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 04/01/2009 and ending 03/31/2010

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
MERRICK & COMPANY 401(K) AND ESOP

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 04/01/1983

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
MERRICK & COMPANY

2450 S. PEORIA STREET
AURORA, CO 80014-5472

2b Employer Identification Number (EIN)
84-0499702

2c Sponsor's telephone number
303-751-0741

2d Business code (see instructions)
541330

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.	11/22/2010	ALLEN HARVEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/22/2010	ALLEN HARVEY
	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")
MERRICK & COMPANY

2450 S. PEORIA STREET
AURORA, CO 80014-5472

3b Administrator's EIN
84-0499702

3c Administrator's telephone number
303-751-0741

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**	606
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**	470
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	167
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	637
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	637
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	635
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	24
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 2H 2I 2J 2K 2O 2S 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)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
MERRICK & COMPANY 401(K) AND ESOP

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
84-0499702

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

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

CHARLES SCHWAB INVESTMENT MGMT. INC

94-3106735

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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)

MILLIMAN

94-0675641

(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?
15 16 17 37 38 50 59 64 70	NONE	63244	Yes [X] No [ ]	Yes [ ] No [X]	44751	Yes [ ] No [X]

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

COOK STREET CONSULTING

84-0854432

(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?
27 50	NONE	20000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHANSON BERENSON LLP

68-0441461

(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?
17 29 50	NONE	17786	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

(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?
21 62	TRUSTEE	14862	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ERHARDT KEEFE STEINER HOTTMAN

84-0869721

(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 50	NONE	13223	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRARIE CAPITAL ADVISORS

36-4072641

(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?
34 50	NONE	15800	Yes [ ] No [X]	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
MILLIMAN	15 16 17 37 38 50 59 64 70	44751
(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.	
CHARLES SCHWAB & CO., INC. 94-1737782	REVENUE SHARING USED TO PAY TPA FEES.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0
(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.	
AMERICAN FUNDS 95-1411037	SHAREHOLDER SERVICING FEE PAID BY FUND. RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSET.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0
(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 51-0318674	SHAREHOLDER SERVICING FEE PAID BY FUND. RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSET.	

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
CHARLES SCHWAB & CO., INC.	59	0

(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.
DAVIS FUNDS 52-1346931	SHAREHOLDER SERVICING FEE PAID BY FUND. RANGE OF 0.00 - 0.20% OF AVERAGE DAILY BALANCE OF ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(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.
DODGE & COX C/O BOSTON FINANCIAL DATA SERVICE P.O. BOX 8428 BOSTON, MA 02266-8422	SHAREHOLDER SERVICING FEE PAID BY FUND. RANGE OF 0.00 - 0.20% OF AVERAGE DAILY BALANCE OF ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(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.
ROYCE 52-2343049	SHAREHOLDER SERVICING FEE PAID BY FUND. RANGE OF 0.00 - 0.20% OF AVERAGE DAILY BALANCE OF ASSETS.

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
MERRICK & COMPANY 401(K) AND ESOP

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MERRICK & COMPANY

D Employer Identification Number (EIN)
84-0499702

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB STABLE VALUE FUND

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625180-001	C	3365470

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

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 04/01/2009 and ending 03/31/2010

A Name of plan
MERRICK & COMPANY 401(K) AND ESOP

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
84-0499702

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	56541	4850
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1206225	775836
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	260904	815095
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	743887	970477
(9) Value of interest in common/collective trusts	1c(9)	3127677	3365470
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15832660	24783058
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	7880128	9596680
	(2) Employer real property	1d(2)		0
e	Buildings and other property used in plan operation	1e		0
f	Total assets (add all amounts in lines 1a through 1e)	1f	29108022	40311466
	Liabilities			
g	Benefit claims payable	1g	36144	0
h	Operating payables	1h	4675	350
i	Acquisition indebtedness	1i		0
j	Other liabilities	1j	12992	4500
k	Total liabilities (add all amounts in lines 1g through1j)	1k	53811	4850
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	29054211	40306616

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)	1874825	
	(B) Participants	2a(1)(B)	2840346	
	(C) Others (including rollovers)	2a(1)(C)	381823	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5096994
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1730	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	50467	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		52197
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	528453	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		528453
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
(B) Other	2b(5)(B)	1716552	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1716552
(6) Net investment gain (loss) from common/collective trusts	2b(6)		86096
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6771062
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		14251354
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2852304	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2852304
f Corrective distributions (see instructions)	2f		1729
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	124916	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	20000	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		144916
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2998949
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		11252405
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: ERHARDT, KEEFE, STEINER & HOTTMAN (2) EIN: 84-0869721

