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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ROYAL ELECTRIC COMPANY 401(K) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1992

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

8481 CARBIDE COURT
SACRAMENTO, CA 95828

2b Employer Identification Number (EIN)
94-2422340

2c Sponsor's telephone number
916-226-2218

2d Business code (see instructions)
238210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/15/2011	PATRICA ANEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

8481 CARBIDE COURT
SACRAMENTO, CA 95828

3b Administrator's EIN
94-2422340

3c Administrator's telephone number
916-226-2218

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**	250
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**	155
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	58
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	213
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	213
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	149
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 2J 2K 3D 2F 2G 2A 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
ROYAL ELECTRIC COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
94-2422340

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

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

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

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

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

ASCENSUS

11-3665754

(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 50 60 99	RECORD KEEPER	8767	Yes [X] No [ ]	Yes [ ] No [X]	629	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
ASCENSUS	15 60	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.	
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB T/A REVENUE BY FUND	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 99	629
(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.	
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	QUALITY SERVICE BONUS (ALLOCATED ON MONTH END MARKET VALUE)	

(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

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(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
ROYAL ELECTRIC COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
94-2422340

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: RETIREMENT PRESERVATION TRUST

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

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)
22-6484011-001	C	1356587

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
ROYAL ELECTRIC COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
94-2422340

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	5235	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	68	21
(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)	66229	91643
(9) Value of interest in common/collective trusts	1c(9)	1200045	1356587
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3362481	4352689
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4634058	5800940
	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	4634058	5800940

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)	611187	
	(B) Participants	2a(1)(B)	391359	
	(C) Others (including rollovers)	2a(1)(C)	4709	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1007255
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	4086	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4086
	(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)	56035	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		56035
	(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)		15941
(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)		755939
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1839256
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	649537	
(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)		649537
f Corrective distributions (see instructions)	2f		10825
g Certain deemed distributions of participant loans (see instructions)	2g		1900
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	10112	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10112
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		672374
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1166882
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: YOUNGER & COMPANY, CPAS (2) EIN: 20-4257034

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		22194
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		500000
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
ROYAL ELECTRIC COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
94-2422340

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): 45-0404698

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):

Royal Electric Company 401(k) Plan

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES

With Report of Independent Certified Public Accountant

Years Ended December 31, 2009 and December 31, 2008

Royal Electric Company 401(k) Plan

Financial Statements and Supplemental Schedules

December 31, 2009 and 2008

Index

INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 - 13
SUPPLEMENTAL SCHEDULES	
Schedule 1 - Schedule of Assets (Held at End of Year)	14 - 15
Schedule 2 - Schedule of Delinquent Participant Contributions	16

Younger & Company
Certified Public Accountants

♦ 3750 University Avenue, Suite 570 ♦ Riverside, CA 92501 ♦ (951) 787-8600 Telephone

INDEPENDENT AUDITOR'S REPORT

401(k) Retirement Committee and Participants
ROYAL ELECTRIC COMPANY 401(K) PLAN

We were engaged to audit the financial statements and supplemental schedules of *Royal Electric Company 401(k) Plan* (the "Plan") as of December 31, 2009, and for the year ended December 31, 2009, as listed in the accompanying index to the financial statements. These financial statements and supplemental schedules are the responsibility of the Plan's management.

The financial statements of the Plan as of December 31, 2008 were audited by other auditors. 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 the other auditors not to perform, and they did not perform any auditing procedures with respect to the information certified by the trustee, *Frontier Trust Company* (the "trustee"). Their report, dated October 14, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were 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.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by the trustee of the Plan, *Frontier Trust Company*, except for comparing such information with the related information included in the December 31, 2009 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's December 31, 2009 financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying December 31, 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the December 31, 2009 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Younger & Company, CPAs

Younger & Company, CPAs
Riverside, California
December 27, 2010

Royal Electric Company 401(k) Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

(SEE INDEPENDENT AUDITOR'S REPORT)

