

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☒ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>TRIGEN-CINERGY SOLUTIONS OF ROCHESTER PENSION PLAN</u>	1b Three-digit plan number (PN) ► <u>007</u> 1c Effective date of plan <u>01/01/2000</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>DUKE ENERGY CORPORATION</u> <u>P.O. BOX 1321</u> <u>CHARLOTTE, NC 28201</u> <u>550 SOUTH TRYON STREET</u> <u>DEC38A</u> <u>CHARLOTTE, NC 28202</u>	2b Employer Identification Number (EIN) <u>20-2777218</u> 2c Sponsor's telephone number <u>704-382-5289</u> 2d Business code (see instructions) <u>221100</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/05/2010</u>	<u>RICHARD JEFFERIES</u>
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") DUKE ENERGY CORPORATION BENEFITS COMMITTEE 550 SOUTH TRYON STREET DEC38A CHARLOTTE, NC 28202	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 002
5 Total number of participants at the beginning of the plan year	5 115
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
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:
 1A 1G 3H

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)

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan TRIGEN-CINERGY SOLUTIONS OF ROCHESTER PENSION PLAN	B Three-digit plan number (PN) 007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DUKE ENERGY CORPORATION	D Employer Identification Number (EIN) 20-2777218
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2009	
2 Assets:	
a Market value	2a 4945346
b Actuarial value	2b 4940676
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 20 (2) Funding Target 907310
b For terminated vested participants	3b 28 546796
c For active participants:	
(1) Non-vested benefits	3c(1) 97341
(2) Vested benefits	3c(2) 2642027
(3) Total active	3c(3) 67 2739368
d Total	3d 115 4193474
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 8.16 %
6 Target normal cost	6 435849

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		09/16/2010
JENNIFER YANULAVICH	Signature of actuary	Date
HEWITT ASSOCIATES	Type or print name of actuary	08-06264
201 S. COLLEGE STREET, SUITE 1550 CHARLOTTE, NC 28244	Firm name	Most recent enrollment number
	Address of the firm	704-347-0100
		Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	637466	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	637466	0
10	Interest on item 9 using prior year's actual return of <u>2.20</u> %	14024	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		36584
b	Interest on (a) using prior year's effective rate of <u>6.41</u> %		2345
c	Total available at beginning of current plan year to add to prefunding balance		38929
d	Portion of (c) to be added to prefunding balance.....		38929
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	651490	38929

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	101.35 %
15	Adjusted funding target attainment percentage.....	15	117.81 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	92.25 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	106043				
12/29/2009	125000				
			Totals ►	18(b)	231043
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 219343
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	379066
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	379066
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	161979	0
36 Additional cash requirement (item 34 minus item 35).....	36	217087
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	219343
38 Interest-adjusted excess contributions for current year (see instructions).....	38	2256
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan TRIGEN-CINERGY SOLUTIONS OF ROCHESTER PENSION PLAN		B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 DUKE ENERGY CORPORATION		D Employer Identification Number (EIN) 20-2777218

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

BANK OF NEW YORK MELLON

04-1107280

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	6000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

(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:	ROB AUSTIN	b EIN:	36-2235791
c Position:	ENROLLED ACTUARY		
d Address:	201 S. COLLEGE STREET SUITE 1550 CHARLOTTE, NC 28244	e Telephone:	704-347-0100

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT HEWITT ASSOCIATES THE ENROLLED ACTUARY HAS CHANGED.

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:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan TRIGEN-CINERGY SOLUTIONS OF ROCHESTER PENSION PLAN				B Three-digit plan number (PN) ▶ 007	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DUKE ENERGY CORPORATION				D Employer Identification Number (EIN) 20-2777218	
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: TBC INC POOLED EMP DAILY LIQUIDITY					
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON					
c EIN-PN 04-6388516-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 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)	
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 103-1	

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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**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 TRIGEN-CINERGY SOLUTIONS OF ROCHESTER PENSION PLAN	B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 DUKE ENERGY CORPORATION	D Employer Identification Number (EIN) 20-2777218	

Part I	Asset and Liability Statement
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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)	2366	
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)		
(9) Value of interest in common/collective trusts.....	1c(9)	4942980	
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4945346	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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4945346	0
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	231043	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		231043

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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		947993
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1179036

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	179197	
(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)		179197
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)	69056	
(4) Other	2i(4)	6000	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		75056
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		254253

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		924783
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		5870129

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: MCCONNELL & JONES, LLP

(2) EIN: 76-0488832

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.).....		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.).....		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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		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 have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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:

- 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)
CINERGY CORP NON-UNION EMPLOYEES' PENSION PLAN	20-2777218	011

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 <u>TRIGEN-CINERGY SOLUTIONS OF ROCHESTER PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>007</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
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>04-1414660</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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): _____



Independent Auditors' Report

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

We were engaged to audit the financial statements of Trigen-Cinergy Solutions of Rochester, LLC Pension Plan (the "Plan") as of December 31, 2009 and 2008 and for the years then ended, as listed in the Table of Contents, and supplemental schedule for the year ended December 31, 2009, as listed in the Table of Contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("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 information summarized in Note 5, which was certified by Northern Trust Company ("Northern") and Mellon Bank, N.A. ("Mellon"), the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Northern held the Plan's investment assets as of December 31, 2009 and executed investment transactions for the period July 1 through December 31, 2009, and that Mellon held the Plan's investment assets as of December 31, 2008 and executed investment transactions for the year ended December 31, 2008 and for the period January 1 through June 30, 2009. The plan administrator has obtained certifications from the trustees that the information as of and for the years ended December 31, 2009 and 2008 provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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 Rules and Regulations for Reporting and Disclosure under ERISA.

McConnell & Jones 220

Houston, Texas
September 27, 2010

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Trigen-Cinergy Solutions of Rochester LLC Pension Plan	B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Duke Energy Corporation	D Employer Identification Number (EIN) 20-2777218	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	4,945,346	
b Actuarial value.....	2b	4,940,676	
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment	3a	20	907,310
b For terminated vested participants	3b	28	546,796
c For active participants:			
(1) Non-vested benefits.....	3c(1)		97,341
(2) Vested benefits.....	3c(2)		2,642,027
(3) Total active	3c(3)	67	2,739,368
d Total.....	3d	115	4,193,474
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	8.16 %	
6 Target normal cost.....	6	435,849	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	09/16/2010 Date
Jennifer Yanulavich Type or print name of actuary		08-06264 Most recent enrollment number
HEWITT ASSOCIATES Firm name		(704) 347-0100 Telephone number (including area code)
201 S. COLLEGE STREET, Suite 1550 Address of the firm		
CHARLOTTE NC 28244		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	637,466	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	637,466	0
10	Interest on item 9 using prior year's actual return of <u>2.20</u> %	14,024	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		36,584
b	Interest on (a) using prior year's effective rate of <u>6.41</u> %		2,345
c	Total available at beginning of current plan year to add to prefunding balance		38,929
d	Portion of (c) to be added to prefunding balance		38,929
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	651,490	38,929

Part III Funding percentages	
14 Funding target attainment percentage	14 101.35 %
15 Adjusted funding target attainment percentage	15 117.81 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16 92.25 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17 %

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	106,043				
12/29/2009	125,000				
Totals ▶			18(b)	231,043	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	219,343

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
%2nd segment:
%3rd segment:
%☒ N/A, full yield curve used**b** Applicable month (enter code)**21b**

2

22 Weighted average retirement age**22**

60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions) **31** 379,066**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)**34**

379,066

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	161,979	0	161,979

36 Additional cash requirement (item 34 minus item 35) **36** 217,087**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 219,343**38** Interest-adjusted excess contributions for current year (see instructions) **38** 2,256**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0**40** Unpaid minimum required contribution for all years **40** 0

Schedule SB Attachment (Form 5500)—2008 Plan Year
Trigen-Cinergy Solutions of Rochester LLC Pension Plan
EIN: 20-2777218 PN: 007

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2008

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 15, 2009	\$ 106,043	8.16%	\$ 103,699
December 29, 2009	<u>125,000</u>	8.16%	<u>115,644</u>
Total Contribution	\$ 231,043		\$ 219,343

Schedule SB Attachment (Form 5500)—2008 Plan Year
Trigen-Cinergy Solutions of Rochester LLC Pension Plan
EIN: 20-2777218 PN: 007

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
50.5	0.040	1.0000	2.02
51.5	0.040	0.9600	1.98
52.5	0.040	0.9216	1.94
53.5	0.040	0.8847	1.89
54.5	0.040	0.8493	1.85
55.5	0.040	0.8154	1.81
56.5	0.040	0.7828	1.77
57.5	0.040	0.7514	1.73
58.5	0.100	0.7214	4.22
59.5	0.100	0.6493	3.86
60.5	0.130	0.5843	4.60
61.5	0.150	0.5084	4.69
62.5	0.400	0.4321	10.80
63.5	0.200	0.2593	3.29
64.5	0.200	0.2074	2.68
65.5	0.750	0.1659	8.15
66.5	0.200	0.0415	0.55
67.0	1.000	0.0332	2.22
Weighted Average			60.05