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	
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		1000000
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 04/01/2009 and ending 03/31/2010

A Name of plan
MERRICK & COMPANY 401(K) AND ESOP

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
84-0499702

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): 42-1558009

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

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

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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):

MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

Financial Statements
and
Independent Auditors' Report
March 31, 2010 and 2009

EKS&H
EHRHARDT • KEEFE
STEINER • HOTTMAN PC
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

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EKS&H
EHRHARDT • KEEFE
STEINER • HOTTMAN PC
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

7979 E. Tufts Avenue, Suite 400
Denver, Colorado 80237-2843
P: 303-740-9400 F: 303-740-9009

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Merrick & Company 401(k) and Employee Stock Ownership Plan
Aurora, Colorado

We were engaged to audit the financial statements of Merrick & Company 401(k) and Employee Stock Ownership Plan (the "Plan") as of March 31, 2010 and 2009, and for the year ended March 31, 2010, and the supplemental schedule as of March 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Charles Schwab 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 a certification from the custodian as of March 31, 2010 and 2009, and for the year ended March 31, 2010, 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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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.

Ehrhardt Keefe Steiner & Hottman PC

November 4, 2010
Denver, Colorado

MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

Statement of Net Assets Available for Benefits
As of March 31, 2010

	Non-Participant Directed Funds				
	Schwab US Treasury Money Fund	Merrick & Company Common Stock	Total ESOP Non-Participant Directed Funds	Total ESOP and 401(k) Participant Directed Funds	Total ESOP and 401(k) Funds (Participant and Non-Participant Directed)
Assets					
Investments at fair value					
Mutual and money market funds	$ 815,095	$ -	$ 815,095	$ 24,783,058	$ 25,598,153
Common and collective trust fund	-	-	-	3,365,470	3,365,470
Equity securities	-	9,596,680	9,596,680	-	9,596,680
Cash	-	-	-	4,850	4,850
Total investments at fair value	815,095	9,596,680	10,411,775	28,153,378	38,565,153
Loans to participants	-	-	-	970,477	970,477
Total investments	815,095	9,596,680	10,411,775	29,123,855	39,535,630
Receivables					
Employer contributions	818,237	-	818,237	-	818,237
Participant contributions	-	-	-	113,784	113,784
Total receivables	818,237	-	818,237	113,784	932,021
Total assets	1,633,332	9,596,680	11,230,012	29,237,639	40,467,651
Liabilities and Net Assets					
Administrative fees payable	-	-	-	350	350
Other liabilities	-	-	-	4,500	4,500
Total liabilities	-	-	-	4,850	4,850
Net assets available for benefits	$ 1,633,332	$ 9,596,680	$ 11,230,012	$ 29,232,789	$ 40,462,801

See notes to financial statements.

MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

Statement of Net Assets Available for Benefits
As of March 31, 2009

	Non-Participant Directed Funds				
	Schwab US Treasury Money Fund	Merrick & Company Common Stock	Total ESOP Non-Participant Directed Funds	Total ESOP and 401(k) Participant Directed Funds	Total ESOP and 401(k) Funds (Participant and Non-Participant Directed)
Assets					
Investments at fair value					
Mutual and money market funds	$ 260,911	$ -	$ 260,911	$ 15,832,654	$ 16,093,565
Common and collective trust fund	-	-	-	3,127,677	3,127,677
Equity securities	-	7,880,127	7,880,127	-	7,880,127
Cash	-	-	-	56,541	56,541
Total investments at fair value	260,911	7,880,127	8,141,038	19,016,872	27,157,910
Loans to participants	-	-	-	743,887	743,887
Total investments	260,911	7,880,127	8,141,038	19,760,759	27,901,797
Receivables					
Employer contributions	1,200,000	-	1,200,000	31,477	1,231,477
Participant contributions	-	-	-	104,878	104,878
Total receivables	1,200,000	-	1,200,000	136,355	1,336,355
Total assets	1,460,911	7,880,127	9,341,038	19,897,114	29,238,152
Liabilities and Net Assets					
Administrative fees payable	-	-	-	4,675	4,675
Other fees	-	-	-	12,992	12,992
Total liabilities	-	-	-	17,667	17,667
Net assets available for benefits	$ 1,460,911	$ 7,880,127	$ 9,341,038	$ 19,879,447	$ 29,220,485

See notes to financial statements.

MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended March 31, 2010

	Non-Participant Directed Funds				
	Schwab US Treasury Money Fund	Merrick & Company Common Stock	Total ESOP Non-Participant Directed Funds	Total ESOP and 401(k) Participant Directed Funds	Total ESOP and 401(k) Funds (Participant and Non-Participant Directed)
Contributions					
Employer	$ 1,891,974	$ -	$ 1,891,974	$ -	$ 1,891,974
Participant	-	-	-	2,849,252	2,849,252
Rollovers	-	-	-	381,823	381,823
Total contributions	1,891,974	-	1,891,974	3,231,075	5,123,049
Investment income					
Interest	106	-	106	52,091	52,197
Dividends	-	-	-	528,453	528,453
Net appreciation in fair value of mutual funds	-	-	-	6,857,158	6,857,158
Net appreciation in fair value of Merrick & Company common stock	-	1,716,553	1,716,553	-	1,716,553
Total investment income	106	1,716,553	1,716,659	7,437,702	9,154,361
Deductions					
Distributions to participants	(1,398,018)	-	(1,398,018)	(1,492,160)	(2,890,178)
Administrative fees	(2,402)	-	(2,402)	(142,514)	(144,916)
Interfund transfers	(319,239)	-	(319,239)	319,239	-
Total deductions	(1,719,659)	-	(1,719,659)	(1,315,435)	(3,035,094)
Net increase (decrease)	172,421	1,716,553	1,888,974	9,353,342	11,242,316
Net assets available for benefits					
Beginning of year	1,460,911	7,880,127	9,341,038	19,879,447	29,220,485
End of year	$ 1,633,332	$ 9,596,680	$ 11,230,012	$ 29,232,789	$ 40,462,801

See notes to financial statements.

Note 1 - Description of the Plan

The following description of Merrick & Company 401(k) and Employee Stock Ownership Plan (the "Plan") provides only general information. Participants and all others should refer to the Summary Plan Description or Plan document for a more complete description of the Plan's provisions.

General

The Plan was established by Merrick & Company (the "Company"), effective April 1, 1983, and amended and restated effective April 1, 2007, for the benefit of its employees and their beneficiaries under Section 401(a) of the Internal Revenue Code ("IRC"). Substantially all Company employees are eligible to participate in the Plan on the first day of the month following their date of hire or the first day of employment if it coincides with the first day of the month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Directors of the Company has appointed a Board of Trustees to administer the Plan and act as trustee. Charles Schwab Trust Company ("Schwab") provides custodial services, valuation, and accounting. Accounting and recordkeeping for participant accounts are performed by Milliman, Inc. ("Milliman"). Cook Street Consulting provides investment consulting services and considers itself a co-fiduciary to the Plan.

Effective April 1, 2009, the Plan was amended. The amendment changed the Plan in several respects. First, it changed the employer matching formula to be 100% of participants' elective deferrals up to 3% of each participant's compensation. Secondly, it allowed the matching source, for matching contributions made after March 31, 2009, to invest in Company common stock and be directed by the Company. The amendment also included updated participant account descriptions to reflect certain operational updates and definitions.

Subsequent to March 31, 2010 (Plan year-end), the Plan was amended to include a Roth 401(k) investment option for participants. The subsequent amendments to the Plan also added some technical language changes to comply with the provisions of the Pension Protection Act of 2006, the Heroes Earnings Assistance and Relief Tax Act of 2008, and the Worker, Retiree, and Employer Recovery Act of 2008.

ESOP Contributions, Vesting, and Distributions

The ESOP portion of the Plan is a noncontributory plan that is funded by the Company with discretionary contributions of cash or Company common stock or both. The amount of the contribution is determined annually by the Company's Board of Directors.

