Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE ALLEE CORPORATION 401K PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1985

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
THE ALLEE CORPORATION
RUSTY WALLIS HONDA

12277 SHILOH ROAD
DALLAS, TX 75228

2b Employer Identification Number (EIN)
75-1073518

2c Sponsor's telephone number
214-348-7500

2d Business code (see instructions)
441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	CLARE HENDERSHOT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	RHONDA BIDDY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
THE ALLEE CORPORATION

12277 SHILOH ROAD
DALLAS, TX 75228

3b Administrator's EIN
75-1073518

3c Administrator's telephone number
214-348-7500

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	347
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**	256
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	23
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	279
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	281
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	102
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2R 2T 3D 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)	X	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)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
THE ALLEE CORPORATION 401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
THE ALLEE CORPORATION

D Employer Identification Number (EIN)
75-1073518

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G99004	102	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
4729	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HARVEY WOLFF
PO BOX 823450
RICHARDSON, TX 75083

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4729	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	112439
5	Current value of plan's interest under this contract in separate accounts at year end	5	2066341

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	246045
c	Additions: (1) Contributions deposited during the year	7c(1)	6605		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	5487		
	(4) Transferred from separate account	7c(4)	7280		
	(5) Other (specify below)	7c(5)	3631		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	23003
d	Total of balance and additions (add **b** and **c(6)**)			7d	269048
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	151590		
	(2) Administration charge made by carrier	7e(2)	89		
	(3) Transferred to separate account	7e(3)	4642		
	(4) Other (specify below)	7e(4)	288		
	▶ LOAN ISSUE				
	(5) Total deductions			7e(5)	156609
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	112439

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

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

A Name of plan
THE ALLEE CORPORATION 401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE ALLEE CORPORATION

D Employer Identification Number (EIN)
75-1073518

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AIM VARIABLE INSURANCE FUNDS

74-1881364

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

ALGER PORTFOLIOS

13-2510833

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

AM CENT INVESTMENT SERVICES INC

20-2036524

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

AMERICAN FUNDS SERVICE COMPANY

12711 NORTH MERIDIAN STREET
CARMEL, IN 46032-9181

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

FIDELITY VARIABLE INS PRODUCTS FUND

04-2270522

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

FIRST AMERICAN INV & STRATEGY FUNDS

41-2003732

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

FRANKLIN TEMPLETON FUNDS

94-3382187

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

GOLDMAN SACHS TRUST

13-4166989

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

JANUS ASPEN SERIES

75-3019319

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

JANUS ADVISER SERIES

75-3019319

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

PIMCO FUNDS & ALLIANZ FUNDS

06-1349805

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

PIONEER VARIABLE CONTRACTS TRUST

13-1961193

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

FRANK RUSSELL INVESTMENT COMPANY

91-1175092

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

STATE STREET GLOBAL ADVISORS

04-1867445

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

T ROWE PRICE FUNDS

52-1184650

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

THORNBURG INVESTMENT TRUST

85-0301299

(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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 52 59 60 63 64 66 67	SERVICE PROVIDER	1345	Yes [X] No [ ]	Yes [ ] No [X]	16984	Yes [X] 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
AMERICAN UNITED LIFE INSURANCE CO	66 67	16984

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AIM VARIABLE INSURANCE FUNDS 74-1881364	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALGER PORTFOLIOS 13-2510833	REVENUE SHARING FORMULA SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT INVESTMENT SERVICES INC 20-2036524	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS SERVICE COMPANY 12711 NORTH MERIDIAN STREET CARMEL, IN 46032-9181	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY VARIABLE INS PRODUCTS FUND 04-2270522	REVENUE SHARING FORMULA SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST AMERICAN INV & STRATEGY FUNDS 41-2003732	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN TEMPLETON FUNDS 94-3382187	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN SACHS TRUST 13-4166989	REVENUE SHARING FORMULA SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS ASPEN SERIES 75-3019319	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS ADVISER SERIES 75-3019319	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO FUNDS & ALLIANZ FUNDS 06-1349805	REVENUE SHARING FORMULA SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER VARIABLE CONTRACTS TRUST 13-1961193	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANK RUSSELL INVESTMENT COMPANY 91-1175092	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
STATE STREET GLOBAL ADVISORS 04-1867445	REVENUE SHARING FORMULA SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE FUNDS 52-1184650	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG INVESTMENT TRUST 85-0301299	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
THE ALLEE CORPORATION 401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE ALLEE CORPORATION

D Employer Identification Number (EIN)
75-1073518

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: SEPARATE ACCOUNT II

b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO.