Schedule SB Attachment (Form 5500)—2008 Plan Year
Trigen-Cinergy Solutions of Rochester LLC Pension Plan
EIN: 20-2777218 PN: 007

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on the full Yield Curve for October 2008, with sample rates as follows:
Yield Curve	Duration 0 – 5.45%. Duration 5 – 8.25%. Duration 10 – 8.87%. Duration 15 – 8.65%. Duration 20 – 8.11%. Duration 25 – 7.71%. Duration 30 – 7.46%.
Salary Increases	
Minimum Funding Target Normal Cost	Based on estimated 2009 earnings and expected increase in vacation bank.
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 4.00% per year.
Optional Payment Form Election Percentage	65% 100% Contingent Annuity. (if the spouse dies before the participant, the benefit payable to the participant is assumed to increase 25% to reflect the increased life annuity value). 35% Single Life Annuity.
Optional Payment Form Conversion Interest Rate	N/A.
Optional Payment Form Conversion Mortality	N/A.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	See Table 2.
Mortality Rates	
Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 3.
Disability Rates	See Table 4.
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2008 Plan Year
Trigen-Cinergy Solutions of Rochester LLC Pension Plan
EIN: 20-2777218 PN: 007

Valuation Compensation
Before 2009

Actual historical pensionable earnings.

2009

2009 pay estimated as actual earnings from January 1, 2009 to March 31, 2009 multiplied by 4.

TCSR participants receive quarterly bonuses. As such, first quarter earnings are a reasonable estimate of quarterly earnings for the rest of the year.

Vacation Bank

Final pay is assumed to increase for vacation buy-back based on actual vacation banks accrued to date for the calculation of accrued liabilities.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$195,000 and the 401(a)(17) compensation limit of \$245,000.

Valuation of Plan Assets

Average of the fair market value of assets over the current and prior 3 months. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC Section 430(h)(2)(C)(iii).

Rate of Return for Adjusting Funding Balances

The rate of return is calculated reflecting actual monthly cash flows into and out of the trust. Monthly cash flows are assumed to be at the beginning of the month.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2009.

Schedule SB Attachment (Form 5500)—2008 Plan Year
Trigen-Cinergy Solutions of Rochester LLC Pension Plan
EIN: 20-2777218 PN: 007

Table 1
Retirement Rates – Active Participants

Age	Rate
50	4.00%
51	4.00%
52	4.00%
53	4.00%
54	4.00%
55	4.00%
56	4.00%
57	4.00%
58	10.00%
59	10.00%
60	13.00%
61	15.00%
62	40.00%
63	20.00%
64	20.00%
65	75.00%
66	20.00%
67+	100.00%

Schedule SB Attachment (Form 5500)—2008 Plan Year
Trigen-Cinergy Solutions of Rochester LLC Pension Plan
EIN: 20-2777218 PN: 007

Table 2
Retirement Rates – Terminated Vested Participants

Age	Rate
50	2.00%
51	2.00%
52	2.00%
53	2.00%
54	2.00%
55	20.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	20.00%
61	15.00%
62	30.00%
63	15.00%
64	15.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2008 Plan Year
 Trigen-Cinergy Solutions of Rochester LLC Pension Plan
 EIN: 20-2777218 PN: 007

