Common Stock	51,891	32,796
	TURKCELL ILETISM HIZM AS NEW (TKC)	Common Stock	73,124	42,348
	TURKIYE GARANTI BANKASI A S (TKGBY)	Common Stock	91,729	46,477
	TWENTY-FIRST CENTURY FOX CL A (FOXA)	Common Stock	56,797	45,221
	TYCO INTERNATIONAL PLC SHS (TYC)	Common Stock	48,308	48,792
	UBS GROUP AG SHS (UBS)	Common Stock	134,027	136,462
	UNDERARMOUR INC CL A (UA)	Common Stock	32,686	60,861
	UNICHARM CORP UNSPON ADR (UNICY)	Common Stock	85,808	113,008
	UNIFIRST CP (UNF)	Common Stock	35,168	36,678
	UNILEVER PLC (NEW) ADS (UL)	Common Stock	67,399	78,910
	UNITED THERAPEUTICS CORP (UTHR)	Common Stock	8,699	19,106
	UNITEDHEALTH GP INC (UNH)	Common Stock	50,257	67,878
	UNIVERSAL HEALTH SERVICES B (UHS)	Common Stock	12,438	24,615
	V F CORPORATION (VFC)	Common Stock	44,884	66,296
	VEEVA SYS INC CL A (VEEV)	Common Stock	9,893	10,098
	VENTAS INC (VTR)	Common Stock	10,643	12,358
	VERINT SYSTEMS INC (VRNT)	Common Stock	19,927	14,520
	VERISK ANALYTICS CL A (VRSK)	Common Stock	35,310	56,122
	VERTEX PHARMACEUTICALS (VRTX)	Common Stock	128,247	181,824
	VISA INC CL A (V)	Common Stock	170,912	314,310
	VODACOM GROUP LIMITED (VDMCY)	Common Stock	45,629	35,084
	VODAFONE GROUP PLC (VOD)	Common Stock	112,377	81,327
	VOLKSWAGEN AG SPON ADR (VLKAY)	Common Stock	202,591	144,963
	VORNADO REALTY TRUST (VNO)	Common Stock	13,846	15,494
	WABTEC (WAB)	Common Stock	25,559	34,422
	WALT DISNEY CO HLDG CO (DIS)	Common Stock	42,099	85,640
	WEICHAI PWR CO LTD UNSPON ADR (WEICY)	Common Stock	74,878	31,465

(Continued on following page)

**SELECT SIRES, INC.
AMENDED PENSION PLAN**

EIN 31-0717091

PLAN NUMBER 001

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

December 31, 2015

(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
	WEINGARTEN REALTY INV SBI (WRI)	Common Stock	\$ 11,094	\$ 14,351
	WELLTOWER INC (HCN)	Common Stock	13,664	15,919
	WESTERN DIGITAL CORPORATION (WDC)	Common Stock	44,338	57,348
	WEYERHAEUSER CO (WY)	Common Stock	15,251	14,690
	WHIRLPOOL CORP (WHR)	Common Stock	78,161	71,966
	WILLIAMS SONOMA (WSM)	Common Stock	27,035	33,002
	WOOLWORTHS HLDGS LTD (WLWHY)	Common Stock	48,907	49,661
	WORKDAY INC CL A (WDAY)	Common Stock	43,715	52,589
	WPP PLC SPON NEW ADR (WPPGY)	Common Stock	103,369	178,076
	WYNDHAM WORLDWIDE CORP (WYN)	Common Stock	14,826	29,351
	WYNN MACAU LTD UNSPON ADR (WYNMY)	Common Stock	52,843	22,135
	XYLEM INC COM (XYL)	Common Stock	37,983	54,750
	YPF SOCIEDAD ADS REP 1 CL-D SH (YPF)	Common Stock	64,767	46,940
	YY INC ADS (YY)	Common Stock	24,716	23,988
	ZIONS BANCORP (ZION)	Common Stock	40,259	36,036
	ZURICH INSURANCE GRP LTD ADR (ZURVY)	Common Stock	103,764	99,681
	PRIVATE ADV HED ST QP LTD CL A	Hedge Fund	411,110	488,230
	PRIVATE ADV HED EQ QP LP A	Hedge Fund	3,669,779	3,514,983
	IRONWOOD INSTIT MS LLC	Hedge Fund	2,879,568	3,274,379
	SKYBRIDGE MUL-ADSVR SER G ADV	Hedge Fund	1,236,706	1,884,498
	ISHARES MSCI EAFE SM CAP ETF (SCZ)	Mutual Fund	749,851	973,526
	BLACKROCK STRATEGIC INC OPP I (BSIIX)	Mutual Fund	2,905,632	2,806,568
	E V FLOATING RATE I (EIBLX)	Mutual Fund	1,462,657	1,374,407
	E V INCOME FUND OF BOSTON I (EIBIX)	Mutual Fund	1,490,805	1,352,244
	METROPOLITAN WEST TOT RET BD I (MWTI)	Mutual Fund	3,844,026	3,773,057
	PIMCO COMMOD REAL RET STRATP (PCRPX)	Mutual Fund	779,740	483,616
	PIMCO EMERGING LOCAL BD P (PELPX)	Mutual Fund	1,424,066	967,332
	PRUDENTIAL SHT TRM CORP BD Z (PIFZX)	Mutual Fund	2,958,229	2,849,092
	TEMPLETON GLOBAL BD FD ADV (TGBAX)	Mutual Fund	1,116,800	969,830
	VIRTUS INSIGHT EMERG MKTS I (HIEMX)	Mutual Fund	1,613,308	1,487,271
	VALE S.A. SP (VALE'P)	Preferred Stock	64,731	9,611
	NATIONWIDE LIFE INSURANCE COMPANY	Immediate Participation Contracts	678,488	678,488
	TOTAL		\$ 59,894,569	\$ 61,705,435

* Represents party-in-interest.

**SELECT SIRES, INC.
AMENDED PENSION PLAN**

EIN 31-0717091

PLAN NUMBER 001

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

For the Year Ended December 31, 2015

(a) Identity of issue, borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral par or maturity value	(c) Cost of acquisitions	(d) Proceeds of dispositions
PEBBLEBROOK HOTEL TR COM	Common Stock	\$ 11,139	\$ 8,776
MEDIA GEN INC NEW	Common Stock	30,076	19,319
PUBLIC STORAGE	Common Stock	6,025	6,388
DOLLAR GEN CORP NEW COM	Common Stock	48,533	42,701
INTERPUBLIC GROUP OF COS INC	Common Stock	-	3,453
NORTHSTAR REALTY EUROPE CORP	Common Stock	2,191	1,868
RMR GROUP INC CL A	Common Stock	108	123
VIPSHOP HLDGS LTD ADS	Common Stock	34,998	30,577
LENDINGCLUB CORPORATION	Common Stock	5,975	3,962
RECEPTOS INC	Common Stock	13,729	18,096
		<u>\$ 152,774</u>	<u>\$ 135,263</u>