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)
35-0145825-000	P	2066341

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
THE ALLEE CORPORATION 401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE ALLEE CORPORATION

D Employer Identification Number (EIN)
75-1073518

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	16331
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	166334	131932
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1611522	1991348
(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)	246045	112439
(15) Other	1c(15)	0	74993

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2023901	2327043
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2023901	2327043

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	16331	
	(B) Participants	2a(1)(B)	173184	
	(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)		189515
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5487	
	(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)	9116	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14603
	(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)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		455575
c Other income	2c		6
d Total income. Add all **income** amounts in column (b) and enter total	2d		659699
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	320552	
(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)		320552
f Corrective distributions (see instructions)	2f		35252
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)		
(4) Other	2i(4)	753	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		753
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		356557
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		303142
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: TURNER, VEDRENNE & HOWARD, PC **(2)** EIN: 75-2915651

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
THE ALLEE CORPORATION 401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE ALLEE CORPORATION

D Employer Identification Number (EIN)
75-1073518

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 35-0145825

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THE ALLEE CORPORATION 401(K) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2009 AND 2008

THE ALLEE CORPORATION 401(K) PLAN

TABLE OF CONTENTS

REPORT OF INDEPENDENT AUDITORS 1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits 2

Statements of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4

SUPPLEMENTAL SCHEDULE

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 10

TURNER, VEDRENNE & HOWARD, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

To the Trustees of
The Allee Corporation 401(k) Plan

We were engaged to audit the financial statements of The Allee Corporation 401(k) Plan as of December 31, 2009 and 2008 and for the years then ended, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by American United Life Insurance Company (AUL), except for comparing the information with the related information included in the financial statements and supplemental schedule. The plan administrator has informed us that AUL holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from AUL as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by AUL is complete and accurate.

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

Turner Vedrenne & Howard, P.C.

Dallas, Texas
September 30, 2010

9330 LBJ Freeway
Suite 1450
Dallas, Texas 75243

(972) 644-4131
(972) 644-1813 Fax
email: tvh@tv-cpas.com

MEMBERS
Texas Society of CPAs
American Institute of CPAs

THE ALLEE CORPORATION 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments, at fair value:		
Pooled separate accounts (Notes 2, 3 and 4)	$ 1,991,348	$ 1,611,522
Guaranteed interest account with insurance company (Notes 2, 3, 4 and 5)	112,439	246,045
Other investments	74,993	--
Notes receivable from participants (Notes 2, 3 and 4)	131,932	166,334
Total investments	2,310,712	2,023,901
Due from employer	16,331	--
Total assets	2,327,043	2,023,901
LIABILITIES	--	--
Net assets available for benefits	$ 2,327,043	$ 2,023,901

See accompanying notes to financial statements.

THE ALLEE CORPORATION 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Additions:		
Investment income:		
Net appreciation (depreciation) in fair value of investments (Notes 3 and 4)	$ 455,575	$ (978,819)
Interest	14,603	22,193
Other	6	--
	470,184	(956,626)
Participants' contributions	173,184	318,010
Employer contributions	16,331	--
Total additions	659,699	(638,616)
Deductions:		
Benefits paid to participants	355,804	314,466
Administrative expenses	753	--
Increase (decrease) in net assets available for plan benefits	303,142	(953,082)
Net assets available for benefits:		
Beginning of year	2,023,901	2,976,983
End of year	$ 2,327,043	$ 2,023,901

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN

The following description of The Allee Corporation 401(k) Plan (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete discussion of the Plan's provisions.

General

The Plan, a defined contribution plan qualified under Sections 401(a) and 401(k) of the Internal Revenue Code (the Code) (see Note 7 below), meets the requirements of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all employees who have completed one year of employment with The Allee Corporation (the Employer) or affiliated companies.

Contributions

Participants may make voluntary contributions of 1% to 15% of their compensation, up to the maximum as adjusted by Internal Revenue Service (IRS) regulations ($16,500 and $15,500 for 2009 and 2008, respectively, and $22,000 and $20,500 for those age 50 and over for 2009 and 2008, respectively), to provide an additional source of income for retirement. The Plan does not allow for after-tax contributions by the participants. The Plan permits Employer contributions to participant accounts at amounts determined by the Employer. During the year ended December 31, 2009, the Employer contributed $16,331, an amount equal to 10% of eligible participant contributions for the year. There were no Employer contributions for the year ended December 31, 2008.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocation of (a) the Employer's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on participant contributions or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service. Any participant accrued benefits forfeited are allocated to eligible participants as an additional employer contribution. There were forfeitures of $1,667 and $889 for 2009 and 2008, respectively.

Payment of Benefits

Payment of benefits by the Plan are payable upon the occurrence of retirement, death, disability, termination of employment, termination of the Plan, an in-service withdrawal request (only for employees that have attained 59 1/2 years of age) or an election by a participant to receive a hardship distribution. Upon the occurrence of the qualifying event, distributions are payable by lump-sum payment.

1. DESCRIPTION OF THE PLAN (Continued)

Administrative Expenses
The Employer pays administrative expenses not paid by the Plan. For the year ended December 31, 2009, the Plan paid administrative expenses of $753. The Plan paid no administrative expenses for the year ended December 31, 2008.

Notes Receivable from Participants
Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan terms range from 1 to 5 years or up to 25 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account. Interest rates range from 3.25% to 8.25% at December 31, 2009. Principal and interest are paid ratably through monthly payroll deductions.