Table 3—Page 1 of 2
Termination Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	33.00%	20.00%	19.00%	17.00%	16.00%	15.00%
16	33.00%	20.00%	19.00%	17.00%	16.00%	15.00%
17	33.00%	20.00%	19.00%	17.00%	16.00%	15.00%
18	33.00%	20.00%	19.00%	17.00%	16.00%	15.00%
19	33.00%	20.00%	19.00%	17.00%	16.00%	15.00%
20	33.00%	20.00%	19.00%	17.00%	16.00%	15.00%
21	33.00%	20.00%	19.00%	17.00%	16.00%	15.00%
22	33.00%	20.00%	19.00%	17.00%	16.00%	15.00%
23	33.00%	20.00%	19.00%	17.00%	16.00%	15.00%
24	33.00%	20.00%	19.00%	17.00%	16.00%	15.00%
25	25.00%	19.00%	18.00%	15.00%	14.00%	10.00%
26	25.00%	19.00%	18.00%	15.00%	14.00%	10.00%
27	25.00%	19.00%	18.00%	15.00%	14.00%	10.00%
28	25.00%	19.00%	18.00%	15.00%	14.00%	10.00%
29	25.00%	19.00%	18.00%	15.00%	14.00%	10.00%
30	22.00%	18.00%	17.00%	14.00%	12.00%	5.50%
31	22.00%	18.00%	17.00%	14.00%	12.00%	5.50%
32	22.00%	18.00%	17.00%	14.00%	12.00%	5.50%
33	22.00%	18.00%	17.00%	14.00%	12.00%	5.50%
34	22.00%	18.00%	17.00%	14.00%	12.00%	5.50%
35	20.00%	17.00%	16.00%	13.00%	11.00%	3.50%
36	20.00%	17.00%	16.00%	13.00%	11.00%	3.50%
37	20.00%	17.00%	16.00%	13.00%	11.00%	3.50%
38	20.00%	17.00%	16.00%	13.00%	11.00%	3.50%
39	20.00%	17.00%	16.00%	13.00%	11.00%	3.50%
40	17.00%	16.00%	15.00%	12.00%	10.00%	2.50%
41	17.00%	16.00%	15.00%	12.00%	10.00%	2.50%
42	17.00%	16.00%	15.00%	12.00%	10.00%	2.50%
43	17.00%	16.00%	15.00%	12.00%	10.00%	2.50%
44	17.00%	16.00%	15.00%	12.00%	10.00%	2.50%

Schedule SB Attachment (Form 5500)—2008 Plan Year
 Trigen-Cinergy Solutions of Rochester LLC Pension Plan
 EIN: 20-2777218 PN: 007

Table 3—Page 2 of 2
Termination Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	16.00%	15.00%	14.00%	11.00%	8.00%	2.00%
46	16.00%	15.00%	14.00%	11.00%	8.00%	2.00%
47	16.00%	15.00%	14.00%	11.00%	8.00%	2.00%
48	16.00%	15.00%	14.00%	11.00%	8.00%	2.00%
49	16.00%	15.00%	14.00%	11.00%	8.00%	2.00%
50	15.00%	14.00%	13.00%	10.00%	7.00%	2.00%
51	15.00%	14.00%	13.00%	10.00%	7.00%	2.00%
52	15.00%	14.00%	13.00%	10.00%	7.00%	2.00%
53	15.00%	14.00%	13.00%	10.00%	7.00%	2.00%
54	15.00%	14.00%	13.00%	10.00%	7.00%	2.00%
55+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2008 Plan Year
 Trigen-Cinergy Solutions of Rochester LLC Pension Plan
 EIN: 20-2777218 PN: 007

Table 4
Disability Rates

Age	Rate	Age	Rate
15	0.08%	45	0.25%
16	0.08%	46	0.28%
17	0.08%	47	0.32%
18	0.08%	48	0.35%
19	0.08%	49	0.39%
20	0.08%	50	0.42%
21	0.08%	51	0.49%
22	0.08%	52	0.56%
23	0.08%	53	0.62%
24	0.08%	54	0.69%
25	0.08%	55	0.76%
26	0.08%	56	0.91%
27	0.08%	57	1.06%
28	0.08%	58	1.20%
29	0.08%	59	1.35%
30	0.10%	60+	1.50%
31	0.11%		
32	0.11%		
33	0.12%		
34	0.12%		
35	0.13%		
36	0.14%		
37	0.15%		
38	0.15%		
39	0.16%		
40	0.17%		
41	0.19%		
42	0.20%		
43	0.22%		
44	0.23%		

Schedule SB Attachment (Form 5500)—2008 Plan Year
Trigen-Cinergy Solutions of Rochester LLC Pension Plan
EIN: 20-2777218 PN: 007

