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 10/01/2009 and ending 09/30/2010

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
R K ELECTRIC ELECTRIC, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1992

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

42021 OSGOOD ROAD
FREMONT, CA 94539

2b Employer Identification Number (EIN) 77-0058878

2c Sponsor's telephone number 510-770-5660

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.	07/14/2011	LONNIE ROBINSON, PRESIDENT
	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")
R K ELECTRIC ELECTRIC, INC.

42021 OSGOOD ROAD
FREMONT, CA 94539

3b Administrator's EIN
77-0058878

3c Administrator's telephone number
510-770-5660

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**	193
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**	106
b	Retired or separated participants receiving benefits	**6b**	34
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	140
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	140
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	131
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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:
2A 2E 2F 2G 2J 2K

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)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**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 10/01/2009 and ending 09/30/2010

A Name of plan
R K ELECTRIC ELECTRIC, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
R K ELECTRIC ELECTRIC, INC.

D Employer Identification Number (EIN)
77-0058878

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

ADVISOR ONE
4020 SOUTH 147TH STREET
OMAHA, NE 68137

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

NATIONWIDE FUNDS GROUP
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

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

DWS INVESTMENTS
P.O. BOX 219151
KANSAS CITY, MO 64121

(b) Enter name and EIN or address of person who provided you disclosures 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)

CLARK LANZEN SKALLA

4020 SOUTH 147TH STREET
OMAHA, NE 68137

13-4109249

(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?
51	INVESTMENT MANAGER	41759	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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 28 59	TRUST CUSTODIAN	4278	Yes [X] No [ ]	Yes [X] No [ ]	29755	Yes [ ] No [X]

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

PRIMARK BENEFITS

875 MAHLER RD. STE. 105
BURLINGAME, CA 94010

(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?
13 59 64	THIRD PARTY ADMINISTRATOR	0	Yes [X] No [ ]	Yes [ ] No [X]	5717	Yes [ ] No [X]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONWIDE	52	23763

(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.
CLARK LANZEN SKALLA 4020 SOUTH 147TH STREET OMAHA, NE 68137	ADVISORY / SERVICE PROVIDER FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRIMARK BENEFITS	52 59	5717

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY AND SERVICING FEES

(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

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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 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 10/01/2009 and ending 09/30/2010

A Name of plan
R K ELECTRIC ELECTRIC, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
R K ELECTRIC ELECTRIC, INC.

D Employer Identification Number (EIN)
77-0058878

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)	460118	437774
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	6004383	7285595
(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	6464501	7723369
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	1860	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1860	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6462641	7723369

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)	542132	
	(B) Participants	2a(1)(B)	420392	
	(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)		962524
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	102156	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		102156
	(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)		566439
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1631119
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	311246	
(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)		311246
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	17386	
(3) Investment advisory and management fees	2i(3)	41759	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		59145
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		370391
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1260728
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: DAVID J. CORMIA CPA (2) EIN: 20-8298840

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		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 10/01/2009 and ending 09/30/2010

A Name of plan
R K ELECTRIC ELECTRIC, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
R K ELECTRIC ELECTRIC, INC.

D Employer Identification Number (EIN)
77-0058878

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): 31-1592130

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):

R K ELECTRIC, INC. 401(K)
PROFIT SHARING PLAN AND TRUST

Financial Statements
With Supplemental Schedule

September 30, 2010 and 2009

(With Independent Auditors' Report Thereon)

David J. Cormia
Certified Public Accountant
5669 Snell Ave. #111
San Jose, CA 95123

R K ELECTRIC, INC. 401(K)
PROFIT SHARING PLAN AND TRUST

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Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable, or is not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.

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Independent Auditor's Report

To the Plan Administrative Committee
R K Electric, Inc. 401(k) Profit Sharing Plan and Trust

I was engaged to audit the financial statements and supplemental schedule of the R K Electric, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan") as of September 30, 2010 and 2009, and for the period from October 1, 2009 to September 30, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information referred to in Note 3, which was certified by Nationwide Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. I have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of September 30, 2010 and 2009, and for the period from October 1, 2009 to September 30, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that I did not audit, I am unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by custodian, has been audited by me in accordance with auditing standards generally accepted in the United States of America and, and in my opinion, is 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.

David J. Cormia

San Jose, California
June 23, 2011

R K Electric, Inc. 401(k)
Profit Sharing Plan and Trust
Statements of Net Assets Available for Benefits
June 30, 2010 and 2009

Assets	2010	2009
Investments (participant directed, at fair value):		
Mutual funds	$ 7,285,595	$ 6,004,383
Total investments	7,285,595	6,004,383
Receivables:		
Plan Sponsor receivable	437,774	460,118
Total receivables	437,774	460,118
Total assets	7,723,369	6,464,501
Payables:		
Employer Match Refund Payable	-	1,860
Total payables	-	1,860
Net assets available for benefits	$ 7,723,369	$ 6,462,641

The accompanying Independent Auditor's Report
and notes are an integral part of these financial statements.