Allocation of ESOP contributions to participants is determined, at the discretion of the Board of Trustees, either (i) pro rata based on total eligible compensation, as defined in the Plan document, or (ii) per capita based on equal dollar amounts. Forfeitures of non-vested ESOP contributions may be added to the Company's non-elective ESOP contribution for the Plan year in which the forfeiture occurred. Forfeitures are allocated to the remaining active participants in the same manner as ESOP contributions. Forfeited amounts allocated to participants totaled $144,776 for the year ended March 31, 2010. The Plan holds unvested funds for a terminated employee up to five years after his termination date. After the five-year period, the funds are forfeited and available for allocation to remaining participants.

Note 1 - Description of the Plan (continued)

ESOP Contributions, Vesting, and Distributions (continued)

Amounts contributed by the Company to the ESOP portion of the Plan, including reallocated forfeitures, if any, vest according to the following schedules:

For any employee who first became a participant prior to April 1, 2007, the following vesting schedule shall apply:

Years of Service	Vested Interest
Less than 5	0%
5	100%

For any employee who first became a participant (or any participant who is employed) on or after April 1, 2007, the following vesting schedule shall apply:

Years of Service	Vested Interest
Less than 3	0%
3	100%

In accordance with applicable requirements of the IRC, ESOP contributions made after 1986, which are solely invested in Merrick & Company common stock and its earnings, are paid in cash to terminated employees prior to the end of the sixth Plan year following separation of service at the fair value at the time of payment. Terminated employees with vested balances between $1,000 and $5,000 will be required to take a full distribution into an Individual Retirement Account ("IRA"), unless they elect to receive such distribution in cash. Terminated employees with vested balances less than $1,000 are required to take a cash distribution, unless a rollover to an IRA or qualified retirement plan is elected. Participants who are at least age 55 and complete 10 years of participation in the Plan also qualify for an in-service diversification option. All other investments in the ESOP contribution account will be payable upon attainment of normal retirement age (age 65), disability, or death.

401(k) Contributions and Vesting

For the 401(k) portion, participants are automatically enrolled at 4% salary deferral contributions, but may elect contributions ranging from 0% to 100% of their compensation, not to exceed the Internal Revenue Service's ("IRS") determined maximum deferral for the Plan year. Deferral contributions to the Plan are made through regular payroll deductions and are deposited into the investment options selected by the participant on a bi-weekly basis. Participants may also contribute rollover contributions from other qualified plans or rollover IRAs.

Note 1 - Description of the Plan (continued)

401(k) Contributions and Vesting (continued)

For the year ended March 31, 2010, the Company matched 100% of the first 3% of participant deferrals. The Plan also provides for discretionary matching contributions by the Company, determined annually. For the year ended March 31, 2010, the Company did not contribute a discretionary matching contribution. Participants are 100% vested in their 401(k) contributions, Company matching contributions, and earnings on both at all times.

401(k) Investment Options

Investments in Plan participants' salary deferral accounts and contributions to the matching accounts made prior to April 1, 2009 are held and custodied by Schwab and are invested in one or more of various available funds based on election by the participants. If a participant fails to make an investment election, he is invested in the Plan's default fund. Investment options offered by the Plan are selected by the Plan's Board of Trustees based on the recommendations of the Plan's investment consultant, Cook Street Consulting, in accordance with the Plan's investment policy. Investment amounts within each fund are at the discretion of each participant who may access his account and change future investment allocations or reallocate current investments by calling a telephone hotline or logging on to the Plan's website maintained by Milliman.

401(k) Loans to Participants

Participants may borrow from their salary deferral accounts, contributions to the matching accounts made prior to April 1, 2009, and rollover accounts if any, a minimum of $1,000 and a maximum equal to the lesser of $50,000 or 50% of their vested account balances. Loans are permitted for a term of up to 5 years, or up to 15 years if used to acquire, construct, or substantially rehabilitate the participant's principal residence, with a maximum of two active loans allowed. The loans are secured by the vested balance in the participant's account and bear interest at the prime rate plus 1% at the inception of the loan. Interest rates ranged from 4.25% to 9.25% at March 31, 2010, and the loans mature at various dates through November 2024. Principal and interest are paid ratably through bi-weekly payroll deductions.

401(k) Distributions to Participants

Distributions are available upon retirement, disability, death, attainment of age 59 1/2, or termination of employment. Distributions from accounts involving employer securities are subject to certain limitations and restrictions. See the Plan's distribution policy for details. In addition, financial hardship distributions are permitted, subject to certain restrictions. Distributions are payable in lump sum only and are recorded when paid.