	December 31,	
	2009	2008
ASSETS		
Investments, at Fair Value		
Interest-bearing Cash	$ 21	$ 68
Common Collective Trusts	1,264,837	1,033,236
Registered Investment Companies	4,352,689	3,362,481
Participant Loans	91,643	66,229
Total Investments at Fair Value	**5,709,190**	**4,462,014**
Receivables		
Employer Contributions	--	--
Participant Contributions	--	5,235
Total Receivables	**--**	**5,235**
TOTAL ASSETS	**5,709,190**	**4,467,249**
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	**5,709,190**	**4,467,249**
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	**91,750**	**166,809**
NET ASSETS AVAILABLE FOR BENEFITS	**$ 5,800,940**	**$ 4,634,058**

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

Royal Electric Company 401(k) Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2009

(SEE INDEPENDENT AUDITOR'S REPORT)

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment Income	
Net Appreciation in Fair Value of Investments	$ 771,880
Interest from Participant Loans	4,086
Dividends from Registered Investment Companies	56,035
Total Investment Income	**832,001**
Contributions	
Employer	611,187
Participant	391,359
Rollovers	4,709
Total Contributions	**1,007,255**
TOTAL ADDITIONS TO NET ASSETS	**1,839,256**
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits Paid to Participants	649,537
Corrective Distributions	10,825
Deemed Distributions of Participant Loans	1,900
Administrative Expenses	10,112
TOTAL DEDUCTIONS FROM NET ASSETS	**672,374**
NET INCREASE	1,166,882
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	**4,634,058**
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	**$ 5,800,940**

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

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Royal Electric Company 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Organization

The Plan is a participant-directed defined contribution plan established by Vellutini Corporation dba Royal Electric Company (the "Company") under the provisions of Section 401(a) of the Internal Revenue Code (IRC), which includes a deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company. The Plan was established on January 1, 1992 and amended on April 1, 2009, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

Employees who have attained the age of 21 and have completed three months of service are eligible to participate in the Plan. Employees may participate in employer contributions after completing one year of service. Members of a collective bargaining unit, non-resident aliens, and indentured apprentice electricians are not permitted to participate in the Plan. Employees are permitted to participate in pretax elective deferrals and employer contributions after completion of eligibility requirements. Employees become a participant on their entry date, which is the first day of the plan year and the first day of the seventh month of the plan year coincidi ng with or following the completion of eligibility requirements.

Participant Contributions

Participants may elect to contribute their eligible pre-tax compensation to the Plan up to the amount allowable under the Plan document and subject to IRC limitations. Catch-up contributions and rollover distributions from other qualified defined benefit or defined contribution plans are also permitted. The plan will not accept rollovers of designated Roth contributions. All contributions made by participants are deposited in the trust and allocated among the investment funds in accordance with the participants' effective elections.

Employer Contributions

The Company makes discretionary employer matching contributions to the Plan, based upon each Participant's elective deferrals. The Company also makes discretionary employer profit sharing contributions to the Plan, based upon the participant's ratio of eligible compensation to the total compensation paid to all eligible participants. A participant must be employed by the Company on the last day of the plan year to be eligible to participate in discretionary profit sharing contributions. The last day and service requirements are waived if a participant dies during the plan year. The company did not elect to make discretionary employer contributions to the Plan for the plan year ended December 31, 2009 and December 31, 2008. All contributions made on a participant's behalf shall be deposited in the trust and allocated among the investment funds in accordance with the participant's effective elections.

NOTE 1 - DESCRIPTION OF PLAN - continued

Employer Contributions – Davis Bacon Act

Certain participants whose services are covered by the federal, state, or municipal prevailing wage law or the Davis Bacon Act, as amended, receive Company prevailing wage law profit-sharing contributions. Davis Bacon Act contributions totaled $611,187 for the year ended December 31, 2009.

Investment Options

Participant contributions and investment earnings are directed by the participants, which may be invested in a variety of registered investment companies offered by Frontier Trust Company. Participants may also invest in the Merrill Lynch Retirement Preservation Trust, which is a common collective trust administered by Merrill Lynch Bank USA, an FDIC-insured Utah industrial loan corporation.

Participants may elect to transfer investments from one investment fund to any other investment fund in accordance with uniform and nondiscriminatory rules established by the Plan Administrator.

Participant Accounts

Individual accounts are maintained for each of the Plan's participants. Each participant's account is credited with the participant's contributions plus allocations of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses.

Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are fully vested in their rollover and elective deferral contributions, plus actual earnings thereon. The vested portion of any participant account attributable to Company contributions and the earnings thereon is based on years of credited service. A participant becomes 100 percent vested in these contributions after six (6) years of credited service, or upon reaching normal retirement age, becoming disabled or upon his or her death. Participants vest according to the following schedule:

Years of Service	Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

NOTE 1 - DESCRIPTION OF PLAN - continued

Forfeiture of Benefits

If a participant terminates prior to vesting 100 percent in the Company contributions, the forfeited balance shall be used to pay administrative expenses or reduce future employer contributions payable under the Plan. The forfeiture account activity for the plan year ended December 31, 2009 and December 31, 2008 is as follows:

Forfeiture Account	2009	2008
Beginning Balance, January 01	$ 12,912	$ 19,464
Forfeitures Credited During the Plan Year	903	2,509
Forfeitures Applied - Employer Match	--	--
Earnings on Forfeitures	(883)	(9,061)
Ending Balance - Unused Forfeitures	$ 12,932	$ 12,912

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50 percent of their vested account balances. A loan setup fee is deducted from the participant's account for each loan that is processed. A participant is allowed only one outstanding loan at any given time. The loan can be used for any purpose.

Loans must be fully repaid through payroll deductions within five (5) years unless the loan is used for the purchase of a primary residence, for which the loan term may be extended. Loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator.

Payment of Benefits

Upon termination of service due to death, disability or normal retirement age, a participant (or participant's beneficiary in the event of death) will receive a lump-sum distribution equal to the total value of the participant's account. If a participant is terminated for any other reason, the participant shall be entitled to receive a distribution equal to the value of the vested interest in his or her account. A mandatory 20 percent federal tax is withheld on cash distributions. As an alternative to a cash distribution, the participant or beneficiary may request a rollover distribution to another qualified plan.

In the event of financial hardship, as defined by the Plan, a participant may request a distribution of any part of their elective deferral contributions. Hardship withdrawals may not be rolled over to another qualified employer plan or an Individual Retirement Account. A participant may not make contributions to the Plan for the 6-month period following the date of a hardship distribution.

Administrative Expenses

The expenses related to administration of the Plan are paid by the Plan unless the Company elects to make such payment.

NOTE 1 - DESCRIPTION OF PLAN - continued

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants become 100 percent vested in their account balances.

Plan Amendments

Effective April 1, 2009, the Adoption agreement was amended to change the plan sponsor address and phone number.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared under the accrual method of accounting.

As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and ASC 962-325, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans* (the FSP), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, including those held in a common collective trust, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

The Plan invests in investment contracts through a common collective trust. As required by the FSP, the Statements of Net Assets Available for Benefits presents the fair value of the investment in the common collective trust as well as the adjustment of the investment in the common collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of registered investment companies are valued at the net asset value of shares held by the Plan at year-end. The Plan's interest in the common collective trust is based on the fair value of the common collective trust's underlying investments as based on information reported by the investment advisor. Participant loans are valued at amortized cost, which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is accrued as of the ex-dividend date. Net realized and unrealized appreciation (depreciation) in fair value of investments represents the realized gain or loss on disposition of investments plus the unrealized increase or decrease in fair value of investments held from the beginning of the plan year or date of purchase, whichever is later.

Cash and Cash Equivalents

The Company considers highly liquid investments with an original maturity of three (3) months or less to be cash and cash equivalents.

Contributions

Contributions are recorded on an accrual basis.

Payment of Benefits

Benefits are recorded when paid.

Reclassifications

Certain prior year balances have been reclassified, where applicable, to conform to the current year financial statement presentation.

NOTE 3 - INVESTMENTS

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Frontier Trust Company, the trustee of the Plan, has certified that the following information included in the accompanying financial statements and supplemental Schedule 1 is complete and accurate:

a. Net Assets Available for Benefits as of December 31, 2009, as they relate to investments held by the trustee.
b. Changes in Net Assets Available for Benefits for the year ended December 31, 2009, as they relate to investments held by the trustee.
c. Schedule of Assets (Held at End of Year) as of December 31, 2009.

