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;
- [X] the final return/report;
- [X] 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
MARTIN GROUP, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1986

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

1515 N. SANBORN BLVD
MITCHELL, SD 57301

2b Employer Identification Number (EIN) 46-0350212

2c Sponsor's telephone number 605-996-9646

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.	10/14/2011	CHERYL CARR
	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")
MARTIN GROUP, INC.

1515 N. SANBORN BLVD
MITCHELL, SD 57301

3b Administrator's EIN
46-0350212

3c Administrator's telephone number
605-996-9646

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**	337
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**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 3D 2F 2K 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)	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
MARTIN GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARTIN GROUP, INC.

D Employer Identification Number (EIN)
46-0350212

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

AMERICAN CENTURY INVESTMENTS

44-6006315

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

AMERICAN FUNDS

95-1411037

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

DODGE & COX

94-1441976

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

FEDERATED

25-1111467

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

FIRST AMERICAN

41-1418224

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

GOLDMAN SACHS

13-5108880

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

HARTFORD MUTUAL FUNDS

13-3317783

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

JANUS

43-1804048

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

JOHN HANCOCK

04-3483032

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

LORD ABBETT

13-5620131

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

MFS

04-2747644

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

OPPENHEIMER FUNDS

13-2527171

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)

WELLS FARGO BANK, N.A

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 37 38 59 60 63	SERVICE PROV	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WELLS FARGO BANK, N.A

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 37 38 50	BUNDLED SERV	8610	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO BANK, N.A

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 37 38 62	SERVICE PROV	0	Yes [X] No [ ]	Yes [X] No [ ]	0	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 ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 01/01/2009 and ending 12/31/2009

A Name of plan
MARTIN GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MARTIN GROUP, INC.

D Employer Identification Number (EIN)
46-0350212

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: WELLS FARGO SHORT TERM INV FUND G

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
41-6292499-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO S&P MIDCAP INDEX N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
94-3224226-001	C	0

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

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

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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 01/01/2009 and ending 12/31/2009

A Name of plan
MARTIN GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARTIN GROUP, INC.

D Employer Identification Number (EIN)
46-0350212

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)	321497	0
(9) Value of interest in common/collective trusts	1c(9)	998668	0
(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)	7419464	0
(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	8739629	0
	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	8739629	0

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)	78327	
	(B) Participants	2a(1)(B)	952693	
	(C) Others (including rollovers)	2a(1)(C)	76309	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1107329
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)	21875	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		21875
	(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)	169668	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		169668
	(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)		31642
(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)		2350466
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3680980
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	770091	
(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)		770091
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	8610	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8610
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		778701
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2902279
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		11641908

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: CARLON & MILLAR PROFESSIONAL LLC (2) EIN: 46-0434964

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 ... [X] **Yes** [ ] **No** **Amount:** 0

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)
CHF SOLUTIONS, INC. 401(K) PROFIT SHARING AND INVESTMENT PLAN	27-1731843	004

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
MARTIN GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARTIN GROUP, INC.

D Employer Identification Number (EIN)
46-0350212

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): 41-6257133

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):

Carlan & Millar, Prof. L.L.C.
certified public accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Martin Group, Inc. 401(k) Plan
Mitchell, South Dakota

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

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11, which was certified by Wells Fargo Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Carlan & Millar, Prof LLC

Mitchell, South Dakota
July 10, 2010
August 17, 2011 (Revised)

MARTIN GROUP, INC.