Investment Options
Upon enrollment in the Plan, a participant may direct employee and employer contributions in any of the available investment options. Participants may change their investment options at any time. The investment options available to participants are through American United Life Insurance Company (AUL).

2. SIGNIFICANT ACCOUNTING POLICIES

Investment Valuation
The Plan's investments are stated at fair value as reported to the Plan by AUL.

Investment Income
Income or loss from dividends, interest, and dispositions are recognized on the accrual basis of accounting. Realized gain or loss due to dispositions of investments is based on the difference between the proceeds on sale and the value of the investment as of the beginning of the year or since the date of purchase where purchased during the year. Unrealized gain or loss is recorded as the change in market value from the beginning of the year or since the date of purchase where purchased during the year.

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

Subsequent Events
Management has evaluated subsequent events through September 30, 2010, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Pooled separate accounts	$ 1,991,348	$ 1,991,348	$ --
Guaranteed interest account with insurance company	112,439	--	112,439
Other investments	74,993	74,993	--
Notes receivable from participants	131,932	--	131,932
	$ 2,310,712	$ 2,066,341	$ 244,371
December 31, 2008			
Pooled separate accounts	$ 1,611,522	$ 1,611,522	$ --
Guaranteed interest account with insurance company	246,045	--	246,045
Notes receivable from participants	166,334	--	166,334
	$ 2,023,901	$ 1,611,522	$ 412,379

Statement of Financial Standards No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of pooled separate accounts and other investments is based on quoted net asset values of the shares held by the Plan at year-end.

3. FAIR VALUE MEASUREMENTS (Continued)

Level 3 Fair Value Measurements

The guaranteed interest account with an insurance company and notes receivable from participants are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed interest account is determined by discounting estimated cash flows based on current yields of similar instruments, and the fair value of notes receivable from participants is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

	Guaranteed Interest Account	Notes Receivable from Participants	Total
December 31, 2009			
Balance at beginning of year	$ 246,045	$ 166,334	$ 412,379
Total gains or losses (realized and unrealized)	--	--	--
Purchases, sales, issuances, and settlements (net)	(133,606)	(34,402)	(168,008)
	$ 112,439	$ 131,932	$ 244,371
December 31, 2008			
Balance at beginning of year	$ 159,979	$ 204,968	$ 364,947
Total gains or losses (realized and unrealized)	--	--	--
Purchases, sales, issuances, and settlements (net)	86,066	(38,634)	47,432
	$ 246,045	$ 166,334	$ 412,379

Gains and losses (realized and unrealized) are reported in net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets available for benefits.

4. INVESTMENTS

AUL holds the Plan's investments in a trust fund. The following table presents the fair values of investments at December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets are separately identified. AUL has certified that the information summarized in the following schedules is complete and accurate.

	2009	2008
AUL Pooled separate accounts:		
OneAmerica Money Market	$ 127,707	$ 108,949
SSGA S&P 500 Flagship	135,353	103,097
Alger American Growth	175,752	158,268
Fidelity VIP Asset Manager	204,446	166,731
Fidelity VIP Contrafund	132,368	98,424
Janus Aspen Series Flexible Bond	71,168	102,191
Other	1,144,554	873,862
American United Life Insurance Company		
Fixed Account	112,439	246,045
Other investments	74,993	--
Notes receivable from participants	131,932	166,334
	$ 2,310,712	$ 2,023,901

During 2009 and 2008, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) as follows:

	2009	2008
Investments at fair value as determined by quoted market price:		
Pooled separate accounts	$ 455,575	$ (978,819)

5. GUARANTEED INTEREST ACCOUNTS WITH INSURANCE COMPANY

The Plan has a guaranteed interest account with AUL. The guaranteed interest account is included in the financial statements at fair value, as reported to the Plan by AUL. The average interest rate under the contract at December 31, 2009 was 4.11%.

6. PLAN TERMINATION

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

7. INCOME TAX STATUS

The Plan received a favorable determination letter from the IRS dated April 17, 2002. The determination letter stated that the trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Code; and, accordingly, the trust's net investment income is exempt from income taxes.

8. RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL SCHEDULE

THE ALLEE CORPORATION 401(K) PLAN (PLAN #001)
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 75-1073518