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	The plan was restated effective January 1, 2009.
Plan Year	January 1 to December 31.
Eligibility for Participation	Employees (other than leased employees) not covered by a collective bargaining agreement automatically participate at the later of January 1, 2000, Employment Commencement Date, or age 18. The plan was closed to new participants effective December 31, 2008.
Normal Retirement Eligibility	Age 65.
Traditional Program	<p>The plan was amended December 19, 2007 to adopt a minimum benefit formula on benefit accruals beginning January 1, 2005. The benefit is the greater of Formula A and Formula B.</p> <p>Formula A 1.1% of FAP plus 0.5% of FAP in excess of Covered Compensation multiplied by service (maximum 35 years); plus 1.55% of FAP multiplied by service over 35 years.</p> <p>Formula B Lesser of 1.12% of FAP plus 0.5% of FAP in excess of Covered Compensation multiplied by service (maximum 35 years) and 1.163% of FAP multiplied by service (maximum 35 years); plus 1.492% of FAP multiplied by service over 35 years.</p>
Early Retirement Eligibility	Age 50 and five years of Service.
Benefit	A monthly benefit equal to the Normal Retirement benefit based on years of Participation and Highest Average Earnings at the date of retirement. If payments begin before age 62, benefits are reduced by 6.67% per year for the first five years, 3.33% per year for the next four years, and by varying percentages thereafter. No reductions apply if a participant retires after age 55 with 85 age plus Service points.

Schedule SB Attachment (Form 5500)—2008 Plan Year
Trigen-Cinergy Solutions of Rochester LLC Pension Plan
EIN: 20-2777218 PN: 007

Vested Termination
Eligibility

Five years of Service.

Benefit

A monthly benefit equal to the Normal Retirement benefit based on Highest Average Earnings and years of Participation at the date of termination. Payments may begin after the eligibility requirements for Early Retirement have been satisfied. Vested Termination benefits that begin before Normal Retirement will be reduced 5% per year from age 65.

Disability
Eligibility

Five years of Service and totally disabled.

Benefit

Normal Retirement benefit based on Highest Average Earnings at the date of disability and years of Participation at the date of retirement. Payments may begin after the eligibility requirements for Early Retirement have been satisfied. Disability benefits that begin before Normal Retirement will be reduced using the same reductions used for Early Retirement.

Preretirement Death
Eligibility

Married participants with five years of Service.

Benefit

Under age 50: 100% of Normal Retirement benefit as of the participant's date of death, reduced actuarially for 100% Contingent Annuitant option, and reduced for payment at the participant's earliest retirement eligibility.

Age 50 and older: 100% of Normal Retirement benefit as of the participant's date of death, payable immediately, reduced as applicable for early payment.

Normal Form of Annuity
Without Spouse

Life Annuity.

With Spouse

Contingent annuitant option actuarially equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 100% of reduced benefit continued to surviving spouse. If spouse dies before participant, benefit increases to life annuity value.

Optional Forms of Annuity

Life annuity; Contingent Annuitant with "pop-up" (50%, 66 2/3% or 100%); 50% Joint and Survivor, 10-year Certain and Life; Life Annuity Level Income Option; 100% Contingent Annuitant Level Income Option with pop-up.

Schedule SB Attachment (Form 5500)—2008 Plan Year
Trigen-Cinergy Solutions of Rochester LLC Pension Plan
EIN: 20-2777218 PN: 007

Actuarial Equivalence

Mortality

Participants

UP-1984 Table.

Spouses and Contingent Annuitants

UP-1984 Table, with ages rated down three years.

Interest

7.5% per year.

Definitions

Participation

Employees (other than intermittent or temporary employees) generally earn one month of Participation for each calendar month in which he/she is a participant in the Plan and is credited with at least one hour of service.

Service

Employees (other than intermittent or temporary employees) generally earn one month of Service for each calendar month in which he/she is credited with at least one hour of service. Service for this purpose is determined from original date of hire.

Earnings

Generally equal to total salary or wages, including overtime and bonuses, before any reductions under Section 125 and 401(k), but exclusive of any Company contributions to employee benefit plans and additional remuneration or expense reimbursement. Compensation considered for benefit purposes is limited based on the provision of IRC Section 401(a)(17).

Highest Average Earnings

Highest average annual Earnings for any three consecutive calendar years during the last 10 years of Participation.

Covered Compensation

35-year average of Social Security Wage Bases based on Year-of-Birth Table.

Changes in Plan Provisions Since the Prior Year

The January 1, 2009 funding valuation reflects the following plan changes:

- An increase in the annual pay limit under IRC Section 401(a)(17) from \$230,000 in 2008 to \$245,000 in 2009.
- An increase in the annual maximum benefit limit from \$185,000 in 2008 to \$195,000 in 2009.
- The plan was closed to new participants effective December 31, 2008.

Schedule SB Attachment (Form 5500)—2008 Plan Year Trigen-Cinergy Solutions of Rochester LLC Pension Plan EIN: 20-2777218 PN: 007

Recent History of Plan Amendments

The following changes were recognized in the 2008 funding valuation.