401(k) PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

(RE-ISSUED)

Carlon & Millar, Prof. L.L.C.
certified public accountants

INDEX

INDEPENDENT AUDITOR'S REPORT 1

FINANCIAL STATEMENTS

Statement of Net Assets Available for Benefits 2

Statement of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4-12

SUPPLEMENTAL INFORMATION

Independent Auditor's Report on Supplemental Information 14

Assets Held for Investment Purposes 15-16

Carlan & Millar, Prof. L.L.C.
certified public accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Martin Group, Inc. 401(k) Plan
Mitchell, South Dakota

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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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Carlan & Millar, Prof LLC

Mitchell, South Dakota
July 10, 2010
August 17, 2011 (Revised)

MARTIN GROUP, INC. 401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

ASSETS

	2009	2008
Investments at fair value:		
Wells Fargo Collective Short-Term Investment Fund	$ 1,456,397	$ 949,399
Shares of regulated investment companies:		
Wells Fargo Conservative Allocation Fund	363,900	335,888
Wells Fargo Moderate Balanced Fund	787,368	790,461
Wells Fargo Diversified Equity Fund	1,735,046	1,433,875
Wells Fargo Index Fund	264,247	181,559
Wells Fargo Small Cap Opportunities Fund	556,184	389,683
Wells Fargo Collective S & P Mid Cap Index Fund	72,827	49,269
Wells Fargo Small Cap Value Fund	335,656	180,145
Wells Fargo Dow Jones Target Today Fund	262,700	136,947
Wells Fargo Dow Jones Target 2010 Fund	22,566	12,153
Wells Fargo Dow Jones Target 2020 Fund	108,486	85,024
Wells Fargo Dow Jones Target 2030 Fund	259,785	182,686
Wells Fargo Dow Jones Target 2040 Fund	139,760	99,304
Wells Fargo Dow Jones Target 2050 Fund	63,107	22,310
Janus Overseas Fund	1,192,531	-
Federated Total Return Government Inst. Svc. Fund	843,964	771,791
Oppenheimer Developing Markets Fund	806,335	490,017
American Funds Growth Fund of America	447,181	346,250
Goldman Sachs Growth Strategy Fund	350,457	278,710
First American Mid Cap Growth Opportunity Fund	286,592	197,153
Goldman Sachs Mid Cap Value Fund	243,121	176,715
MFS Value Fund	210,631	-
American Century Income & Growth Fund	195,294	190,691
American Funds Income Fund of America	148,564	62,384
Hartford Growth Opportunities Fund	45,059	67,390
Dodge & Cox International Stock Fund	36,906	5,043
Lord Abbett Developing Growth Fund	16,094	11,937
Janus Adviser International Growth Fund	-	811,073
John Hancock Classic Value Fund	-	160,275
Participant notes receivable	391,150	321,497
TOTAL ASSETS	$ 11,641,908	$ 8,739,629

NET ASSETS

NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	$ 11,641,908	$ 8,739,629
NET ASSETS AVAILABLE FOR BENEFITS	$ 11,641,908	$ 8,739,629

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

MARTIN GROUP, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS - (REDUCTIONS)		
Additions (Reductions) to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 2,375,336	$ (4,591,187)
Interest and dividends	191,563	703,233
Net Investment Additions (Reductions)	2,566,899	(3,887,954)
Contributions:		
Participants' direct	952,693	887,758
Participants' rollovers	76,309	113,014
Employer's	78,327	266,289
Total Contributions	1,107,329	1,267,061
TOTAL ADDITIONS (REDUCTIONS)	3,674,228	(2,620,893)
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	770,091	588,879
Administration expenses	8,610	6,388
TOTAL DEDUCTIONS	778,701	595,267
Net increase (decrease) prior to transfers	2,895,527	(3,216,160)
Transfers:		
Forfeitures credited to Plan (refunded to Employer) - Net	6,752	(295)
Net Transfers	6,752	(295)
NET INCREASE (DECREASE)	2,902,279	(3,216,455)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	8,739,629	11,956,084
END OF YEAR	$ 11,641,908	$ 8,739,629

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

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Martin Group, Inc. ("Company") 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 substantially all employees of the Company who have attained age twenty-one. Normal retirement is the later of the date the Participant attains age 50 or the third anniversary of the date participation commenced in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). On March 24, 2008, the Employer amended the Plan to remove the six months of employment to become eligible to participate in the Plan, to make employees eligible upon start date over age 21. A Roth 401(k) feature was also added to the Plan at this time. With a Roth 401(k) deferral, the participant pays current income tax on the deferral contribution. These deferrals and, in most cases, the earnings on the deferrals are not subject to federal income taxes when distributed.