(a)	(b) Identity of Party	(c) Description	(d) Cost	(e) Current Value
	Lord Abbett Developing Growth	Pooled sep. acct.		$ 34,496
	American Funds Capital World Growth & Income	Pooled sep. acct.		26,208
	American Funds Europacific Growth	Pooled sep. acct.		7,708
	American Funds Growth Fund of America	Pooled sep. acct.		5,986
	Goldman Sachs Mid Value	Pooled sep. acct.		4,261
	Goldman Sachs Tollkeeper	Pooled sep. acct.		46,983
	OneAmerica Money Market	Pooled sep. acct.		127,707
	OneAmerica Investment Grade Bond	Pooled sep. acct.		25,075
	OneAmerica Asset Director	Pooled sep. acct.		37,144
	OneAmerica Value	Pooled sep. acct.		12,757
	Fidelity VIP Asset Manager	Pooled sep. acct.		204,446
	Fidelity VIP Contrafund	Pooled sep. acct.		132,268
	Fidelity VIP Growth	Pooled sep. acct.		69,128
	Fidelity Advisor Levco Stock	Pooled sep. acct.		47,891
	Fidelity Freedom 2010 Fund	Pooled sep. acct.		369
	Fidelity Freedom 2015 Fund	Pooled sep. acct.		105
	Fidelity Freedom 2020 Fund	Pooled sep. acct.		765
	Fidelity Freedom 2025 Fund	Pooled sep. acct.		33,726
	Fidelity Freedom 2030 Fund	Pooled sep. acct.		19,644
	Fidelity Freedom 2035 Fund	Pooled sep. acct.		15,416
	Fidelity Freedom 2040 Fund	Pooled sep. acct.		2,319
	SSGA S&P 500 Flagship	Pooled sep. acct.		135,353
	Alger American Growth	Pooled sep. acct.		175,752
	Alger Small Cap	Pooled sep. acct.		37,149
	Janus Aspen Series Flexible Bond	Pooled sep. acct.		71,168
	Janus Aspen Worldwide Growth	Pooled sep. acct.		94,834
	American Century International Growth	Pooled sep. acct.		94,173
	American Century Select	Pooled sep. acct.		21,237
	American Century Ultra	Pooled sep. acct.		40,988
	American Century Equity Income	Pooled sep. acct.		28,814
	American Century Small Cap Value	Pooled sep. acct.		37,077
	American Century Strategic Allocation Conservative	Pooled sep. acct.		182
	American Century Strategic Allocation Aggressive	Pooled sep. acct.		35,992
	American Century Strategic Allocation Moderate	Pooled sep. acct.		6,692
	American Century Real Estate	Pooled sep. acct.		432
	T. Rowe Price Equity Income	Pooled sep. acct.		97,350
	T. Rowe Price Growth Stock	Pooled sep. acct.		24,958
	Pioneer Fund VCT	Pooled sep. acct.		11,639
	Pioneer Growth Opportunity VCT	Pooled sep. acct.		24,053
	Russell U.S. Small Mid Cap	Pooled sep. acct.		32
	AIM Capital Development	Pooled sep. acct.		7,682
	AIM Energy Fund	Pooled sep. acct.		116,057
	Thornburg International Value	Pooled sep. acct.		42,514
	Thornburg Core Growth	Pooled sep. acct.		32,818
	Ameritrade Account	Brokerage acct.		74,993
	American United Life Insurance Company Fixed Account	GIA		112,439
	Notes receivable from participants, $131,932 principal, 3.25% to 8.25% interest rate			131,932
				$ 2,310,712

See accompanying report of independent auditors.

Schedule C Attachment for Line Item 3(e)

THE ALLEE CORPORATION 401K PLAN AND TRUST
001
75-1073518
December 31, 2009

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
AIM	AIM CAPITAL DEVELOPMENT	0.20
AIM	AIM ENERGY FUND	0.35
AIM	AIM FINANCIAL SERVICES FUND	0.35
ALGER	ALGER LRGCAP GRWTH PORTFOLIO	0.20
ALGER	ALGER SMALLCAP GR INSTL	0.25
AMERICAN CENTURY	AMCENT EQUITY INCOME	0.35
AMERICAN CENTURY	AMCENT INTERNATIONAL GROWTH	0.35
AMERICAN CENTURY	AMCENT REAL ESTATE	0.35
AMERICAN CENTURY	AMCENT SELECT	0.35
AMERICAN CENTURY	AMCENT SMALL CAP VALUE	0.35
AMERICAN CENTURY	AMCENT STRATEGIC ALLOC AGGRES	0.35
AMERICAN CENTURY	AMCENT STRATEGIC ALLOC CONSER	0.35
AMERICAN CENTURY	AMCENT STRATEGIC ALLOC MOD	0.35
AMERICAN CENTURY	AMCENT ULTRA	0.35
AMERICAN FUNDS	AMER FDS AMERI HIGH INC TRST	0.35
AMERICAN FUNDS	AMER FDS CAPITAL WORLD GRO&INC	0.35
AMERICAN FUNDS	AMER FDS EUROPACIFIC GROWTH	0.35
AMERICAN FUNDS	AMER FDS GRWTH FUND OF AMERICA	0.35
FIDELITY	FIDELITY ADV FREEDOM 2010	0.35
FIDELITY	FIDELITY ADV FREEDOM 2010	0.60
FIDELITY	FIDELITY ADV FREEDOM 2015	0.35
FIDELITY	FIDELITY ADV FREEDOM 2015	0.60
FIDELITY	FIDELITY ADV FREEDOM 2020	0.35
FIDELITY	FIDELITY ADV FREEDOM 2020	0.60
FIDELITY	FIDELITY ADV FREEDOM 2025	0.35
FIDELITY	FIDELITY ADV FREEDOM 2025	0.60
FIDELITY	FIDELITY ADV FREEDOM 2030	0.35
FIDELITY	FIDELITY ADV FREEDOM 2030	0.60
FIDELITY	FIDELITY ADV FREEDOM 2035	0.35
FIDELITY	FIDELITY ADV FREEDOM 2035	0.60
FIDELITY	FIDELITY ADV FREEDOM 2040	0.35

