Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MERRITT'S BOAT & ENGINE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MERRITTS BOAT & ENGINE WORKS, INC.

2931 NE 16TH STREET
POMPANO BEACH, FL 33062

2b Employer Identification Number (EIN)
59-0947312

2c Sponsor's telephone number
954-941-5207

2d Business code (see instructions)
336610

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.	09/23/2010	FRAN PINNELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MERRITTS BOAT & ENGINE WORKS, INC.

2931 NE 16TH STREET
POMPANO BEACH, FL 33062

3b Administrator's EIN
59-0947312

3c Administrator's telephone number
954-941-5207

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**	157
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	127
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	7
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	134
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	134
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	72
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D 2T

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	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)	X	**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)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection.**

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

A Name of plan
MERRITT'S BOAT & ENGINE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERRITTS BOAT & ENGINE WORKS, INC.

D Employer Identification Number (EIN)
59-0947312

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64 63 60	RECORDKEEPER	2050	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MORGAN STANLEY SMITH BARNEY HOLDING

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?
55	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	8476	Yes [ ] No [X]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
MERRITT'S BOAT & ENGINE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERRITTS BOAT & ENGINE WORKS, INC.

D Employer Identification Number (EIN)
59-0947312

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	183140	220994
(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)	2676540	3586604
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	2859680	3807598
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2859680	3807598

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) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	35174	
	(B) Participants	2a(1)(B)	291234	
	(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)		326408
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	16294	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16294
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	38615	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		38615
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		620204
c Other income	2c		-218
d Total income. Add all **income** amounts in column (b) and enter total	2d		1001303
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	51335	
(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)		51335
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2050	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2050
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		53385
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		947918
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: J.D. GILBERT & CO. (2) EIN: 59-2122459

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

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		5517
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	
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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		400000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
MERRITT'S BOAT & ENGINE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERRITTS BOAT & ENGINE WORKS, INC.

D Employer Identification Number (EIN)
59-0947312

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** 0

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): 04-3581074

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** 3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

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

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

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

J.D. GILBERT & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS
350 Jim Moran Boulevard, Suite 220, Deerfield Beach, Florida 33442 • (954) 419-1000 • Fax (954) 419-1040
Toll Free (888) 419-2727 • E-Mail cpas@jdgilbert.com

MERRITT BOAT & ENGINE 401(k) PLAN
EIN 59-0947312
PLAN #001
FORM 5500, SCHEDULE H, PART III, LINE 3

Independent Auditors' Report

To the Plan Administrator
Merritt's Boat & Engine 401(k) Plan
2931 NE 16th Street
Pompano Beach, FL 33062-3197

We were engaged to audit the financial statements and supplemental schedules of Merritt's Boat & Engine 401(k) Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6 which was certified by ING Institutional Plan Services, LLC as agent for Reliance Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules as of December 31, 2009 and 2008 and for the year ended December 31, 2009 taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived form the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

J.D. Gilbert & Company

Deerfield Beach, FL
September 8, 2010

MERRITT BOAT & ENGINE 401(k) PLAN
EIN 59-0947312
PLAN #001
FORM 5500, SCHEDULE H, PART III, LINE 3

MERRITT'S BOAT & ENGINE 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009

MERRITT'S BOAT & ENGINE 401(k) PLAN
FINANCIAL STATEMENTS

DECEMBER 31, 2009

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J.D. GILBERT & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditors' Report

To the Plan Administrator
Merritt's Boat & Engine 401(k) Plan
2931 NE 16th Street
Pompano Beach, FL 33062-3197

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Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules as of December 31, 2009 and 2008 and for the year ended December 31, 2009 taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived form the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

J.D. Gilbert & Company

Deerfield Beach, FL
September 8, 2010

MERRITT'S BOAT & ENGINE 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments:		
Registered Investment Companies	$3,586,604	$ 2,676,540
Participant Loans Receivable	220,994	182,922
Total Assets	3,807,598	2,859,462
LIABILITIES	375	1,300
NET ASSETS AVAILABLE FOR BENEFITS	$3,807,223	$2,858,162

See Accompanying Notes to the Financial Statements

MERRITT'S BOAT & ENGINE 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2009

ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Realized and unrealized net appreciation in fair value of registered investment companies		$ 620,122
Dividends from registered investment companies		38,615
Interest on participant loans		16,294
Interest – Other		82
Total Investment Results		675,113
Contributions:		
Participants	$291,234	
Employers	35,174	
Total Contributions		326,408
Total Additions		1,001,521
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants		50,410
Administrative expenses		2,050
Total Deductions		52,460
Net Increase		949,061
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		2,858,162
End of year		$3,807,223