NOTE 3 - INVESTMENTS - continued

Investments that represent 5 percent or more of fair value of the Plan's net assets as of December 31, 2009 and 2008 are as follows:

Description	2009	2008
ML Retirement Preservation Trust	$ 1,264,837	$ 1,033,236
BlackRock Small Value Opportunities Fund Inc.	645,485	586,539
BlackRock Global Allocation Fund Inc.	672,266	388,554
BlackRock Large Cap Value Fund	--	248,813
MFS Value Fund A	--	236,602
Total Investments Exceeding 5% or More of Net Assets	$ 2,582,588	$ 2,493,744

During 2009, the Plan's investments appreciated in value as follows:

Description	2009
Registered Investment Companies	$ 755,939
Common Collective Trust	15,941
Total Appreciation in Fair Value of Investments	$ 771,880

As described in Note 2, FSP AAG INV-1 and ASC 962-325 recognize contract value as the relevant measurement attribute for fully benefit-responsive contracts, including those held in a common collective trust, and established new financial statement presentation standards for annual periods ending after December 15, 2006. However, the AICPA issued Technical Practice Aid (TPA) 6931.10, which specifically exempts the Plan from including the disclosures detailed in the FSP for investments in common collective trusts only because such disclosures would be included in the separate financial statements of the common collective trust, in accordance with paragraph 11 of the FSP.

The Plan maintains an investment in a common collective trust (Merrill Lynch Retirement Preservation Trust) managed by Merrill Lynch Bank USA (Merrill Lynch), which is determined to be fully benefit-responsive. Merrill Lynch maintains the contributions in a general account. The contract is included in the Statements of Net Assets Available for Benefits at fair value as determined using the market approach based on market prices of similar contracts. The adjustment from fair value to contract value for the common collective trust is based on the contract value as reported to the Plan by Merrill Lynch. Contract value for the common collective trust is based on the net asset value of the fund as reported by the investment advisor.

NOTE 4 - FAIR VALUE MEASUREMENTS

Accounting Standards Codification Topic 820, *Fair Value Measurements* (ASC Topic 820), establishes a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

NOTE 4 - FAIR VALUE MEASUREMENTS - continued

The three levels of the fair value hierarchy under ASC Topic 820 are described below:

ASC Topic 820 Fair Value Measurement Framework Fair Value Hierarchy Priority – Observable Inputs	
Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: a. Quoted prices for similar assets or liabilities in active markets; b. Quoted prices for identical or similar assets or liabilities in inactive markets; c. Inputs other than quoted prices that are observable for the asset or liability; d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means. Note: If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used must maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

- ***Interest-bearing Cash***: Fair value is measured at the closing price of the security reported on the major market on which the security is traded.

- ***Common Collective Trusts***: Valued at the net asset value of the shares in the underlying investments held by the Plan at year end.

- ***Registered Investment Companies***: Valued at the net asset value of shares held by the Plan at year end.

- ***Participant Loans***: Valued at amortized cost, which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2009.

NOTE 4 - FAIR VALUE MEASUREMENTS - continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009:

Investments Classified at Fair Value Level December 31, 2009				
Description	Level 1	Level 2	Level 3	Total
Interest-bearing Cash	$ 21	$ --	$ --	$ 21
Common Collective Trusts	--	1,264,837		1,264,837
Registered Investment Companies	4,352,689	--	--	4,352,689
Participant Loans	--	--	91,643	91,643
Total Investments at Fair Value	$ 4,352,710	$ 1,264,837	$ 91,643	$ 5,709,190

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

Investments Classified at Fair Value Level December 31, 2008				
Description	Level 1	Level 2	Level 3	Total
Interest-bearing Cash	$ 68	$ --	$ --	$ 68
Common Collective Trusts	--	1,033,236		1,033,236
Registered Investment Companies	3,362,481	--	--	3,362,481
Participant Loans	--	--	66,229	66,229
Total Investments at Fair Value	$ 3,362,549	$ 1,033,236	$ 66,229	$ 4,462,014

The following table sets forth the fair value of investments at December 31, 2009 in certain funds that calculate net investments value per share:

Net Investment Value – Alternative Investments December 31, 2009				
Description	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
ML Retirement Preservation Trust	$ 1,264,837	$ --	Immediate	1 Month
Total Investments at Fair Value	$ 1,264,837	$ --		