FIDELITY	FIDELITY ADV FREEDOM 2040	0.60
FIDELITY	FIDELITY ADV LEVCO STK	0.35
FIDELITY	FIDELITY ADV SMALL CAP	0.60
FIDELITY	FIDELITY VIP ASSET MANAGER	0.15
FIDELITY	FIDELITY VIP CONTRAFUND	0.15
FIDELITY	FIDELITY VIP GROWTH	0.15
FIRST AMERICAN	FIRST AMER SM CAP VALUE	0.50
FRANKLIN/TEMPLETON	TEMPLETON GROWTH	0.40
GOLDMAN SACHS	GOLDMAN SACHS MID VALUE	0.10
GOLDMAN SACHS	GOLDMAN SACHS TOLLKEEPER	0.10
JANUS	JANUS ASPEN SERIES FLEX BOND	0.15
JANUS	JANUS ASPEN SERIES WW GROWTH	0.15
JANUS	JANUS PERKINS SM CAP VAL	0.50
PIMCO	PIMCO TOTAL RETURN	0.25
PIONEER	PIONEER FUND VCT	0.25
PIONEER	PIONEER GROWTH OPP VCT	0.25
RUSSELL	RUSSELL U.S. SMALL MID CAP	0.25
STATE STREET	SSGA S&P 500 FLAGSHIP	0.22
T. ROWE PRICE	T ROWE PRICE EQUITY-INCOME	0.25
T. ROWE PRICE	T ROWE PRICE GROWTH STOCK	0.40
THORNBURG	THORNBURG CORE GROWTH	0.25
THORNBURG	THORNBURG INTERNATIONAL VALUE	0.25
THORNBURG	THORNBURG INTERNATIONAL VALUE	0.70
THORNBURG	THORNBURG LIMITED-TERM INCOME	0.55

THE ALLEE CORPORATION 401(K) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2009 AND 2008

THE ALLEE CORPORATION 401(K) PLAN

TABLE OF CONTENTS

REPORT OF INDEPENDENT AUDITORS 1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits 2

Statements of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4

SUPPLEMENTAL SCHEDULE

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 10

TURNER, VEDRENNE & HOWARD, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

To the Trustees of
The Allee Corporation 401(k) Plan

We were engaged to audit the financial statements of The Allee Corporation 401(k) Plan as of December 31, 2009 and 2008 and for the years then ended, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by American United Life Insurance Company (AUL), except for comparing the information with the related information included in the financial statements and supplemental schedule. The plan administrator has informed us that AUL holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from AUL as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by AUL is complete and accurate.

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

Turner Vedrenne & Howard, P.C.

Dallas, Texas
September 30, 2010

9330 LBJ Freeway
Suite 1450
Dallas, Texas 75243

(972) 644-4131
(972) 644-1813 Fax
email: tvh@tv-cpas.com

MEMBERS
Texas Society of CPAs
American Institute of CPAs

THE ALLEE CORPORATION 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments, at fair value:		
Pooled separate accounts (Notes 2, 3 and 4)	$ 1,991,348	$ 1,611,522
Guaranteed interest account with insurance company (Notes 2, 3, 4 and 5)	112,439	246,045
Other investments	74,993	--
Notes receivable from participants (Notes 2, 3 and 4)	131,932	166,334
Total investments	2,310,712	2,023,901
Due from employer	16,331	--
Total assets	2,327,043	2,023,901
LIABILITIES	--	--
Net assets available for benefits	$ 2,327,043	$ 2,023,901

See accompanying notes to financial statements.

THE ALLEE CORPORATION 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Additions:		
Investment income:		
Net appreciation (depreciation) in fair value of investments (Notes 3 and 4)	$ 455,575	$ (978,819)
Interest	14,603	22,193
Other	6	--
	470,184	(956,626)
Participants' contributions	173,184	318,010
Employer contributions	16,331	--
Total additions	659,699	(638,616)
Deductions:		
Benefits paid to participants	355,804	314,466
Administrative expenses	753	--
Increase (decrease) in net assets available for plan benefits	303,142	(953,082)
Net assets available for benefits:		
Beginning of year	2,023,901	2,976,983
End of year	$ 2,327,043	$ 2,023,901

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN

The following description of The Allee Corporation 401(k) Plan (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete discussion of the Plan's provisions.

General

The Plan, a defined contribution plan qualified under Sections 401(a) and 401(k) of the Internal Revenue Code (the Code) (see Note 7 below), meets the requirements of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all employees who have completed one year of employment with The Allee Corporation (the Employer) or affiliated companies.