Note 1 - Description of the Plan (continued)

Voting Rights

With respect to any corporate matter which involves the voting of shares held in the Plan's trust at a shareholder meeting and which constitutes a merger, consolidation, recapitalization, reclassification, liquidation, dissolution, sale of substantially all assets of a trade or business or similar transaction specified in regulations under Section 409(e)(3) of the Code, each participant will be entitled to direct the Board of Trustees with respect to the vote of the shares of Company stock allocated to his or her account. For all other purposes, all shares of Company stock held in the Plan's trust shall be voted in a manner determined by the Board of Trustees.

Put Options

Under Federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash. The Company is permitted to make ESOP distributions in the form of cash rather than Company stock subject to a put option in light of the ownership restriction in the Company's Articles of Incorporation and the Company's Bylaws limiting ownership of shares of Company stock primarily to employees and the ESOP.

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. A participant who is at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of his account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the number of post-1986 shares allocated to his account. In the sixth year, the percentage changes to 50%. Participants who elect to diversify may transfer the proceeds from their stock into one or more of the investments offered in the Plan.

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, all amounts credited to the participants' accounts shall become 100% vested and payable in one lump sum in cash or stock.

Subsequent Events

The Plan has evaluated all subsequent events through November 4, 2010, which is the date the Plan financial statements were available to be issued.

Note 2 - Significant Accounting Policies

Valuation of Investments

The Plan's investments in mutual and money market funds are stated at fair value based on quoted closing market prices. Loans to participants are valued at cost, which approximates fair value. Investment transactions are recorded on a trade-date basis. The net appreciation or depreciation in the fair value of investments includes both realized and unrealized gains and losses. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

As prescribed by the guidance of the Financial Accounting Standards Board ("FASB"), investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts as the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the contract. The Plan invests in investment contracts through the Charles Schwab Stable Value Fund, a common and collective trust fund. Contract value for this common and collective trust fund is based on the net asset value of the fund, as reported by Charles Schwab, the Plan's custodian. The accompanying statements of net assets available for benefits presents fair value of the investment contracts. At March 31, 2010 and 2009, because the fair value approximates contract value, the adjustment of the fully benefit-responsive investment contracts from fair value to contract value was not presented.

The Company stock held by the Plan is presented at fair value at the financial statement dates as determined by an independent appraiser. The Plan held 177,881 shares at March 31, 2010 and 2009. The price per share for sale and repurchase is established by an independent appraiser and is approved by the Plan's Board of Trustees annually. The fair value per share presented in the accompanying financial statements was $53.95 and $44.30 at March 31, 2010 and 2009, respectively.

Fair Value Accounting

The Plan has adopted FASB guidance related to fair value measurements, which establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Statement of Financial Accounting Standards No. 157 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Note 2 - Significant Accounting Policies (continued)

Fair Value Accounting (continued)

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value as of March 31, 2010 on a recurring basis:

Description	Level 1	Level 2	Level 3	Total
Mutual and money market funds	$ 25,598,153	$ -	$ -	$ 25,598,153
Common and collective trust fund	-	3,365,470	-	3,365,470
Merrick & Company common stock	-	-	9,596,680	9,596,680
Loans to participants	-	-	970,477	970,477
Total	$ 25,598,153	$ 3,365,470	$ 10,567,157	$ 39,530,780

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value as of March 31, 2009 on a recurring basis:

Description	Level 1	Level 2	Level 3	Total
Mutual and money market funds	$ 16,093,565	$ -	$ -	$ 16,093,565
Common and collective trust fund	-	3,127,677	-	3,127,677
Merrick & Company common stock	-	-	7,880,127	7,880,127
Loans to participants	-	-	743,887	743,887
Total	$ 16,093,565	$ 3,127,677	$ 8,624,014	$ 27,845,256

There were no changes to the valuation techniques used during the year ended March 31, 2010.

The following is a reconciliation of the beginning and ending balances for assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during the period ended March 31, 2010:

	Merrick & Company Common Stock	Loans to Participant	Total
Beginning balance	$ 7,880,127	$ 743,887	$ 8,624,014
Total gains or losses (realized/unrealized)	1,716,553	-	1,716,553
Purchases, issuances and settlements, net	-	226,590	226,590
Ending balance	$ 9,596,680	$ 970,477	$ 10,567,157

Note 2 - Significant Accounting Policies (continued)

Use of Estimates

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

Risks and Uncertainties

The Plan provides for various investments which are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Because of the level of risk associated with certain investments, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

Additionally, certain investments held by the Plan are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

Administrative Fees

Plan provisions provide that the Company may, at its sole discretion, pay any or all administrative fees of the Plan. During the year ended March 31, 2010, all fees customarily allowed by law were paid from Plan assets.