Contributions. Each year, participants may contribute up to 50% of pretax annual compensation, as defined in the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The total deferrals in any taxable year may not exceed a dollar limit set by law. For 2009 and 2008, the dollar limits were $16,500 and $15,500, respectively. Participants who have attained age 50 may elect to defer additional amounts as "catch-up contributions". For 2009 and 2008, the maximum catch-up contribution was $5,000. Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or defined contribution plans. For 2009 and 2008, the Employer's discretionary contribution is allocated based on the participants' level of contributions to the Plan up to a maximum of $1,250 per quarter for each participant. For 2008, the Company contributions comprised a match of the participant's contribution up to approximately 2.75% of the participant's eligible wages or the per quarter maximum. In 2009, the Company reviewed the criteria for the match and determined that the match will no longer be reviewed and funded quarterly. Instead it was to be reviewed and funded annually based on the Company's performance in relation to attaining certain earnings goals. Thus the match is now structured as a profit distribution rather than a fixed benefit or entitlement. Employer matching contributions apply to regular pre-tax and Roth 401(k) deferrals. Additional employer amounts may be contributed at the option of the Company's board of directors. All employer contributions are invested in the same allocation as the Participant's contributions. Employer matching contributions for Roth 401(k) deferrals are made to the regular 401(k) Plan. A participant must be employed on the last day of the quarter to receive a matching contribution for that quarter.

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 (losses). Administrative expenses are generally paid by the Company. 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 balance.

Vesting. Participants are immediately vested in their own contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant is 100% vested after five years plus one hour of credited service or when they attain age 50. Following is a vesting schedule:

Years of Service	Less than 1 year	1 plus 1 hour	2 plus 1 hour	3 plus 1 hour	4 plus 1 hour	5 plus 1 hour
Percentage	0%	20%	40%	60%	80%	100%

Non-vested portions of a terminated participant's account are forfeited. Forfeitures may be used by the Plan to pay Plan expenses or to reduce the amount of the Employer's matching contribution.

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 account balance. Loan terms range from 1-5 years. The loans are secured by the balance in the participant's account and bear interest at a rate of prime plus 1%. Interest rates range from 4.25% to 9.25%. Principal and interest are paid ratably through bi-weekly payroll deductions. There is a $75 one-time fee for each loan that is paid by the Participant. Participants cannot have more than two loans outstanding at any one time. Loans must be paid in full upon termination of employment.

Payment of Benefits. Normal retirement is age 50. If the vested account is less than $5,000, a participant may elect a lump sum payment or the account can be rolled over to an IRA. On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a ten-year period. For termination of service due to other reasons, a participant may receive the value of their vested interest as a lump-sum distribution or as a life annuity.

Forfeited Accounts. At December 31, 2009 and 2008, there were no pending unallocated forfeited accounts.

Investment Options. Upon enrollment in the Plan, a participant may direct employee contributions in any of the Plan's available investment options. As of December 31, 2009, available investment options included the following:

1. Wells Fargo Collective Short-Term Investment Fund - Funds are invested in short-term instruments of domestic and foreign issues, U.S. Treasury notes and bills and certificates of deposit.

2. Wells Fargo Conservative Allocation Fund - Funds are invested 75% in fixed income securities and the remainder in equity securities.

3. Wells Fargo Moderate Balanced Fund - Funds are invested in stocks, bonds and other fixed income securities. The Fund is a gateway fund that invests in fixed income and equity master portfolios. The Fund's target allocation is 60% fixed income and 40% equity securities.