R K Electric, Inc. 401(k)
Profit Sharing Plan and Trust
Statement of Changes in Net Assets Available for Benefits
For the year ended September 30, 2010

Changes in net assets attributable to:		
Contributions:		
Participants		$ 420,392
Plan sponsor		542,132
Participant transfers from other plans		-
	Total contributions	962,524
Investment activity:		
Net realized and unrealized gains		566,439
Dividends received on investments		102,156
	Net investment activity	668,595
Distributions to participants		(311,246)
Administrative expenses		(59,145)
	Net change	1,260,728
Net assets available for benefits at:		
Beginning of year		6,462,641
End of year		$ 7,723,369

The accompanying Independent Auditor's Report
and notes are an integral part of these financial statements.

1. DESCRIPTION OF PLAN

The following description of the R K Electric, Inc. 401(k) Profit Sharing Plan and Trust ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan was established on October 10, 1992 as a defined contribution 401(k) profit sharing plan covering employees of the R K Electric, Inc. ("the Plan Sponsor"). Employees are eligible to participate in the Plan providing they are at least age 18 and have completed three months of service. Employees covered under a collective bargaining agreement and nonresident aliens are not eligible to participate in the plan. Participants may begin deferring a portion of their compensation into the Plan on the first day of the month following eligibility. The Plan is subject to the provisions Section 401(a) of the Internal Revenue Code and the Employee Retirement Income Security Act of 1974 (ERISA).

Administration - The Company has appointed an Investment Committee ("the Committee") to control the operation and administration of the Plan. The trustee, appointed by the Committee, processes and maintains the records of participant data and holds Plan investment assets. The Committee has appointed Nationwide Life Insurance Company as the custodian of the Plan.

Contributions - Employees electing to participate in the Plan may contribute a portion of their annual compensation through payroll withholdings. Contributions to the Plan are limited to the maximum amount allowable under the provisions of the Internal Revenue Service and to an annual limitation of $16,500 for both years 2010 and 2009 ($22,000 for those participants age 50 and over).

Effective October 1, 2004, the Plan Sponsor elected for the Plan to be treated as a "safe harbor" plan. Accordingly, and as required under the safe harbor election, the Plan Sponsor contributed 3% of the participant's eligible compensation to the Plan. In addition to the "safe harbor" contribution, the Plan Sponsor approved a matching contribution equal to 25% of the participant's contribution without limitation.

The Plan Sponsor also elected to provide a discretionary profit sharing contributions for the year ended September 30, 2010.

During the period from October 1, 2009 to September 30, 2010, the Plan Sponsor declared and subsequently paid the following matching, "safe harbor" and profit sharing contributions:

Matching contributions	$ 105,098
"Safe Harbor" contributions	262,248
Discretionary Profit Sharing contributions	174,786
Total plan sponsor contributions	$ 542,132

Vesting - Participants have a 100% non-forfeitable interest at all times in their contributions, plan sponsor "safe harbor" contributions, matching contributions, and the related earnings thereon. Participants vest in Plan Sponsor discretionary "profit sharing" contributions, in ratable annual amounts of 20% after the second year of service. Participants are fully vested in the event of death or disability. Forfeitures of non-vested account balances are reallocated to the remaining participants in the Plan.

Participant Loans – No loans are permitted under the Plan.

Participant Accounts - Each participant's account is credited with the employee's payroll contributions; the employer's matching, "safe harbor" and profit sharing contributions, and Plan earnings and losses. Allocations to participants' accounts are based on participant compensation or account balances in accordance with the provisions of the Plan.

Payment of Benefits – The Plan provides for the payment of benefits to the participant (or, if applicable, the beneficiary) at retirement (age 65), death, or termination of employment. Participants who qualify for retirement benefits and withdrawals may elect to receive their benefits in the form of a lump sum in cash. The benefit to which a participant is entitled is the benefit that can be provided directly from the participant's vested account balance. In-service withdrawal cannot exceed one (1) in a plan year.

Participants who separate from service and have vested account balances of $1,000 or less are subject to an administrative lump sum distribution at the discretion of the plan administrator. Mandatory distributions of separated participants' vested balances between $1,000 and $5,000 are subject to a direct rollover of their balance into an Individual Retirement Account (IRA) designated by the plan administrator in the name of the separated participant.

