

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 03/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ the final return/report;</div><div>☐ an amended return/report;</div><div>☒ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC 401(K) PLAN	1b Three-digit plan number (PN) ▶ 008
		1c Effective date of plan 02/01/2000
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) DUKE ENERGY CORPORATION 400 SOUTH TRYON STREET MAIL CODE ST06K CHARLOTTE, NC 28285	2b Employer Identification Number (EIN) 20-2777218 2c Sponsor's telephone number 704-382-5289 2d Business code (see instructions) 221100
	400 SOUTH TRYON STREET MAIL CODE ST06K CHARLOTTE, NC 28285	

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.	02/23/2010	RICHARD JEFFERIES
	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") DUKE ENERGY CORPORATION BENEFITS COMMITTEE 400 S. TRYON STREET MAIL CODE ST06K CHARLOTTE, NC 28285	3b Administrator's EIN 20-2777218 3c Administrator's telephone number 704-382-5289
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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 SUEZ-DEGS OF ROCHESTER LLC	4b EIN 13-4085349 4c PN 001	
5 Total number of participants at the beginning of the plan year	5	69
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:
 2F 2G 2J 2K 3E

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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☐ **H** (Financial Information)
 (2) ☒ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☐ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE I (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information—Small Plan 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 03/31/2009		
A Name of plan TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC 401(K) PLAN		B Three-digit plan number (PN) ► 008
C Plan sponsor's name as shown on line 2a of Form 5500 DUKE ENERGY CORPORATION		D Employer Identification Number (EIN) 20-2777218

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I	Small Plan Financial Information
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Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	6322891	0
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a).....	1c	6322891	0
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	4201	
(2) Participants.....	2a(2)	24423	
(3) Others (including rollovers)	2a(3)		
b Noncash contributions.....	2b		
c Other income.....	2c	-382944	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).....	2d		
e Benefits paid (including direct rollovers)	2e	212563	
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions).....	2h		
i Other expenses.....	2i	372	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		212935
k Net income (loss) (subtract line 2j from line 2d).....	2k		-567255
l Transfers to (from) the plan (see instructions)	2l		-5755636

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.			
	Yes	No	Amount
a Partnership/joint venture interests.....	3a	X	
b Employer real property.....	3b	X	
c Real estate (other than employer real property)	3c	X	
d Employer securities.....	3d	X	
e Participant loans.....	3e	X	0

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II Compliance Questions

4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

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: 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)
DUKE ENERGY RETIREMENT SAVINGS PLAN	20-2777218	002

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 03/31/2009

A Name of plan <u>TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DUKE ENERGY CORPORATION</u>	D Employer Identification Number (EIN) <u>20-2777218</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Trigen-Cinergy Solutions of Rochester, LLC
401(k) Plan

Financial Statements as of March 31, 2009,
December 31, 2008, and December 31, 2007
and for the Three Months Then Ended
March 31, 2009 and Year Ended December 31, 2008
and Independent Auditors' Report

TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC 401(k) PLAN

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NOTE: Schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended have been omitted because they are not applicable.	



Independent Auditors' Report

To the Benefits Committee of Duke Energy Corporation
Charlotte, North Carolina

We were engaged to audit the accompanying financial statements, as listed in the table of contents, of Trigen-Cinergy Solutions of Rochester, LLC 401(k) Plan (the "Plan"). These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 7, which was certified by Fidelity Pricing and Cash Management Services, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. 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 March 31, 2009, December 31, 2008 and December 31, 2007 and for the three months ended March 31, 2009 and the year ended December 31, 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 taken as a whole. The form and content of the information included in the financial statements, 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 DOL's Rules and Regulations for Reporting and Disclosure under the ERISA.

McConnell & Jones LLP

Houston, Texas
January 11, 2010

**TRIGEN-CINERGY SOLUTIONS
OF ROCHESTER, LLC 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF MARCH 31, 2009, DECEMBER 31, 2008, AND DECEMBER 31, 2007**

	<u>March 31, 2009</u>	<u>December 31, 2008</u>	<u>December 31, 2007</u>
ASSETS:			
Investments, at fair value:			
Mutual funds	\$ -	\$ 6,121,095	\$ 9,652,409
Loans to participants	-	136,867	127,071
Total investments	<u>-</u>	<u>6,257,962</u>	<u>9,779,480</u>
Receivables:			
Employer contributions	<u>-</u>	<u>64,929</u>	<u>29,931</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 6,322,891</u>	<u>\$ 9,809,411</u>

See Notes to Financial Statements.