4. Wells Fargo Diversified Equity Fund - Funds are invested in equity securities. The Fund typically invests the following percentages in the following investment styles: 25% in the Russell 100 Value Index, 25% in the Russell 1000 Growth Index, 15% in the MSCI-EAFE Index, 10% in the Russell 2000 Index and 25% in the S & P 500 Index.

5. Wells Fargo Index Fund - Funds are invested in the common stocks, which comprise the S & P 500 Index.

6. Wells Fargo Small Cap Opportunities Fund - Funds are invested primarily in smaller companies with market capitalization of less than $3 billion. The Fund may also invest in non-convertible debt securities and preferred stocks.

7. Wells Fargo Collective S & P Mid Cap Index Fund - Funds are invested in the common stocks which comprise the S & P 400 Mid Cap Index.

8. Wells Fargo Small Cap Value Fund - Funds are invested at least 80% in stocks of small-cap companies.

9. Wells Fargo Dow Jones Target Today Fund - The Fund is a gateway fund for investors who plan to retire in the near term. Funds are invested in master portfolios that are invested in equities, fixed income and money market securities. The Fund attempts to replicate the total return of the Dow Jones Target Today Index.

10. Wells Fargo Dow Jones Target 2010 Fund - The Fund is a gateway fund for investors who plan to retire near the year 2010. Funds are invested in master portfolios that are invested in equities, fixed income and money market securities. The Fund attempts to replicate the total return of the Dow Jones Target 2010 Index.

11. Wells Fargo Dow Jones Target 2020 Fund - The Fund is a gateway fund for investors who plan to retire near the year 2020. Funds are invested in master portfolios that are invested in equities, fixed income and money market securities. The Fund attempts to replicate the total return of the Dow Jones Target 2020 Index.

12. Wells Fargo Dow Jones Target 2030 Fund - The Fund is a gateway fund for investors who plan to retire near the year 2030. Funds are invested in master portfolios that are invested in equities, fixed income and money market securities. The Fund attempts to replicate the total return of the Dow Jones Target 2030 Index.

13. Wells Fargo Dow Jones Target 2040 Fund - The Fund is a gateway fund for investors who plan to retire near the year 2040. Funds are invested in master portfolios that are invested in equities, fixed income and money market securities. The Fund attempts to replicate the total return of the Dow Jones Target 2040 Index.

14. Wells Fargo Dow Jones Target 2050 Fund - The Fund is a gateway fund for investors who plan to retire near the year 2050. Funds are invested in master portfolios that are invested in equities, fixed income and money market securities. The Fund attempts to replicate the total return of the Dow Jones Target 2050 Index.

15. Janus Overseas Fund – Funds are invested at least 80% in international stocks. The Fund may invest all assets in a single country. It may have significant exposure to emerging market.

16. Federated Total Return Government Inst. Svc. Fund - Funds are invested exclusively in U.S. government securities with average maturities of between five and ten years.

17. Oppenheimer Developing Markets Fund - Invests at least 80% in equity securities whose principal activities are in developing markets.

18. American Funds Growth Fund of America - Funds are invested primarily in common stocks. It may invest up to 15% of assets in securities of issuers outside the U.S. and Canada. The Fund may also invest up to 10% of assets in lower quality nonconvertible debt securities.

19. Goldman Sachs Growth Strategy Fund - Funds are invested at least 80% in underlying equity funds primarily in structured large cap growth, structured large cap value and structured international equity funds.

20. First American Mid Cap Growth Opportunity Fund - At least 80% of funds are invested in common stocks of mid-cap companies defined as companies having market capitalization within the range of companies in the Russell Mid Cap Index. The Fund may invest up to 25% of assets in foreign securities.

21. Goldman Sachs Growth Strategy Fund - Funds are invested at least 80% in equity securities with market capitalizations within the range of the market capitalization of companies in the Russell Mid Cap Value Index. It may invest up to 25% of assets in foreign securities including issues in emerging countries.