The following table sets forth the fair value of investments at December 31, 2008 in certain funds that calculate net Investments value per share:

Net Investment Value – Alternative Investments December 31, 2008				
Description	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
ML Retirement Preservation Trust	$ 1,033,236	$ --	Immediate	1 Month
Total Investments at Fair Value	$ 1,033,236	$ --		

NOTE 4 - FAIR VALUE MEASUREMENTS - continued

Retirement Preservation Trust - This investment is a collective investment trust maintained by Merrill Lynch Bank & Trust Co., FSB. BlackRock provides non-discretionary advice to Merrill Lynch Bank & Trust Co., FSB. Investment in the Trust is available only to tax-qualified employee benefit plans. The Trust seeks to maintain a stable value of $1 per unit, although this cannot be assured. The Trust is neither insured nor guaranteed by the FDIC or any other government agency.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009 and 2008:

Level 3 Assets Participant Loans		
	2009	2008
Balance, Beginning of Year	$ 66,229	$ 18,917
Loan Interest Income	4,086	1,798
New Loans Issued	95,908	129,194
Loan Repayments	(74,580)	(83,680)
Balance, End of Year	$ 91,643	$ 66,229

NOTE 5 - TAX STATUS

Ascensus, Inc. has received a favorable opinion letter from the Internal Revenue Service, dated March 31, 2008, stating that its volume submitter profit sharing plan, adopted by the Employer, is qualified under Section 401(a) of the Internal Revenue Code. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the opinion letter; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

NOTE 6 - ERISA BONDING REQUIREMENTS

The Plan complies with ERISA bonding requirements through the endorsement of the Plan onto the Company's crime insurance policy. The crime policy, as it relates to the Plan, does not require a deductible.

NOTE 7 - PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Certain plan investments are managed by related affiliates of Frontier Trust Company, the trustee of the Plan, and therefore, the transactions qualify as party-in-interest transactions. Moreover, the plan sponsor is also a party-in-interest with respect to the Plan as personnel and facilities of the Company have been used to perform administrative functions for the Plan at no charge to the Plan. Participant loans and the related interest income are considered related party transactions.

NOTE 8 - SIGNIFICANT RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities, in general, are normally exposed to various risks, such as interest rate, credit and overall market volatility. 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 participant account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9 - PROHIBITED TRANSACTIONS

As required by ERISA Section 2510.3-102, the plan sponsor is required to segregate and deposit participant contributions to the Plan at the earliest date that they can be reasonably segregated from the Company's general assets, but in no event more than 15 business days following the end of the month in which amounts are withheld from wages.

As of December 31, 2009, cumulative deposits totaling $22,194 were remitted to the Plan beyond the period prescribed by these regulations. The delays were due primarily to administrative oversight. Although the participant contributions were remitted to the Plan, the delinquent contributions are reported as prohibited transactions on supplemental Schedule 2 to the financial statements pending the plan sponsor's calculation and restoration of lost earnings, in accordance with ERISA reporting requirements. The Company intends to make future contributions to the affected participant accounts to compensate those participants for lost investment earnings related to these delinquent contributions.

NOTE 10 - SUBSEQUENT EVENT

For the year ended December 31, 2009, the company evaluated subsequent events for potential recognition and disclosure up to the financial statements issuance date of December 27, 2010. No items requiring disclosure were noted.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Annual Return/Report of Employee Benefit Plan (Form 5500) is prepared on the accrual basis. At December 31, 2009, the balances on Schedule H (Part I and II) of the Form 5500 reconcile to those included in the financial statements. Accordingly, no reconciliation is required at December 31, 2009.