Contributions

Participants may make voluntary contributions of 1% to 15% of their compensation, up to the maximum as adjusted by Internal Revenue Service (IRS) regulations ($16,500 and $15,500 for 2009 and 2008, respectively, and $22,000 and $20,500 for those age 50 and over for 2009 and 2008, respectively), to provide an additional source of income for retirement. The Plan does not allow for after-tax contributions by the participants. The Plan permits Employer contributions to participant accounts at amounts determined by the Employer. During the year ended December 31, 2009, the Employer contributed $16,331, an amount equal to 10% of eligible participant contributions for the year. There were no Employer contributions for the year ended December 31, 2008.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocation of (a) the Employer's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on participant contributions or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service. Any participant accrued benefits forfeited are allocated to eligible participants as an additional employer contribution. There were forfeitures of $1,667 and $889 for 2009 and 2008, respectively.

Payment of Benefits

Payment of benefits by the Plan are payable upon the occurrence of retirement, death, disability, termination of employment, termination of the Plan, an in-service withdrawal request (only for employees that have attained 59 1/2 years of age) or an election by a participant to receive a hardship distribution. Upon the occurrence of the qualifying event, distributions are payable by lump-sum payment.

1. DESCRIPTION OF THE PLAN (Continued)

Administrative Expenses
The Employer pays administrative expenses not paid by the Plan. For the year ended December 31, 2009, the Plan paid administrative expenses of $753. The Plan paid no administrative expenses for the year ended December 31, 2008.

Notes Receivable from Participants
Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan terms range from 1 to 5 years or up to 25 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account. Interest rates range from 3.25% to 8.25% at December 31, 2009. Principal and interest are paid ratably through monthly payroll deductions.

Investment Options
Upon enrollment in the Plan, a participant may direct employee and employer contributions in any of the available investment options. Participants may change their investment options at any time. The investment options available to participants are through American United Life Insurance Company (AUL).

2. SIGNIFICANT ACCOUNTING POLICIES

Investment Valuation
The Plan's investments are stated at fair value as reported to the Plan by AUL.

Investment Income
Income or loss from dividends, interest, and dispositions are recognized on the accrual basis of accounting. Realized gain or loss due to dispositions of investments is based on the difference between the proceeds on sale and the value of the investment as of the beginning of the year or since the date of purchase where purchased during the year. Unrealized gain or loss is recorded as the change in market value from the beginning of the year or since the date of purchase where purchased during the year.

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

Subsequent Events
Management has evaluated subsequent events through September 30, 2010, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Pooled separate accounts	$ 1,991,348	$ 1,991,348	$ --
Guaranteed interest account with insurance company	112,439	--	112,439
Other investments	74,993	74,993	--
Notes receivable from participants	131,932	--	131,932
	$ 2,310,712	$ 2,066,341	$ 244,371
December 31, 2008			
Pooled separate accounts	$ 1,611,522	$ 1,611,522	$ --
Guaranteed interest account with insurance company	246,045	--	246,045
Notes receivable from participants	166,334	--	166,334
	$ 2,023,901	$ 1,611,522	$ 412,379

Statement of Financial Standards No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of pooled separate accounts and other investments is based on quoted net asset values of the shares held by the Plan at year-end.

3. FAIR VALUE MEASUREMENTS (Continued)

Level 3 Fair Value Measurements

The guaranteed interest account with an insurance company and notes receivable from participants are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed interest account is determined by discounting estimated cash flows based on current yields of similar instruments, and the fair value of notes receivable from participants is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

	Guaranteed Interest Account	Notes Receivable from Participants	Total
December 31, 2009			
Balance at beginning of year	$ 246,045	$ 166,334	$ 412,379
Total gains or losses (realized and unrealized)	--	--	--
Purchases, sales, issuances, and settlements (net)	(133,606)	(34,402)	(168,008)
	$ 112,439	$ 131,932	$ 244,371
December 31, 2008			
Balance at beginning of year	$ 159,979	$ 204,968	$ 364,947
Total gains or losses (realized and unrealized)	--	--	--
Purchases, sales, issuances, and settlements (net)	86,066	(38,634)	47,432
	$ 246,045	$ 166,334	$ 412,379

Gains and losses (realized and unrealized) are reported in net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets available for benefits.

4. INVESTMENTS

AUL holds the Plan's investments in a trust fund. The following table presents the fair values of investments at December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets are separately identified. AUL has certified that the information summarized in the following schedules is complete and accurate.