22. MFS Value Funds - Funds are invested at least 80% in securities of the utilities industry. It may invest in US and foreign securities including emerging market securities.

23. American Century Income & Growth Fund - Funds are invested primarily in common stocks of the 1,500 largest companies traded in the U.S. The Fund may also invest in foreign securities.

24. American Funds Income Fund of America - Funds are invested in common and preferred stocks, debt securities, convertibles and cash equivalents. It normally maintains 60% of assets in equity-type securities. It may invest up to 20% of assets in foreign equities and 10% of assets in foreign debt securities.

25. Hartford Growth Opportunities Fund -The Fund is invested primarily in a diversified portfolio of common stocks in a broad range of growth industries. The Fund may invest up to 20% of assets in foreign securities.

26. Dodge and Cox International Stock Fund - The Fund is invested primarily in a diversified portfolio of equity securities in non – U.S. companies from at least three foreign countries, including emerging markets. The focus is medium-to-large companies in stable countries.

27. Lord Abbett Developing Growth Fund - The Fund is invested in common stock of companies deemed to have above-average, long-term growth potential of which 65% is invested in small companies within the market capitalization range of the Russell 2000 Index. The Fund may invest up to 10% of assets in foreign securities.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting. The financial statements of the Plan are prepared using the modified cash method of accounting. Under this basis of accounting, contributions are recorded by the Plan as received.

Participant Loans. The net amount of outstanding participant loans is included in the Participant notes receivable in the accompanying Statement of Net Assets Available for Benefits.

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. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participant notes receivable are valued at cost, which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded as received. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits. Benefits are recorded when paid.

Operating Expenses. Substantially all expenses of maintaining the Plan are paid by the Plan Sponsor.

Date of Management's Review. Subsequent events were evaluated through July 10, 2010, which is the date the financial statements were available to be issued and also at August 16, 2011, when the financial statements were available to be re-issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Collective short-term investment fund	$ 1,456,397	$ 1,456,397	$
Mutual funds	9,794,361	9,794,361	
Participant loans	391,150		391,150
Total	$ 11,641,908	$ 11,250,758	$ 391,150
December 31, 2008			
Collective short-term investment fund	$ 949,399	$ 949,399	$
Mutual funds	7,468,733	7,468,733	
Participant loans	321,497		321,497
Total	$ 8,739,629	$ 8,418,132	$ 321,497

The fair value measurement accounting literature establishes 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, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Level 3 Fair Value Measurements

The participant loans are not actively traded and significant other observable inputs are not available. The fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Participant Loans
December 31, 2009	
Beginning balance	$ 321,497
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-
Purchases, sales, issuances, and settlements (nets)	69,653
Ending balance	$ 391,150
December 31, 2008	
Beginning balance	$ 218,247
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-
Purchases, sales, issuances, and settlements (nets)	103,250
Ending balance	$ 321,497

NOTE 4 - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets.

	December 31, 2009	December 31, 2008
Wells Fargo Collective Short-term Investment Fund	$ 1,456,397*	$ 949,399*
Wells Fargo Moderate Balanced Fund	787,368*	790,461*
Wells Fargo Diversified Equity Fund	1,735,046*	1,433,875*
Janus Adviser International Growth/Overseas Funds	1,192,531*	811,073*
Federated Total Return Government Institution Fund	843,964*	771,791*
Oppenheimer Developing Markets Funds	806,355*	490,017*

*Nonparticipant-directed

NOTE 5 - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Wells Fargo Investment Management and Trust (Wells Fargo). Wells Fargo is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest.

NOTE 6 - PLAN TERMINATION

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 accounts.