See Accompanying Notes to the Financial Statements

MERRITT'S BOAT & ENGINE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2009

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Merritt's Boat & Engine 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering all full-time employees of Merritt's Boat & Engine Works, Inc., Merritt Marine Supply, Inc., Roy-Al Management Enterprises Corp. and Smith-Merritt Insurance, Inc. (collectively, the "Company") who have one year of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions
Each year, participants may contribute up to 92% of pretax annual compensation, as defined and limited in the Plan, and to the maximum amount allowed by law. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers 19 mutual funds as investment options for participants. The Company contributes 20% of the first 5% of base compensation that a participant contributes to the Plan. The matching Company contribution is invested in the same funds as the participants' contributions. Additional profit sharing amounts may be contributed at the option of the Company's board of directors; however, no such contributions have been made. Contributions are subject to certain limitations, and are funded on a weekly basis.

Participant Accounts
Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and is charged with specific administrative expenses for participant loan activity. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All investments are participant directed.

Vesting
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Participant Loans
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates of prime plus 2 points as of the loan date, as determined by the Plan administrator. Principal and interest are paid ratably through weekly payroll deductions. Interest income is recorded on the cash basis, when received. Under generally accepted accounting principles (GAAP), interest should be accrued as earned; the effect of this departure from GAAP has not been determined.

Payment of Benefits
On termination of service due to death, disability or retirement, a participant with a vested individual account balance greater than $5,000 may elect to receive either a lump-sum amount equal to the value of the participant's vested interest or a payment in the form of an annuity. For accounts less than $5,000, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. See the Plan document for minimum distribution requirements, and involuntary cash-outs provisions.

Forfeited Accounts
At December 31, 2009 and 2008, forfeited nonvested accounts totaled $1,874 and $1,784, respectively. The remaining balances will be allocated to participants in 2010.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. The Financial Accounting Standards Board (FASB) has established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. These inputs have been used to determine the fair value of the investment in registered investment companies (mutual funds).

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Level 2 inputs consist of external inputs, other than quoted prices, that are observable for the asset either directly or indirectly. These inputs are not relevant for the Plan assets.

Level 3 inputs consist of unobservable inputs, reflecting the Plan's own assumptions regarding valuation using the best information available. These inputs are used to determine fair value of the participant loans receivable.

Shares of registered investment companies are valued based upon quoted market prices, utilizing the net asset value of shares held by the Plan at year-end. Such investments are not bank deposits or obligations, are not guaranteed by any bank, and are not insured or guaranteed by the FDIC or any other governmental agency.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded when received.

Net appreciation in fair value of registered investment companies includes realized gains and losses on investments sold, and unrealized gains and losses on investments held. Dividends are separately reported.

Payment of Benefits
Benefits are recorded when paid. If benefit payment checks have not been cashed, a liability is recorded for the amount of the stale checks.

Subsequent Events
Management has evaluated subsequent events through September 8, 2010, the date these financial statements were available to be issued.

NOTE 3 – INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets. These assets are all registered investment companies.

	2009	2008
Legg Mason ClearBridge Aggressive Growth Fund, Inc.	$337,308	$239,169
Legg Mason ClearBridge Appreciation Fund, Inc.	331,457	270,648
The Growth Fund of America – R3 Shares	731,747	496,952
Van Kampen Equity and Income Fund	287,353	231,389
Western Asset Money Market Fund	508,122	489,544

NOTE 3 – INVESTMENTS (Continued)

In October 2009, the names of nine registered investment companies used by the Plan were changed from "Legg Mason Partners" to "Legg Mason ClearBridge", "Legg Mason Western Asset", or "Legg Mason Batterymarch". The investments did not change, therefore the current names are used.

During 2008, the Plan's investments in registered investment companies (including dividends, realized gains and losses on investments sold and unrealized gains and losses) increased in value by $658,737. At December 31, 2009, the unrealized loss on investments aggregated $105,608.

Fair Value of Investments
A summary of the methods used to determine fair value of investments at December 31, is as follows:

	2009	2008
Level 1 Inputs – Quoted Prices in Active Markets for Identical Assets – registered investment companies	$3,586,604	$ 2,676,540
Level 3 Inputs – Unobservable Inputs – participant loans	220,994	182,922
	$3,807,598	$ 2,859,462

Investments valued using Level 3 Inputs – Participant Loans:

December 31, 2008, beginning balance	$ 182,922
Additions and repayments, net	38,072
Total gains and losses included in changes in net assets available for benefits	-
Deemed distributions included in changes in net assets available for benefits	-
December 31, 2009, ending balance	$ 220,994

Gains and losses are included as an adjustment to interest income, and deemed distributions are included in benefits paid to participants in the statement of changes in net assets. The inputs used in determining fair value include the original terms of the loans and repayment status.