Note 3 - Information Certified by the Custodian

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's auditors not to perform any auditing procedures with respect to the information certified by the custodian, except for comparing such information to information included in the accompanying financial statements.

The Plan administrator has obtained a certification from Schwab as of March 31, 2010 and 2009, and for the year ended March 31, 2010, as to the completeness and accuracy of all investments and income earned thereon as reflected in the accompanying financial statements and supplemental schedule, except for the Company common stock, which was valued by an independent third party as discussed in Note 2.

Note 3 - Information Certified by the Custodian (continued)

The fair value of investments greater than 5% of net assets available for benefits at March 31, 2010 (excluding loans and receivables) were as follows:

Merrick & Company Common Stock	$ 9,596,680	*
PIMCO Total Return Institutional Fund	3,794,958	
Schwab Stable Value Fund	3,365,470	
Europacific Growth Fund R4	4,159,344	
Vanguard 500 Index Signal	3,602,580	
Davis New York Venture A Fund	2,577,176	
Vanguard Mid Cap Index Signal	2,372,933	
All other investments - individually less than 5%	9,096,012	
	$ 38,565,153	

The fair value of investments greater than 5% of net assets available for benefits at March 31, 2009 (excluding loans and receivables) were as follows:

Merrick & Company Common Stock	$ 7,880,127	*
Europacific Growth Fund R4	2,577,291	
Vanguard 500 Index Signal	2,461,892	
Davis New York Venture A Fund	1,713,614	
PIMCO Total Return Institutional Fund	3,218,227	
Schwab Stable Value Fund	3,127,677	
All other investments - individually less than 5%	6,179,082	
	$ 27,157,910	

* Non-participant directed investment

Note 4 - Tax Status

Subsequent to year end, the Plan received an updated tax determination letter dated October 7, 2010, from the IRS, which superceded the previous tax determination letter dated November 5, 2003. This most recent tax determination letter states that the Plan, as amended, is qualified and the trust established under the Plan is tax-exempt, under appropriate sections of the IRC.

Note 5 - Differences Between Financial Statements and Form 5500

Receivables, employee contributions, and employer contributions for financial reporting purposes differ from amounts shown on the Plan's Form 5500 for the year ended March 31, 2010. This difference is due to certain accruals of receivables paid to the Plan subsequent to year-end.

Note 6 - Party-in-Interest Transactions

Plan investments include a money market fund and a common and collective trust fund managed by Schwab. Schwab serves as the custodian, and therefore, transactions in these investments qualify as party-in-interest transactions. In addition, Plan investments include shares of the Company's common stock. The Company is the Plan's sponsor, and therefore, these transactions qualify as party-in-interest transactions.