	2009	2008
AUL Pooled separate accounts:		
OneAmerica Money Market	$ 127,707	$ 108,949
SSGA S&P 500 Flagship	135,353	103,097
Alger American Growth	175,752	158,268
Fidelity VIP Asset Manager	204,446	166,731
Fidelity VIP Contrafund	132,368	98,424
Janus Aspen Series Flexible Bond	71,168	102,191
Other	1,144,554	873,862
American United Life Insurance Company		
Fixed Account	112,439	246,045
Other investments	74,993	--
Notes receivable from participants	131,932	166,334
	$ 2,310,712	$ 2,023,901

During 2009 and 2008, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) as follows:

	2009	2008
Investments at fair value as determined by quoted market price:		
Pooled separate accounts	$ 455,575	$ (978,819)

5. GUARANTEED INTEREST ACCOUNTS WITH INSURANCE COMPANY

The Plan has a guaranteed interest account with AUL. The guaranteed interest account is included in the financial statements at fair value, as reported to the Plan by AUL. The average interest rate under the contract at December 31, 2009 was 4.11%.

6. PLAN TERMINATION

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

7. INCOME TAX STATUS

The Plan received a favorable determination letter from the IRS dated April 17, 2002. The determination letter stated that the trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Code; and, accordingly, the trust's net investment income is exempt from income taxes.

8. RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL SCHEDULE

THE ALLEE CORPORATION 401(K) PLAN (PLAN #001)
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 75-1073518

(a)	(b) Identity of Party	(c) Description	(d) Cost	(e) Current Value
	Lord Abbett Developing Growth	Pooled sep. acct.		$ 34,496
	American Funds Capital World Growth & Income	Pooled sep. acct.		26,208
	American Funds Europacific Growth	Pooled sep. acct.		7,708
	American Funds Growth Fund of America	Pooled sep. acct.		5,986
	Goldman Sachs Mid Value	Pooled sep. acct.		4,261
	Goldman Sachs Tollkeeper	Pooled sep. acct.		46,983
	OneAmerica Money Market	Pooled sep. acct.		127,707
	OneAmerica Investment Grade Bond	Pooled sep. acct.		25,075
	OneAmerica Asset Director	Pooled sep. acct.		37,144
	OneAmerica Value	Pooled sep. acct.		12,757
	Fidelity VIP Asset Manager	Pooled sep. acct.		204,446
	Fidelity VIP Contrafund	Pooled sep. acct.		132,268
	Fidelity VIP Growth	Pooled sep. acct.		69,128
	Fidelity Advisor Levco Stock	Pooled sep. acct.		47,891
	Fidelity Freedom 2010 Fund	Pooled sep. acct.		369
	Fidelity Freedom 2015 Fund	Pooled sep. acct.		105
	Fidelity Freedom 2020 Fund	Pooled sep. acct.		765
	Fidelity Freedom 2025 Fund	Pooled sep. acct.		33,726
	Fidelity Freedom 2030 Fund	Pooled sep. acct.		19,644
	Fidelity Freedom 2035 Fund	Pooled sep. acct.		15,416
	Fidelity Freedom 2040 Fund	Pooled sep. acct.		2,319
	SSGA S&P 500 Flagship	Pooled sep. acct.		135,353
	Alger American Growth	Pooled sep. acct.		175,752
	Alger Small Cap	Pooled sep. acct.		37,149
	Janus Aspen Series Flexible Bond	Pooled sep. acct.		71,168
	Janus Aspen Worldwide Growth	Pooled sep. acct.		94,834
	American Century International Growth	Pooled sep. acct.		94,173
	American Century Select	Pooled sep. acct.		21,237
	American Century Ultra	Pooled sep. acct.		40,988
	American Century Equity Income	Pooled sep. acct.		28,814
	American Century Small Cap Value	Pooled sep. acct.		37,077
	American Century Strategic Allocation Conservative	Pooled sep. acct.		182
	American Century Strategic Allocation Aggressive	Pooled sep. acct.		35,992
	American Century Strategic Allocation Moderate	Pooled sep. acct.		6,692
	American Century Real Estate	Pooled sep. acct.		432
	T. Rowe Price Equity Income	Pooled sep. acct.		97,350
	T. Rowe Price Growth Stock	Pooled sep. acct.		24,958
	Pioneer Fund VCT	Pooled sep. acct.		11,639
	Pioneer Growth Opportunity VCT	Pooled sep. acct.		24,053
	Russell U.S. Small Mid Cap	Pooled sep. acct.		32
	AIM Capital Development	Pooled sep. acct.		7,682
	AIM Energy Fund	Pooled sep. acct.		116,057
	Thornburg International Value	Pooled sep. acct.		42,514
	Thornburg Core Growth	Pooled sep. acct.		32,818
	Ameritrade Account	Brokerage acct.		74,993
	American United Life Insurance Company Fixed Account	GIA		112,439
	Notes receivable from participants, $131,932 principal, 3.25% to 8.25% interest rate			131,932
				$ 2,310,712

See accompanying report of independent auditors.