NOTE 4 – RELATED PARTY TRANSACTIONS

ING Institutional Plan Services LLC, with its affiliate Reliance Trust Company are custodians of the Plan assets. Fees paid by the Plan for the participant loan management services aggregated $2,050 for the year ended December 31, 2009.

The sponsoring company paid certain administrative fees of the Plan, including annual fees paid to the custodian, fidelity bond premiums, and professional fees.

NOTE 5 – PLAN TERMINATION

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

NOTE 6 – CERTIFICATION OF PLAN CUSTODIAN

The following information was certified by ING Institutional Plan Services, LLC as agent for Reliance Trust Company, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations under ERISA.

	2009	2008
Investments at December 31:		
Registered Investment Companies	$3,586,604	$2,676,540
Participant Loans Receivable	$ 220,994	$ 182,922

Changes in Net Assets for the Year Ended December 31, 2009:	
Net investment gain from registered investment companies	$ 620,122
Dividends from registered investment companies	38,615
Interest Income on Participant Loans	16,294

Also, the additional information presented as of December 31, 2009, on registered investment companies in the Schedule of Assets Held for Investment Purposes and Note 3 to the financial statements was certified by ING Institutional Plan Services, LLC, as agent for Reliance Trust Company.

NOTE 7 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated October 18, 1995, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Generally, tax filings for three years after the filing date of the Form 5500 may be subject to IRS examination. Under the provisions of ERISA, the Plan and its fiduciaries may be subject to examination for six years.

NOTE 8 – RISKS AND UNCERTAINTITIES

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

NOTE 9 – RECONCILIATION TO FORM 5500

The Plan financial statements are in agreement with the Form 5500 except that there are differences in participant loan balances and the liability for withdrawn participants representing uncashed distribution checks, as follows:

	Per Form 5500	Adjustments		Per Accompanying Financial Statements
		Participant Loans	Liabilities	
Net Assets Available for Benefits, beginning	$2,859,680	$(218)	$ (1,300)	$2,858,162
Net Increase in Net Assets Available for Benefits for 2009	947,918	218	925	949,061
Net Assets Available for Benefits, ending	$3,807,598	$ -	$ (375)	$3,807,223

MERRITT BOAT & ENGINE 401(k) PLAN Supplemental Schedule I

Schedule of Assets (Held at End of Year)
December 31, 2009

Merritt Boat & Engine Employee 401(k) Plan
EIN 59-0947312, Plan #001
Attachment to Form 5500, Schedule H, Line 4(i):

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Allianz NFJ Large Cap Value Fund - Instl	Registered Investment Company ANVIX	$ 23,764
	American Funds:		
	EuroPacific Growth Fund - R3 Shares	Registered Investment Company RERCX	157,179
	The Growth Fund of America - R3 Shares	Registered Investment Company RGACX	731,747
	Washington Mutual Investors Fund - R3 Shares	Registered Investment Company RWMCX	115,215
	Fidelity Advisor Mid Cap Fund - T Shares	Registered Investment Company FMCAX	173,302
	Legg Mason Batterymarch S&P 500 Index Fund - A	Registered Investment Company SBSPX	15,168
	Legg Mason ClearBridge Aggressive Growth Fund - A	Registered Investment Company SHRAX	337,308
	Legg Mason ClearBridge Appreciation Fund - A	Registered Investment Company SHAPX	331,457
	Legg Mason ClearBridge Capital Fund - A	Registered Investment Company SCCAX	6,517
	Legg Mason ClearBridge Fundamental All Cap Value Fund - A	Registered Investment Company SHFVX	64,593
	Legg Mason ClearBridge Mid Cap Core Fund - A	Registered Investment Company SBMAX	5,453
	Legg Mason ClearBridge Small Cap Growth Fund -A	Registered Investment Company SASMX	73,382
	Legg Mason ClearBridge Small Cap Value Fund - A	Registered Investment Company SBVAX	117,183
	Legg Mason Western Asset Corporate Bond Fund - A	Registered Investment Company SIGAX	183,337
	Legg Mason Western Asset Government Securities Fund - A	Registered Investment Company SGVAX	130,932
	Lord Abbett Mid-Cap Value Fund - P Shares	Registered Investment Company LMCPX	174,840
	Oppenheimer Global Fund - A	Registered Investment Company OPPAX	149,752
	Van Kampen Equity and Income Fund - A	Registered Investment Company ACEIX	287,353
	Western Asset Money Market Fund - A	Registered Investment Company SBCXX	508,122
	Participant Loans	Loans of 3-5 yrs at 5.25% to 10.25%	220,994
Total Assets Held for Investment Purposes			$ 3,807,598

Column (d) is omitted because all assets are participant-directed.