NOTE 7 - TAX STATUS

The Plan obtained its latest determination letter on February 16, 1995, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Trustee's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 8 – RISKS AND UNCERTAINTIES

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

NOTE 9 - ADMINISTRATIVE EXPENSES

The Plan Sponsor (Martin Group, Inc.) pays a substantial portion of the administrative expenses of the Plan reduced by forfeitures. In 2008, administrative expenses were $5,259 less forfeitures of $5,259. In 2009, administrative expenses were $5,875 less forfeitures of $5,875. Fees charged to the Plan were $8,610 and $6,388 for 2009 and 2008, respectively.

NOTE 10 - ERISA DISCLOSURES

The Plan had no reportable transactions or any nonexempt transactions during 2009 or 2008. There were no loans or fixed income obligations in default or classified as uncollectible.

NOTE 11 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental information was obtained from data that has been prepared and certified to as complete and accurate by the Trustee.

	2009	2008
Investments, at fair value		
Collective Short-Term Investment Fund	$ 1,456,397	$ 949,399
Regulated Investment Companies	9,794,361	7,468,733
Participant Notes Receivable	391,150	321,497
Investment Income:		
Net appreciation (depreciation) in fair value of investments	2,375,336	(4,591,187)
Interest and Dividends	191,563	703,233

NOTE 12 – PLAN MERGER

As of December 31, 2009, the Plan was merged into the 401(k) Plan of CHR Solutions, Inc. The transfer actually occurred after the close of the business on December 31, 2009. This occurred after both plan sponsors also merged in the latter part of 2009. The successor plan will be called the CHR Solutions, Inc. 401(k) Profit Sharing and Investment Plan.

NOTE 13 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31, 2009:

Net assets available for benefits per the financial statements.	$ 11,641,908
Assets transferred to merged plan that were processed and approved on December 31, 2009 but were not transferred until after the close of business on that day.	(11,641,908)
Net assets available for benefits per Schedule H of the Form 5500	$ ---

The transfer of the assets to CHR Solutions, Inc. 401(k) Profit Sharing and Investment Plan has been recorded as an addition to net assets available for benefits in 2010.

SUPPLEMENTAL INFORMATION

Carlon & Millar, Prof. L.L.C.
certified public accountants

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

To the Plan Administrator
Martin Group, Inc. 401(k) Plan
Mitchell, South Dakota

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of the Martin Group, Inc. 401(k) Plan, together referred to as "supplemental information", are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Carlon + Millar, Prof LLC

Mitchell, South Dakota
July 10, 2010
August 17, 2011 (Revised)

MARTIN GROUP, INC. 401(k) PLAN
46-0350212 PLAN NUMBER 001
SCHEDULE H, LINE 4i
ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

Description	Type and Maturity	Current Value
Wells Fargo Collective Short-Term Investment Fund	Short-term commercial paper and CDs, average maturity under 45 days	$ 1,456,397
Wells Fargo Conservative Allocation Fund	Normally invests 75% in fixed income securities and 25% in equity securities	363,900
Wells Fargo Moderate Balanced Fund	Balanced between fixed income (60%) and equity securities (40%)	787,368
Wells Fargo Diversified Equity Fund	Invests in index funds, large cap growth, small cap growth and international stocks	1,735,046
Wells Fargo Index Fund	Invests in stocks in the S & P 500	264,247
Wells Fargo Small Cap Opportunities Fund	Invests in small cap stocks	556,184
Wells Fargo Collective S & P Mid Cap Index Fund	Invests in stocks in the S & P 400 Mid Cap Index	72,827
Wells Fargo Small Cap Value Fund	Invests primarily in stocks of small cap value companies	335,656
Wells Fargo Dow Jones Target Today Fund	Invests in stocks (15%), bonds (75%) and cash (10%)	262,700
Wells Fargo Dow Jones Target 2010 Fund	Invests in bonds (70%), stocks (25%) and cash (5%)	22,566
Wells Fargo Dow Jones Target 2020 Fund	Invests in stocks (50%), bonds (45%) and cash (5%)	108,486
Wells Fargo Dow Jones Target 2030 Fund	Invests in stocks (75%), bonds (20%) and cash (5%)	259,785
Wells Fargo Dow Jones Target 2040 Fund	Invests in stocks (85%), bonds (10%) and cash (5%)	139,760