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Royal Electric Company 401(k) Plan
Schedule 1
Form 5500, Schedule H, Part 4 - Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2009

Employer Identification Number: 94-2422340
Plan Number: 003

(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
*	Merrill Lynch	ML Retirement Preservation Trust	**	$ 1,356,587
*	Black Rock	Blackrock Large Cap Core Fund	**	148,955
*	Black Rock	Blackrock S&P 500 Index Fund	**	85,549
*	Black Rock	Blackrock Small Cap Growth Fund II	**	75,966
*	Black Rock	Blackrock Small Value Opportunities Fund Inc.	**	645,485
*	Black Rock	Blackrock Global Allocation Fund Inc.	**	672,266
*	Black Rock	Blackrock Global Smallcap Fund Inc.	**	171,192
*	Black Rock	Blackrock Total Return Fund	**	192,335
*	AllianceBernstein	AllianceBernstein International Value A	**	210,653
*	Black Rock	GM Blackrock Total Return Fund	**	224,450
*	Black Rock	GM Blackrock Small Cap Growth Fund II	**	21,437
*	Frontier Trust	GM AllianceBernstein International Value A	**	32,195
*	Black Rock	Blackrock Large Cap Value Fund	**	280,496
*	Black Rock	Blackrock Large Cap Growth Fund	**	191,205
*	American Funds	American Funds Growth Fund of America R3	**	252,329
*	Aberdeen	Aberdeen Small Cap Fund A	**	31,319
*	Invesco	Invesco International Core Equity Fund A	**	36,004
*	American Funds	American Funds Europacific Growth R3	**	265,373
*	American Funds	GM American Funds Growth Fund of America	**	132,922
*	Black Rock	GM Blackrock Large Cap Core Fund	**	80,492
*	American Funds	GM American Funds Europacific Growth R3	**	35,498
*	Invesco	GM Invesco International Core Equity Fund	**	39,060
*	DWS	DWS Dreman Small Cap Value Fund A	**	25,391

Schedule 1 continued on following page.

Royal Electric Company 401(k) Plan
Schedule 1- continued
Form 5500, Schedule H, Part 4 - Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2009

Employer Identification Number: 94-2422340
Plan Number: 003

(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
*	DWS	GM DWS Dreman Small Cap Value Fund A	**	24,771
*	MFS	MFS Value Fund A	**	268,987
*	MFS	GM MFS Value Fund	**	128,500
*	Black Rock	GM Blackrock Global Allocation Fund	**	79,859
*	Frontier Trust	Contribution Account	**	21
	Subtotal			5,709,297
*	Participant Loans (Interest Rates – 4.25 to 9.25%)			91,643
	Total Value of Investments at End of Year			**$ 5,800,940**

*Represents a party-in-interest to the Plan.

**Cost information is not required to be presented for participant- directed accounts.

This schedule was prepared from information certified as complete and accurate by the trustee, Frontier Trust Company.

Royal Electric Company 401(k) Plan
Schedule 2
Form 5500, Schedule H, Part 4 - Line 4a
Schedule of Delinquent Participant Contributions
December 31, 2009

Employer Identification Number: 94-2422340
Plan Number: 003

Relationship to the Plan	Participant Contributions Transferred Late to the Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP
Plan Sponsor*	$ 22,194	$ 22,194**	--

* A party-in-interest as defined by ERISA.

** The plan sponsor is in violation of Title 1 of ERISA for its untimely deposits of participant contributions. The cumulative delinquent contributions stated above have been remitted to the Plan; however, they are reflected on this schedule pending the plan sponsor's calculation and restoration of lost earnings. The delinquent contributions above are reflected on this schedule until the year after the correction is made. Note: If applicable, the participant contributions stated above includes delinquent participant loan repayments for the 2009 plan year only.