MERRITT BOAT & ENGINE 401(k) PROFIT SHARING PLAN Supplemental Schedule II

Schedule of Nonexempt (Prohibited) Transactions
December 31, 2009

EIN 59-0947312, Plan #001
Attachment to Form 5500, Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions:

			Total that Constitute Nonexempt Prohibited Transactions		
	Participant Contributions Transferred Late to Plan	Participant Loan Payments Transferred Late to Plan	Contributions not Corrected	Corrected Outside VFCP	Pending Correction in VFCP
Transferred more than 15 business days afer the end of the month	$3,926	$1,591	$ -	$ 5,517	$ -

NOTE: the above contributions and payments were submitted on the 16th business day after the pay date, which was the end of the month.

MERRITT BOAT & ENGINE 401(k) PLAN

Supplemental Schedule I

Schedule of Assets (Held at End of Year)
December 31, 2009

Merritt Boat & Engine Employee 401(k) Plan
EIN 59-0947312, Plan #001
Attachment to Form 5500, Schedule H, Line 4(i):

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Allianz NFJ Large Cap Value Fund - Instl	Registered Investment Company ANVIX	$ 23,764
	American Funds:		
	EuroPacific Growth Fund - R3 Shares	Registered Investment Company RERCX	157,179
	The Growth Fund of America - R3 Shares	Registered Investment Company RGACX	731,747
	Washington Mutual Investors Fund - R3 Shares	Registered Investment Company RWMCX	115,215
	Fidelity Advisor Mid Cap Fund - T Shares	Registered Investment Company FMCAX	173,302
	Legg Mason Batterymarch S&P 500 Index Fund - A	Registered Investment Company SBSPX	15,168
	Legg Mason ClearBridge Aggressive Growth Fund - A	Registered Investment Company SHRAX	337,308
	Legg Mason ClearBridge Appreciation Fund - A	Registered Investment Company SHAPX	331,457
	Legg Mason ClearBridge Capital Fund - A	Registered Investment Company SCCAX	6,517
	Legg Mason ClearBridge Fundamental All Cap Value Fund - A	Registered Investment Company SHFVX	64,593
	Legg Mason ClearBridge Mid Cap Core Fund - A	Registered Investment Company SBMAX	5,453
	Legg Mason ClearBridge Small Cap Growth Fund -A	Registered Investment Company SASMX	73,382
	Legg Mason ClearBridge Small Cap Value Fund - A	Registered Investment Company SBVAX	117,183
	Legg Mason Western Asset Corporate Bond Fund - A	Registered Investment Company SIGAX	183,337
	Legg Mason Western Asset Government Securities Fund - A	Registered Investment Company SGVAX	130,932
	Lord Abbett Mid-Cap Value Fund - P Shares	Registered Investment Company LMCPX	174,840
	Oppenheimer Global Fund - A	Registered Investment Company OPPAX	149,752
	Van Kampen Equity and Income Fund - A	Registered Investment Company ACEIX	287,353
	Western Asset Money Market Fund - A	Registered Investment Company SBCXX	508,122
	Participant Loans	Loans of 3-5 yrs at 5.25% to 10.25%	220,994
Total Assets Held for Investment Purposes			$ 3,807,598

Column (d) is omitted because all assets are participant-directed.

MERRITT BOAT & ENGINE 401(k) PROFIT SHARING PLAN Supplemental Schedule II

Schedule of Nonexempt (Prohibited) Transactions
December 31, 2009

EIN 59-0947312, Plan #001
Attachment to Form 5500, Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions:

			Total that Constitute Nonexempt Prohibited Transactions		
	Participant Contributions Transferred Late to Plan	Participant Loan Payments Transferred Late to Plan	Contributions not Corrected	Corrected Outside VFCP	Pending Correction in VFCP
Transferred more than 15 business days afer the end of the month	$3,926	$1,591	$ -	$ 5,517	$ -

NOTE: the above contributions and payments were submitted on the 16th business day after the pay date, which was the end of the month.