SUPPLEMENTAL SCHEDULE

MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of March 31, 2010

Employer Identification Number 84-0499702
Plan Number - 004

	(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
		Non-participant directed funds			
*		Merrick & Company	Common stock - 177,881 shares	$ 2,886,050	$ 9,596,680
*		Charles Schwab	Treasury Money Fund - 815,095 shares	815,095	815,095
		Total non-participant directed funds		3,701,145	10,411,775
		Participant directed funds			
		American Funds	EuroPacific Growth R4 Fund - 109,455 shares	5,134,972	4,159,344
		PIMCO Funds	Total Return Institutional Class Fund - 343,801 shares	3,641,318	3,794,958
		Vanguard	500 Index Signal Fund - 40,490 shares	3,772,190	3,602,580
*		Charles Schwab	Stable Value Fund - 179,836 units	3,104,086	3,365,470
		Davis Funds	NY Venture A Fund - 80,061 shares	2,505,893	2,577,176
		Vanguard	Mid Cap Index Signal Fund - 93,190 shares	1,686,559	2,372,933
		BlackRock	Global Investment LifePath 2020 - 102,013 shares	1,454,234	1,536,315
		American Funds	Growth Fund of America R5 Fund - 48,781 shares	1,478,373	1,387,304
		Dodge & Cox	Balanced Fund - 19,154 shares	1,412,116	1,286,319
		Vanguard	Explorer Fund Admiral Shares - 15,220 shares	975,273	880,792
		BlackRock	Global Investment LifePath 2040 - 48,371 shares	723,214	804,411
		BlackRock	Global Investment LifePath 2030 - 41,099 shares	499,288	565,511
		Royce	Total Return Fund - 37,556 shares	433,194	434,521
		Vanguard	Windsor II Admiral Shares - 8,882 shares	413,122	395,498
		PIMCO Funds	High-Yield Fund Institutional Class - 36,305 shares	315,106	328,294
		BlackRock	Global Investment LifePath Income - 27,992 shares	279,347	309,587
		Vanguard	Inflation Protected SEC ADM- 8,994 shares	222,509	221,478
		BlackRock	Global Investment LifePath 2050 - 6,933 shares	99,458	121,114
		E I I	Global Property INST - 281 shares	3,597	4,923
*		Charles Schwab	Cash	4,850	4,850
*		Participant loans	Loans to participants; interest at 4.25 to 9.25; maturing through November 2024; collateralized by participant accounts	970,477	970,477
		Total participant directed funds		29,129,176	29,123,855
		Total plan assets held for investment purposes		$ 32,830,321	$ 39,535,630

* Indicates parties-in-interest

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MERRICK & COMPANY 401(k) AND ESOP **EIN:** 84-0499702
Plan Sponsor's Name MERRICK & COMPANY **PN:** 004

(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
*	SCHWAB US TREASURY MNY FD	815095 MONEY FUND	815,095	815,095
	BLACKROCK LIFEPATH 2020	102013 UNITS MUTUAL FUND		1,536,315
	BLACKROCK LIFEPATH 2030	41098 UNITS MUTUAL FUND		565,511
	BLACKROCK LIFEPATH 2040	48371 UNITS MUTUAL FUND		804,411
	BLACKROCK LIFEPATH 2050	6933 UNITS MUTUAL FUND		121,114
	BLACKROCK LIFEPATH INCOME	27992 UNITS MUTUAL FUND		309,587
	DAVIS NY VENTURE CL A	80061 UNITS MUTUAL FUND		2,577,176

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MERRICK & COMPANY 401(k) AND ESOP **EIN:** 84-0499702
Plan Sponsor's Name MERRICK & COMPANY **PN:** 004

(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
	DODGE & COX BALANCED	19154 UNITS MUTUAL FUND		1,286,319
	E I I GLOBAL PROP INSTL	375 UNITS MUTUAL FUND		4,923
	EUROPACIFIC GROWTH R4	109456 UNITS MUTUAL FUND		4,159,344
	GROWTH FUND OF AMERICA R5	48780 UNITS MUTUAL FUND		1,387,304
	PIMCO HIGH YIELD INSTL	36236 UNITS MUTUAL FUND		328,294
	PIMCO TOTAL RETURN INSTL	343746 UNITS MUTUAL FUND		3,794,958
	ROYCE TOTAL RETURN	37556 UNITS MUTUAL FUND		434,521

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MERRICK & COMPANY 401(k) AND ESOP **EIN:** 84-0499702
Plan Sponsor's Name MERRICK & COMPANY **PN:** 004

(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
*	SCHWAB STABLE VALUE FUND	179836 UNITS CCT		3,365,470
	VANGUARD 500 INDEX SIGNAL	40483 UNITS MUTUAL FUND		3,602,580
	VANGUARD EXPLORER FD ADMIRAL	15220 UNITS MUTUAL FUND		880,792
	VANGUARD INFL-PROTEC SEC	8996 UNITS MUTUAL FUND		221,478
	VANGUARD MIDCAP INDEX SIGNAL	93239 UNITS MUTUAL FUND		2,372,933
	VANGUARD WINSOR II ADMIRAL	8882 UNITS MUTUAL FUND		395,498
*	PARTICIPANTS LOANS	INTEREST RATES:4.25%-9.25% MATURING THROUGH NOVEMBER 2024		970,477

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MERRICK & COMPANY 401(k) AND ESOP **EIN:** 84-0499702
Plan Sponsor's Name MERRICK & COMPANY **PN:** 004

(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
*	MERRICK & COMPANY	177881 SHARES	2,886,050	9,596,680
	CASH	CASH - 4850 UNITS		4,850