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)
Formula Description

Plan Name: ROYAL ELECTRIC COMPANY 401(K) PLAN

Plan Number: 012927

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
RGACX	American Funds Growth Fnd of Amer R3	12 dollars per fund position
MDLRX	BlackRock Large Cap Core Fund	12 dollars per fund position
MASRX	BlackRock S & P 500 Index Fund	N/A
NYVTX	Davis NY Venture Fund A	12 dollars per fund position
MDSWX	BlackRock Small Cap Growth Fund II	12 dollars per fund position
MDSPX	BlackRock Value Opportunities Fund Inc.	12 dollars per fund position
MDLOX	BlackRock Global Allocation Fund Inc.	12 dollars per fund position
MDGCX	BlackRock Global SmallCap Fund Inc.	12 dollars per fund position
MDHQX	BlackRock Total Return Fund	12 dollars per fund position
ABIAX	AllianceBernstein International Value A	12 dollars per fund position
GMMDHQX	GM BlackRock Total Return Fund	12 dollars per fund position
GMMASRX	GM BlackRock S & P 500 Index Fund	N/A
GMMDSWX	GM BlackRock Small Cap Growth Fund II	12 dollars per fund position
GMABIAX	GM AllianceBernstein International Val A	12 dollars per fund position
MLGIX98	ML Retirement Preservation Trust	N/A
GMRERCX	GM American Funds Europacific Growth R3	12 dollars per fund position
GMMLGIX98	GM ML Retirement Preservation Trust	10 basis points
GMMEIAX	GM MFS Value Fund	12 dollars per fund position
MEIAX	MFS Value Fund A	12 dollars per fund position
GMMDLHX	GM BlackRock Large Cap Growth Fund	12 dollars per fund position
GMKDSAX	GM DWS Dreman Small Cap Value Fund A	12 dollars per fund position
MDLVX	BlackRock Large Cap Value Fund	12 dollars per fund position
GMIBVAX	GM Aim International Core Equity Fund A	12 dollars per fund position

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: ROYAL ELECTRIC COMPANY 401(K) PLAN

Plan Number: 012927

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
MDLHX	BlackRock Large Cap Growth Fund	12 dollars per fund position
GMMDLRX	GM BlackRock Large Cap Core Fund	12 dollars per fund position
GMRGACX	GM American Funds Growth Fnd of Amer R3	12 dollars per fund position
RERCX	American Funds Europacific Growth R3	12 dollars per fund position
IBVAX	Aim International Core Equity Fund A	12 dollars per fund position
GSXAX	Aberdeen Small Cap Fund A	12 dollars per fund position
GMMDLOX	GM BlackRock Global Allocation Fund	12 dollars per fund position
KDSAX	DWS Dreman Small Cap Value Fund A	12 dollars per fund position

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

Plan Name ROYAL ELECTRIC COMPANY 401(K) PLAN **EIN:** 94-2422340
Plan Sponsor's Name VELLUTINI CORPORATION **PN:** 003

(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
	Merrill Lynch	ML Retirement Preservation Trust	0	1,356,587
	BlackRock	BlackRock Large Cap Core Fund	0	148,955
	BlackRock	BlackRock S & P 500 Index Fund	0	85,549
	BlackRock	BlackRock Small Cap Growth Fund II	0	75,966
	BlackRock	BlackRock Value Opportunities Fund Inc.	0	645,485
	BlackRock	BlackRock Global Allocation Fund Inc.	0	672,266
	BlackRock	BlackRock Global SmallCap Fund Inc.	0	171,192

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

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	BlackRock	BlackRock Total Return Fund	0	192,335
	AllianceBernstein	AllianceBernstein International Value A	0	210,653
	BlackRock	GM BlackRock Total Return Fund	0	224,450
	BlackRock	GM BlackRock Small Cap Growth Fund II	0	21,437
	BlackRock	GM AllianceBernstein International Val A	0	32,195
	BlackRock	BlackRock Large Cap Value Fund	0	280,496
	BlackRock	BlackRock Large Cap Growth Fund	0	191,205

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

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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 Funds	American Funds Growth Fnd of Amer R3	0	252,329
	Aberdeen	Aberdeen Small Cap Fund A	0	31,319
	Invesco	Invesco International Core Equity Fund A	0	36,004
	American Funds	American Funds Europacific Growth R3	0	265,373
	American Funds	GM American Funds Growth Fnd of Amer R3	0	132,922
	BlackRock	GM BlackRock Large Cap Core Fund	0	80,492
	American Funds	GM American Funds Europacific Growth R3	0	35,498

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

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	Invesco	GM Invesco International Core Equity Fun	0	39,060
	DWS	DWS Dreman Small Cap Value Fund A	0	25,391
	DWS	GM DWS Dreman Small Cap Value Fund A	0	24,771
	MFS	MFS Value Fund A	0	268,987
	MFS	GM MFS Value Fund	0	128,500
	BlackRock	GM BlackRock Global Allocation Fund	0	79,859
	Participants Loan Account	Various Rates and Maturities	0	91,643

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

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	Frontier Trust Company	Contribution Account	0	21