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

Plan Name THE ALLEE CORPORATION 401K PLAN AND TRUST **EIN:** 75-1073518
Plan Sponsor's Name THE ALLEE CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT		112,439
	AMERICAN UNITED LIFE INS CO	PARTICIPANT LOANS		131,932
	AMERICAN UNITED LIFE INS CO	LORD ABBETT DEVELOPING GROWTH		34,496
	AMERICAN UNITED LIFE INS CO	THORNBURG CORE GROWTH		32,818
	AMERICAN UNITED LIFE INS CO	THORNBURG INTERNATIONAL VALUE		42,514
	AMERICAN UNITED LIFE INS CO	AMER FDS CAPITAL WORLD GRO&INC		26,208
	AMERICAN UNITED LIFE INS CO	AMER FDS EUROPACIFIC GROWTH		7,708

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

Plan Name THE ALLEE CORPORATION 401K PLAN AND TRUST **EIN:** 75-1073518
Plan Sponsor's Name THE ALLEE CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	AMER FDS GRWTH FUND OF AMERICA		5,986
	AMERICAN UNITED LIFE INS CO	GOLDMAN SACHS MID VALUE		4,261
	AMERICAN UNITED LIFE INS CO	GOLDMAN SACHS TOLLKEEPER		46,983
	AMERICAN UNITED LIFE INS CO	ONEAMERICA INVESTMENT GRD BOND		25,075
	AMERICAN UNITED LIFE INS CO	ONEAMERICA VALUE		12,757
	AMERICAN UNITED LIFE INS CO	ONEAMERICA ASSET DIRECTOR		37,144
	AMERICAN UNITED LIFE INS CO	ONEAMERICA MONEY MARKET		127,707

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

Plan Name THE ALLEE CORPORATION 401K PLAN AND TRUST **EIN:** 75-1073518
Plan Sponsor's Name THE ALLEE CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	FIDELITY VIP GROWTH		69,067
	AMERICAN UNITED LIFE INS CO	FIDELITY VIP ASSET MANAGER		204,446
	AMERICAN UNITED LIFE INS CO	FIDELITY VIP CONTRAFUND		132,268
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV SMALL CAP		61
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV LEVCO STK		47,891
	AMERICAN UNITED LIFE INS CO	AIM CAPITAL DEVELOPMENT		7,682
	AMERICAN UNITED LIFE INS CO	JANUS ASPEN SERIES FLEX BOND		71,168

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

Plan Name THE ALLEE CORPORATION 401K PLAN AND TRUST **EIN:** 75-1073518
Plan Sponsor's Name THE ALLEE CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	JANUS ASPEN SERIES WW GROWTH		94,727
	AMERICAN UNITED LIFE INS CO	JANUS PERKINS SM CAP VA		107
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2010		369
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2015		105
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2020		765
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2025		33,726
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2030		19,644

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

Plan Name THE ALLEE CORPORATION 401K PLAN AND TRUST **EIN:** 75-1073518
Plan Sponsor's Name THE ALLEE CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2035		15,416
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV FREEDOM 2040		2,319
	AMERICAN UNITED LIFE INS CO	AMCENT INTERNATIONAL GROWTH		94,173
	AMERICAN UNITED LIFE INS CO	AMCENT SELECT		21,237
	AMERICAN UNITED LIFE INS CO	AMCENT ULTRA		40,988
	AMERICAN UNITED LIFE INS CO	AMCENT SMALL CAP VALUE		37,077
	AMERICAN UNITED LIFE INS CO	AMCENT EQUITY INCOME		28,814

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

Plan Name THE ALLEE CORPORATION 401K PLAN AND TRUST **EIN:** 75-1073518
Plan Sponsor's Name THE ALLEE CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	AMCENT STRATEGIC ALLOC AGGRES		35,992
	AMERICAN UNITED LIFE INS CO	AMCENT STRATEGIC ALLOC MOD		6,692
	AMERICAN UNITED LIFE INS CO	AMCENT STRATEGIC ALLOC CONSER		182
	AMERICAN UNITED LIFE INS CO	AIM FINANCIAL SERVICES FUND		15
	AMERICAN UNITED LIFE INS CO	AIM ENERGY FUND		116,042
	AMERICAN UNITED LIFE INS CO	AMCENT REAL ESTATE		432
	AMERICAN UNITED LIFE INS CO	ALGER LRGCAP GRWTH PORTFOLIO		175,752

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

Plan Name THE ALLEE CORPORATION 401K PLAN AND TRUST **EIN:** 75-1073518
Plan Sponsor's Name THE ALLEE CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	ALGER SMALLCAP GR INSTL		37,149
	AMERICAN UNITED LIFE INS CO	PIONEER FUND VCT		11,639
	AMERICAN UNITED LIFE INS CO	PIONEER GROWTH OPP VCT		24,053
	AMERICAN UNITED LIFE INS CO	T ROWE PRICE EQUITY-INCOME		97,350
	AMERICAN UNITED LIFE INS CO	T ROWE PRICE GROWTH STOCK		24,958
	AMERICAN UNITED LIFE INS CO	SSGA S&P 500 FLAGSHIP		135,353
	AMERICAN UNITED LIFE INS CO	RUSSELL U.S. SMALL MID CAP		32

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

Plan Name THE ALLEE CORPORATION 401K PLAN AND TRUST **EIN:** 75-1073518
Plan Sponsor's Name THE ALLEE CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	AMERITRADE ACCOUNT		74,993