MARTIN GROUP, INC. 401(k) PLAN
46-0350212 PLAN NUMBER 001
SCHEDULE H, LINE 4i
ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
December 31, 2009

Wells Fargo Dow Jones Target 2050 Fund	Invests in stocks (90%), bonds (5%) and cash (5%)	63,107
Janus Overseas Fund	Invests in large international growth stocks	1,192,531
Federated Total Return Government Inst. Svc. Fund	Invests in U.S. Government securities, average maturity of 5-10 years	843,964
Oppenheimer Developing Markets Fund	Invests 80% in stocks of companies in emerging markets	806,335
American Funds Growth Fund of America	Invests primarily in large growth stocks	447,181
Goldman Sachs Growth Strategy Fund	Invests in underlying equity funds	350,457
First American Mid Cap Growth Opportunity Fund	Invests 80% in stocks in Russell Mid Cap Index	286,592
Goldman Sachs Mid Cap Value Fund	Invests in mid cap value stocks	243,121
MFS Value Fund		210,631
American Century Income & Growth Fund	Invests in large cap value stocks	195,294
American Funds Income Fund of America	Invests in primarily common and preferred stocks	148,564
Hartford Growth Opportunities Fund	Invests in large growth stocks	45,059
Dodge and Cox International Fund	Invests in foreign large cap value stocks	36,906
Lord Abbett Developing Growth Fund	Invests 65% in stocks in Russell 2000 Index	16,094
Participants' notes receivable	Notes, Interest at 4.25 - 9.25%, maturities of 1-5 years	391,150
		$ 11,641,908

Cost basis amounts by category of investment are no longer available from the Plan's Trustee, Wells Fargo.

Schedule H Line 4i--Schedule of Assets Held for Investment Purposes at End of Year
For plan year ending December 31, 2009

MARTIN GROUP, INC. EIN:460350212
MARTIN GROUP, INC. PLAN #:001
401 (K) PLAN

(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	(e) Current value
*	WELLS FARGO SHORT-TERM INV G	Common/Collective Fund	1,456,396.60
	FEDERATED TOTAL RETURN GOVT	Registered Investment Company	843,964.30
	MFS VALUE R3	Registered Investment Company	210,630.84
*	WF ADVANTAGE INDEX - ADMIN	Registered Investment Company	264,246.50
	AMERICAN FUNDS GROWTH FUND	Registered Investment Company	447,181.12
	HARTFORD GRW OPPORTUNITIES HLS	Registered Investment Company	45,058.66
	GOLDMAN SACHS MID CAP VALUE	Registered Investment Company	243,121.19
	AM CENTURY INCOME & GROWTH	Registered Investment Company	195,293.51
*	WELLS FARGO S&P MID CAP INDEX	Common/Collective Fund	72,827.38
	FIRST AMERICAN MID CAP GROWTH	Registered Investment Company	286,591.89
*	WF ADVTG SMALL CAP VALUE - INV	Registered Investment Company	335,656.19
	OPPENHEIMER DEVELOPING MARKETS	Registered Investment Company	806,334.86
*	WF ADVANTAGE SMALL CAP OPP-ADM	Registered Investment Company	556,183.84
	LORD ABBETT DEVELOPING GROWTH	Registered Investment Company	16,093.63
	DODGE & COX INTERNATIONAL STK	Registered Investment Company	36,905.76
	JANUS OVERSEAS (S)	Registered Investment Company	1,192,531.35
*	WF AVTG CONSERV ALLOCATION	Registered Investment Company	363,900.14
*	WF ADVTG MODERATE BALANCED-ADM	Registered Investment Company	787,368.24
	AMERICAN INCOME FD OF AMERICA	Registered Investment Company	148,564.45
	GOLDMAN SACHS GROWTH STRATEGY	Registered Investment Company	350,456.50
*	WF AVTG DIVERSIFIED EQUITY-ADM	Registered Investment Company	1,735,045.80
*	WF ADVTG DOW JONES TRGT TODAY	Registered Investment Company	262,700.23
*	WF ADVTG DOW JONES TRGT 2010	Registered Investment Company	22,566.14
*	WF ADVTG DOW JONES TRGT 2020	Registered Investment Company	108,485.68
*	WF ADVTG DOW JONES TRGT 2030	Registered Investment Company	259,784.69
*	WF ADVTG DOW JONES TRGT 2040	Registered Investment Company	139,760.48
*	WF ADVTG DOW JONES TRGT 2050	Registered Investment Company	63,107.34
	MARTIN GROUP 401(K) LOAN	Various Int Rates and Mat Dates	391,150.22
	Total assets held for investment purposes		11,641,907.53