**TRIGEN-CINERGY SOLUTIONS
OF ROCHESTER, LLC 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE THREE MONTHS ENDED MARCH 31, 2009 AND YEAR ENDED DECEMBER 31, 2008**

	Three Months Ended March 31, 2009	Year Ended December 31, 2008
ADDITIONS:		
Investment income:		
Interest and dividends	\$ 11,117	\$ 369,675
Contributions:		
Participants	24,423	591,128
Employer	4,200	172,470
Total additions	<u>39,740</u>	<u>1,133,273</u>
DEDUCTIONS:		
Investment loss:		
Net depreciation in fair value of investments	(394,061)	(3,387,600)
Benefits paid to participants	(212,563)	(1,230,605)
Administrative expenses	(372)	(1,588)
Total deductions	<u>(606,996)</u>	<u>(4,619,793)</u>
NET DECREASE PRIOR TO TRANSFER	(567,256)	(3,486,520)
TRANSFER TO DUKE ENERGY RETIREMENT SAVINGS PLAN	(5,755,635)	-
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>6,322,891</u>	<u>9,809,411</u>
End of year	<u>\$ -</u>	<u>\$ 6,322,891</u>

TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF MARCH 31, 2009, DECEMBER 31, 2008 AND DECEMBER 31, 2007 AND FOR THE THREE MONTHS ENDED MARCH 31, 2009 AND FOR THE YEAR ENDED DECEMBER 31, 2008

1. PLAN DESCRIPTION

The following description of the Trigen-Cinergy Solutions of Rochester, LLC 401(k) Plan (the “Plan”) is provided for general purposes only.

General — The Plan was a defined contribution plan covering all non-union employees of Trigen-Cinergy Solutions of Rochester, LLC (the “Company” or “Plan Sponsor”) who met minimum age and service requirements. Suez-Degs of Rochester, LLC controlled and managed the operation and administration of the Plan. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

On February 1, 2000, the Board of Managers of the Plan Sponsor adopted the Plan.

Effective as of the close of March 31, 2009, the Plan was merged into the Duke Energy Retirement Savings Plan. The Duke Energy Retirement Savings Plan is sponsored by Duke Energy Corporation. Suez-Degs of Rochester, LLC is an unconsolidated affiliate of Duke Energy Corporation.

Contributions — Each year, participants could contribute up to 50% of annual pre-tax compensation, as defined by the Plan, subject to certain Internal Revenue Code (“IRC”) limitations. The Company contributed 60% of the first 5% of base compensation that a participant contributed to the Plan. An additional incentive match of the first 5% of base pay that a participant contributed could be contributed at the discretion of the Board of Directors of the Plan Sponsor. Employees could also make after-tax contributions.

Participant Accounts — Individual accounts were maintained for each Plan participant. Each participant’s account was credited with the participant’s contribution, the Company’s matching contribution, and allocations of Company discretionary contributions, and Plan earnings, and charged with withdrawals and an allocation of Plan expenses and losses. Allocations were based on participant contribution percentages or account balances, as defined. The benefit to which a participant was entitled was the benefit that could have been provided from the participant’s vested account.

Investments — Participants directed the investment of their contributions into various investment options offered by the Plan. The participants also directed all employer contributions.

Vesting — Participants were immediately vested in all contributions and earnings thereon.

Participant Loans — Participants could borrow from their fund accounts up to a maximum of \$50,000 or 50% of their account balance, whichever was less. Interest on the loan was set at the time of borrowing, and the loans were secured by the balance in the participant’s account. Interest rates ranged from 5.25 % to 9.25% as of December 31, 2008. Loans were to be repaid within 60 months through regular payroll deductions or quarterly payments. If the loan was for the purchase of a principal residence, the participant had the option to repay the loan over a 120 month period.

Payment of Benefits — Participants were generally eligible to receive distributions of assets from the Plan upon termination of employment including retirement, death, or disability. Distributions were paid

in a lump sum for vested benefits of \$1,000 or less. Distributions were paid in a lump sum or in installments (at the election of the participant) for vested benefits greater than \$1,000. Active participants were also eligible to apply to the Plan administrator for “hardship” withdrawals from their account in accordance with Plan provisions. Active participants who attained age 59 ½ were also eligible to apply to the Plan administrator for withdrawals from their accounts in accordance with Plan provisions.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“US GAAP”).

Use of Estimates — The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Reclassification — Certain amounts have been reclassified to conform to current year presentation.

Investment Valuation and Income Recognition — The Plan’s investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion of fair value measurements.

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

A participant may elect to change investment funds and/or the contribution allocation percentage among funds at any time.

Administrative Expenses — Certain administrative expenses of the Plan are paid by the Plan as provided in the Plan document. The Plan Sponsor provides accounting and other administrative services to the Plan at no charge.

Payments of Benefits — Benefit payments to participants are recorded when paid.

3. INVESTMENTS

The fair value of individual investments that represent 5% or more of the Plan's net assets available for benefits as of March 31, 2009, December 31, 2008 and December 31, 2007 are as follows:

		March 31, 2009	December 31, 2008	December 31, 2007
* Fidelity	Blue Chip Growth Fund	\$ -	\$ 467,965	\$ 786,782
* Fidelity	U.S. Bond Index Fund	-	481,594	-
* Fidelity	Low-Priced Stock Fund	-	562,395	1,140,508
* Fidelity	Diversified International Stock Fund	-	1,158,733	2,483,692
* Fidelity	Freedom 2020 Fund	-	556,538	975,423
* Fidelity	Freedom 2030 Fund	-	373,340	603,652
* Fidelity	Spartan U.S. Equity Index Fund	-	361,482	603,660
* Fidelity	Retirement Money Market Fund	-	787,136	553,266

* Indicates a party-in-interest

During the three months ended March 31, 2009 and year ended December 31, 2008, depreciation in fair value of the Plan's investments (including gains and losses on investments bought and sold, as well as held during the period) was \$394,061 and \$3,387,600, respectively.