- An increase in the annual pay limit under IRC Section 401(a)(17) from \$225,000 in 2007 to \$230,000 in 2008.
- An increase in the annual maximum benefit limit from \$180,000 in 2007 to \$185,000 in 2008.
- A minimum benefit on benefit accruals beginning January 1, 2005 was added.

The following changes were recognized in the 2007 funding valuation.

- The legislated section 401(a)(17) recognizable pay limit increased from \$220,000 for 2006 to \$225,000 for 2007.
- The legislated section 415 dollar limit for defined benefit plans increased from \$175,000 for 2006 to \$180,000 for 2007 for retirements at the Social Security retirement age.

The following changes were recognized in the 2006 funding valuation.

- The Section 415 maximum benefit limit increased from \$170,000 to \$175,000; and
- The Section 401(a)(17) maximum considered compensation limit increased from \$210,000 to \$220,000.

The following changes were recognized in the 2005 funding valuation.

- The benefit multiplier was increased from 1.4% to 1.55% for service in excess of 35 years;
- The Section 415 maximum benefit limit increased from \$165,000 to \$170,000; and
- The Section 401(a)(17) maximum considered compensation limit increased from \$205,000 to \$210,000.

The following changes were recognized in the 2004 funding valuation.

- The Section 415 maximum benefit limit increased from \$160,000 to \$165,000; and
- The Section 401 (a)(17) maximum considered compensation limit increased from \$200,000 to \$205,000.

Other Information

The target liability was calculated using the full yield curve based on corporate bond rates for October. As such, "2" was entered on line 21b as the applicable lookback month.

Schedule SB Attachment (Form 5500)—2008 Plan Year
Trigen-Cinergy Solutions of Rochester LLC Pension Plan
EIN: 20-2777218 PN: 007

Schedule SB, line 25—Change in Method

The following method changes were made:

- A change in the asset valuation method from the 3-month (4-point) average value method without reflecting expected returns as of January 1, 2008 to the 3-month (4-point) smoothed value method reflecting expected returns as of January 1, 2009.
- A change in the interest rate basis from segment rated to the full yield curve with a two month lookback (October 2008 yield curve).
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2008 Plan Year
 Trigen-Cinergy Solutions of Rochester LLC Pension Plan
 EIN: 20-2777218 PN: 007

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2008
 Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1	2							
35-39										
40-44					1		1			
45-49				1	1	1	13			
50-54							10	12	4	
55-59							1	2	6	
60-64						1		2	5	3
65-69										
70+										

N-67

Schedule SB Attachment (Form 5500)—2008 Plan Year
Trigen-Cinergy Solutions of Rochester LLC Pension Plan
EIN: 20-2777218 PN: 007

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following changes:

- A change in the interest rate assumption from the December full yield curve to the October full yield curve. See Actuarial Assumptions section for sample rates. This change has automatic approval under final regulations, Notice 2009-22 or other IRS guidance.
- The mortality assumption for healthy lives changed from the 2008 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e) to the 2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e). This change was required.

The following changes were made to better reflect anticipated experience:

- The mortality assumption for disabled lives changed from Revenue Ruling 96-7 Mortality Disability Before January 1, 1995 to the 2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
- The withdrawal rates were updated.
- The retirement rates for active and terminated vested participants were updated.
- The marriage assumption was changed from 90% to 85%.
- Estimated administrative plan expenses were added to the funding target normal cost.
- The valuation compensation methodology was revised to reflect 2009 information.

**TRIGEN-CINERGY SOLUTIONS
OF ROCHESTER, LLC
PENSION PLAN**

**Independent Auditors' Report and
Financial Statements**

December 31, 2009 and 2008

TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC PENSION PLAN

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TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC PENSION PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments at fair value:		
Common/collective trust	\$ -	\$ 4,942,980
Receivables:		
Interest income	-	2,366
Net Assets Available for Benefits	<u>\$ -</u>	<u>\$ 4,945,346</u>

TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC PENSION PLAN
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions:		
Net appreciation in fair value of investments	\$ 947,993	\$ 104,267
Employer contribution	<u>231,043</u>	<u>478,803</u>
Total additions	<u>1,179,036</u>	<u>583,070</u>
Deductions:		
Benefits paid to participants	179,197	195,110
Administrative expenses	<u>75,056</u>	<u>13,454</u>
Total deductions	<u>254,253</u>	<u>208,564</u>
Net Increase Prior to Transfer	924,783	374,506
Transfer to Other Plan		
Cinergy Corp. Non-Union Employees' Pension Plan	<u>(5,870,129)</u>	<u>-</u>
Net (Decrease) Increase After Transfer	(4,945,346)	374,506
Net Assets Available for Benefits – Beginning of Year	<u>4,945,346</u>	<u>4,570,840</u>
Net Assets Available for Benefits – End of Year	<u>\$ -</u>	<u>\$ 4,945,346</u>

TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC PENSION PLAN

Notes to Financial Statements

December 31, 2009 and 2008

1. DESCRIPTION OF THE PLAN

The following description of the Trigen-Cinergy Solutions of Rochester LLC Pension Plan (the "Plan"), is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General—The Plan was a non-contributory defined benefit plan established January 1, 2000 covering substantially all employees of Trigen-Cinergy Solutions of Rochester LLC (the "Company" or "Plan Sponsor") who were age 18 or older. Northern Trust Company ("Northern Trust") served as the trustee of the Plan and managed the Plan's investments. On January 1, 2009, the Plan effected a change in trustee from The Bank of New York Mellon ("Mellon Bank") to Northern Trust Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, ("ERISA") as amended.

Effective as of the close of business on December 31, 2009, the Plan was merged into the Cinergy Corp. Non-Union Employees Pension Plan. With the merger, plan assets of \$5,870,129 became assets of the Cinergy Corp. Non-Union Employees Pension Plan.

Vesting—Participants vested in their accrued benefits upon achieving three years of service or upon death or attainment of age 65 while employed.

Pension Benefits—Participants with three years of continuous service, as defined by the Plan, were entitled to pension benefits upon retirement (age 65). If employees terminated before rendering three years of continuous service, they forfeited the right to receive pension benefits upon retirement. Pension benefits were provided to participants based on participant's years of service and highest three-year average annual compensation, as defined in the Plan. The Plan permitted early retirement at age 50 with three years of service. Employees may elect to receive their pension benefits in the form of joint or survivor annuity. If employees terminate before rendering three years of service, they forfeit the right to receive their accumulated plan benefits. Employees receive the value of their accumulated plan benefits as a life annuity payable monthly from retirement.

2. SUMMARY OF 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 the 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, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from these estimates.

Investment Valuation and Income Recognition—Investments of the Plan are stated at fair value. Fair value is considered to be the exchange price in an orderly transaction between market

TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC PENSION PLAN

Notes to Financial Statements

December 31, 2009 and 2008

participants to sell an asset or transfer a liability at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a settlement date basis. Interest income is recorded on the accrual basis. Shares of common/collective trusts are valued at the underlying unit values reported using audited financial statements of the collective trust and changes in such amounts through the Plan's year end.

Benefit Payments—Benefit payments to participants or their beneficiaries were recorded when paid.

Administrative Expenses—Certain administrative expenses have been paid by the Plan's sponsor. The Plan sponsor provides accounting and other administrative services to the Plan at no charge.

Recent Accounting Pronouncements—In May 2009, an accounting standard was issued by the FASB, establishing the accounting of and disclosure standards for events that occur after the balance sheet date but before financial statements are issued or available to be issued. An amendment was issued in February 2010 which clarified which entities are required to evaluate subsequent events and the scope of the disclosure requirements related to subsequent events.

In April 2009, the FASB issued guidance for determining fair value when the volume and level of activity for the asset or liability have significantly decreased and guidance on identifying circumstances that indicate a transaction is not orderly. The provisions of this guidance are effective for periods after June 15, 2009. The adoption of this guidance did not materially impact the Plan's financial statements.

The FASB Accounting Standards Update ("ASU") "*Fair Value Measurements and Disclosures: Investments in Certain Entities That Calculate Net Asset Value ("NAV") per Share (or Its Equivalent)*" was issued in September 2009. This ASU provides guidance on using the NAV per share provided by investees to estimate the fair value of an alternative investment. This ASU is effective for periods ending after December 15, 2009. The adoption of the provisions of this update did not impact the Plan's financial statements.

In January 2010, the FASB issued a pronouncement to improve disclosures about fair value measurements. Certain provisions of this pronouncement are effective for reporting periods beginning after December 15, 2009, while other provisions are effective for periods beginning after December 15, 2010.

Plan Management's Review of Subsequent Events—In preparing the accompanying financial statements, Plan management has reviewed all known events that have occurred after December 31, 2009 and through September 23, 2010, the date the financial statements were available to be issued, for inclusion in the financial statements and footnotes.

TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC PENSION PLAN

Notes to Financial Statements

December 31, 2009 and 2008

3. INVESTMENTS (UNAUDITED)

The fair values of TBC Inc. Pooled Employee Funds of \$4,942,980 represent 5% or more of the Plan's net assets available for benefits as of December 31, 2008.

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$947,993 and \$104,267 respectively.

4. FAIR VALUE MEASUREMENTS

FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, formerly FASB No. 157, ("FASB ASC 820") defines fair value, establishes a framework for measuring fair value in GAAP and expands disclosure requirements about fair value measurements. The fair value definition under FASB ASC 820 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 FASB ASC 820 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 FASB ASC 820, 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.

See Note 2 for a description of the valuation methodology used for investments measured at fair value.

TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC PENSION PLAN

Notes to Financial Statements

December 31, 2009 and 2008

The Plan did not hold any assets as of December 31, 2009. The following tables provide by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2008:

	<u>Total Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Description				
Common/collective trust	<u>\$ 4,942,980</u>	<u>\$ -</u>	<u>\$4,942,980</u>	<u>\$ -</u>
Total investments at fair value	<u>\$ 4,942,980</u>	<u>\$ -</u>	<u>\$4,942,980</u>	<u>\$ -</u>

5. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Hewitt Associates, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC PENSION PLAN

Notes to Financial Statements

December 31, 2009 and 2008

The actuarial present value of accumulated plan benefits as of January 1, 2010 and 2009, are as follows:

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants and/or beneficiaries currently receiving benefits	\$ -	\$ 915,355
Other participants	-	3,169,769
Total vested benefits	-	4,085,124
Nonvested benefits	-	56,933
Total actuarial present value of accumulated plan benefits	<u>\$ -</u>	<u>\$ 4,142,057</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits are as follows:

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits as of January 1, 2009 and 2008	<u>\$4,142,057</u>	<u>\$ 3,773,453</u>
Increase (decrease) during the year attributable to:		
Benefits paid to participants	(179,197)	(195,110)
Change in actuarial assumptions	900,640	107,622
Passage of time	324,335	294,222
Plan changes	674,290	-
Benefits accumulated and actuarial experience	<u>217,258</u>	<u>161,870</u>
Net increase prior to transfer	1,937,326	368,604
Transfer to Cinergy Corp. Non-Union Employees' Pension Plan	<u>(6,079,383)</u>	<u>-</u>
Net (decrease) increase after transfer	<u>(4,142,057)</u>	<u>368,604</u>
Actuarial present value of accumulated plan benefits at January 1, 2010 and 2009	<u>\$ -</u>	<u>\$ 4,142,057</u>

The significant actuarial assumptions used in the valuations as of January 1, 2010 were:

Interest:	8.00%
Mortality:	2010 Static Mortality Table for Annuitants and Non-Annuitants
Rate of Return:	8.50% per annum

The significant actuarial assumptions used in the valuations as of January 1, 2009 were:

TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC PENSION PLAN

Notes to Financial Statements

December 31, 2009 and 2008

Interest:	8.00%
Mortality:	2009 Static Mortality Table for Annuitants and Non-Annuitants
Rate of Return:	8.50% per annum

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Participants under the previous employer, Kodak, were given credit for vesting service in this Plan for the accrued years of service accredited to them under the Kodak Retirement Income Plan, excluding Holston ("Kodak RIP") (as defined in the Kodak RIP) prior to January 1, 2000.

6. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2009 and 2008.

7. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated January 6, 2003 that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter; however, the Company and Plan management believe that the Plan was designed and operated in compliance with the applicable requirements of the IRC and the Plan and the related trust continued to be tax exempt. Therefore, no provision for income taxes has been made in the Plan's financial statements.

8. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Northern Trust and Mellon Bank served as trustees of the Plan and managed the Plan's investments. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan to the trustees were approximately \$75,056 and \$13,454 for the years ended December 31, 2009 and 2008, respectively.

Supplemental Schedule

TRIGEN-CINERGY SOLUTIONS OF ROCHESTER, LLC PENSION PLAN

EIN # 13-4085349 PN# 002

Form 5500, Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions

Year Ended December 31, 2009

(a) Identity of party involved	(b) Description of Transaction	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction date	(i) Net Gain/Loss
TBC Inc. Pooled Employee Funds	Single transactions	\$	\$4,969,507	-	-	\$4,969,507	\$4,969,507	-
TBC Inc. Pooled Employee Funds	Series transactions (14 sales)	-	5,055,595	-	-	5,055,595	5,055,595	-