*Represents a party in interest to the plan

Schedule H Line 4i--Schedule of Assets Held for Investment Purposes at End of Year
For plan year ending December 31, 2009

MARTIN GROUP, INC. EIN:460350212
MARTIN GROUP, INC. PLAN #:001
401 (K) PLAN

(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	(e) Current value
*	WELLS FARGO SHORT-TERM INV G	Common/Collective Fund	1,456,396.60
	FEDERATED TOTAL RETURN GOVT	Registered Investment Company	843,964.30
	MFS VALUE R3	Registered Investment Company	210,630.84
*	WF ADVANTAGE INDEX - ADMIN	Registered Investment Company	264,246.50
	AMERICAN FUNDS GROWTH FUND	Registered Investment Company	447,181.12
	HARTFORD GRW OPPORTUNITIES HLS	Registered Investment Company	45,058.66
	GOLDMAN SACHS MID CAP VALUE	Registered Investment Company	243,121.19
	AM CENTURY INCOME & GROWTH	Registered Investment Company	195,293.51
*	WELLS FARGO S&P MID CAP INDEX	Common/Collective Fund	72,827.38
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*	WF ADVTG SMALL CAP VALUE - INV	Registered Investment Company	335,656.19
	OPPENHEIMER DEVELOPING MARKETS	Registered Investment Company	806,334.86
*	WF ADVANTAGE SMALL CAP OPP-ADM	Registered Investment Company	556,183.84
	LORD ABBETT DEVELOPING GROWTH	Registered Investment Company	16,093.63
	DODGE & COX INTERNATIONAL STK	Registered Investment Company	36,905.76
	JANUS OVERSEAS (S)	Registered Investment Company	1,192,531.35
*	WF AVTG CONSERV ALLOCATION	Registered Investment Company	363,900.14
*	WF ADVTG MODERATE BALANCED-ADM	Registered Investment Company	787,368.24
	AMERICAN INCOME FD OF AMERICA	Registered Investment Company	148,564.45
	GOLDMAN SACHS GROWTH STRATEGY	Registered Investment Company	350,456.50
*	WF AVTG DIVERSIFIED EQUITY-ADM	Registered Investment Company	1,735,045.80
*	WF ADVTG DOW JONES TRGT TODAY	Registered Investment Company	262,700.23
*	WF ADVTG DOW JONES TRGT 2010	Registered Investment Company	22,566.14
*	WF ADVTG DOW JONES TRGT 2020	Registered Investment Company	108,485.68
*	WF ADVTG DOW JONES TRGT 2030	Registered Investment Company	259,784.69
*	WF ADVTG DOW JONES TRGT 2040	Registered Investment Company	139,760.48
*	WF ADVTG DOW JONES TRGT 2050	Registered Investment Company	63,107.34
	MARTIN GROUP 401(K) LOAN	Various Int Rates and Mat Dates	391,150.22
	Total assets held for investment purposes		11,641,907.53

*Represents a party in interest to the plan