4. FAIR VALUE MEASUREMENTS

On January 1, 2008, the Plan adopted Statement of Financial Accounting Standards No. 157, "Fair Value Measurements" ("SFAS No. 157"). SFAS No. 157 defines fair value, establishes a framework for measuring fair value in GAAP and expands disclosure requirements about fair value measurements. Under SFAS No. 157, fair value is considered to be the exchange price in an orderly transaction between market participants to sell an asset or transfer a liability at the measurement date. The fair value definition under SFAS No. 157 focuses on an exit price, which is the price that would be received by the Plan to sell an asset or paid to transfer a liability versus an entry price, which would be the price paid to acquire an asset or received to assume a liability. Although SFAS No. 157 does not require additional fair value measurements, it applies to other accounting pronouncements that require or permit fair value measurements.

The Plan determines fair value of financial assets and liabilities based on the following fair value hierarchy, as prescribed by SFAS No. 157, which prioritizes the inputs to valuation techniques used to measure fair value into three levels:

Level 1 inputs: unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. An active market for the asset or liability is one in which transactions for the asset or liability occurs with sufficient frequency and volume to provide ongoing pricing information.

Level 2 inputs: inputs other than quoted market prices included in Level 1 that are observable, either directly or indirectly, for the asset or liability. Level 2 inputs include, but are not limited to, quoted prices for similar assets or liabilities in an active market, quoted prices for identical or similar assets or liabilities in markets that are not active and inputs other than quoted market prices that are observable

for the asset or liability, such as interest rate curves and yield curves observable at commonly quoted intervals, volatilities, credit risk and default rates.

Level 3 inputs: unobservable inputs for the asset or liability.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Valuation methods of the primary fair value measurements disclosed above are as follows:

Mutual funds: Valued at the net asset value of shares held by the plan at year end. The Plans' investments in mutual funds, which are separately managed by Fidelity, are valued using Level 1 measurements.

Loans to participants: Valued at amortized cost, which approximates fair value.

There were no investments held by the Plan as of March 31, 2009.

The following table provides by level, within the fair value hierarchy, the Plan's Investments at fair value as of December 31, 2008:

Description	Total Fair Value	Level 1	Level 2	Level 3
Mutual funds	\$ 6,121,095	\$ 6,121,095	\$ -	\$ -
Loans to participants	136,867	-	-	136,867
Total investments at fair value	<u>\$ 6,257,962</u>	<u>\$ 6,121,095</u>	<u>\$ -</u>	<u>\$ 136,867</u>

The following table provides a reconciliation of beginning and ending balances of assets measured at fair value on a recurring basis where the determination of fair value includes significant unobservable inputs (Level 3):

Rollforward of Level 3 measurements

	Loans to Participants
Balance at January 1, 2009	\$ 136,867
Transfer to Duke Energy Retirement Savings Plan	(124,515)
Purchases, sales, issuances and settlements (net)	(12,352)
	<hr/>
Balance at March 31, 2009	\$ -
	<hr/>
	Loans to Participants
Balance at January 1, 2008	\$ 127,071
Purchases, sales, issuances and settlements (net)	9,796
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Balance at December 31, 2008	\$ 136,867
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5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments were shares of mutual funds managed by Fidelity Pricing and Cash Management Services ("Fidelity"). Fidelity was the Trustee, as defined by the Plan, and therefore, these transactions qualified as exempt party-in-interest transactions. Also, the Participant Loan Fund holds loans from participants in the Plan and therefore, these transactions qualified as party-in-interest transactions.

6. FEDERAL INCOME TAX STATUS

The Plan used a prototype plan document sponsored by Fidelity. Fidelity received an opinion letter from the Internal Revenue Service ("IRS") dated December 5, 2001, which states that the prototype document satisfies the applicable provisions of the Internal Revenue Code ("IRC"). The Plan itself received a favorable determination letter from the IRS dated December 1, 2004. The Plan's administrator and the Company believe that the Plan was designed and operated with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan as of March 31, 2009 and December 31, 2008, and for the three months ended March 31, 2009, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by Fidelity, the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

	<u>March 31, 2009</u>	<u>December 31, 2008</u>	<u>December 31, 2007</u>
Statements of net assets available for benefits -			
Investments:			
Mutual funds	\$ -	\$ 6,121,095	\$ 9,652,409
Loans to participants	-	136,867	127,071
Total Investments	<u>\$ -</u>	<u>\$ 6,257,962</u>	<u>\$ 9,779,480</u>
	<u>Three months ended March 31, 2009</u>	<u>Year ended December 31, 2008</u>	
Statements of changes in net assets available for benefits -			
Investment income:			
Interest and dividends	\$ 11,117	\$ 369,675	
Investment loss:			
Net depreciation in fair value of investments	\$ (394,061)	\$ (3,387,600)	

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