Plan Amendments – The Plan was restated on April 22, 2010 to include requirements of the "Post EGTRRA" and "HEART Act". Accordingly, the Plan document was submitted to the Internal Revenue Service for a Letter of Determination which was received on July 8, 2010. There were no other significant amendments to the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the plan are prepared on the accrual basis of accounting.

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 because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. 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 accounting principles generally accepted in the United States of America 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.

Valuation of Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Benefits

Benefits are recorded when paid.

Administrative Expenses - The Company has elected to fund substantially all administrative costs incurred for administering the Plan.

3. INVESTMENTS

In accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, information certified by Nationwide Life Insurance Company regarding the current value of assets held at September 30, 2010, and transactions entered into during the year then ended, was used in the preparation of the accompanying financial statements and supplemental schedule.

The following is a summary of the information prepared by Nationwide Life Insurance Company, furnished to the Plan administrator and included in the Plan's financial statements and supplemental schedule:

	2010	2009
Mutual Funds	$ 7,285,595	$ 6,004,383
Total investments	$ 7,285,595	$ 6,004,383

The following investments exceeded 5% of net plan assets as of September 30, 2010:

	Value	Percentage of Assets
AdvisorOne Amerigo Fund	$ 2,622,734	36.0%
AdvisorOne Clermont Fund	439,991	6.0%
AdvisorOne Descartes Fund	797,034	10.9%
AdvisorOne Sel Alloc Fund	623,070	8.6%

During the year ended September 30, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year), appreciated by $668,595 as follows:

Interest and dividends on investments	$ 102,156
Unrealized gains - mutual funds	566,439
Total	$ 668,595

Nationwide Life Insurance Company has undergone an examination by other auditors of its internal controls relevant to the processing of transactions and safeguarding of assets as it pertains to its custodial duties. Such examination is designed in accordance with guidance contained in the American Institute of Certified Public Accountants Statement on Auditing Standards No. 70, Reports on the Processing of Transactions by Service Organizations. In its report covering the period from January 1 to December 31, 2009 and dated March 8, 2010, the other auditors identified and tested internal controls that they believed would provide reasonable assurance that certain control objectives would be achieved. Inclusive of those tests and control objectives were contributions, distributions, and investment activity.

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and disclosures, establishes a framework for measuring fair value. That 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). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means • 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. 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value at September 30, 2010.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of September 30, 2010.

	Assets at Fair Value as of September 30, 2010			
	Level 1	*Level 2*	*Level 3*	*Total*
Mutual Funds				
Balanced	$ 4,826,864	-	-	$ 4,826,864
Bond	417,906	-	-	417,906
Equity	766,371	-	-	766,371
Fixed Income	601,273			601,273
Index	70,481			70,481
International	508,935			508,935
Specialty	93,765	-	-	93,765
	$ 7,285,595	$ -	$ -	$ 7,285,595

	Assets at Fair Value as of September 30, 2009			
	Level 1	*Level 2*	*Level 3*	*Total*
Mutual Funds				
Balanced	$ 3,889,999	-	-	$ 3,889,999
Bond	294,932	-	-	294,932
Equity	737,532	-	-	737,532
Fixed Income	402,598			402,598
Index	62,235			62,235
International	520,904			520,904
Specialty	96,183	-	-	96,183
	$ 6,004,383	$ -	$ -	$ 6,004,383

5. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of Mutual Funds managed by the Trustee of the Plan, Nationwide Life Insurance Company, and therefore, these transactions qualify as party-in-interest transactions as defined by ERISA.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate or amend the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, all non-vested account balances would become 100% vested in their employer contributions.

7. TAX STATUS

The plan received its latest favorable opinion letter from the IRS on July 8, 2010, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since the issuance of the opinion letter. However, the plan administrator and the plan's tax counsel believe that the plan is designed and is being operated in full compliance with the legislative changes and requirements under the provisions of the Internal Revenue Code (IRC).

8. RISKS AND UNCERTAINTIES

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

R K Electric, Inc. 401(k)
Profit Sharing Plan and Trust

Schedule of Assets Held for Investment Purposes

September 30, 2010

Employer Identification Number 77-0058878 Plan 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	Current Value
	AdvisorOne Amerigo Fund	Mutual Fund	^	2,622,734
	AdvisorOne Clermont Fund	Mutual Fund	^	439,991
	AdvisorOne Descartes Fund	Mutual Fund	^	797,034
	AdvisorOne Enhanced Inc Fund	Mutual Fund	^	2,871
	AdvisorOne Flex Inc Fund	Mutual Fund	^	3,605
	AdvisorOne Liahona Fund	Mutual Fund	^	209,377
	AdvisorOne Sel Alloc Fund	Mutual Fund	^	623,070
	AllianceBernstein Hi Income A	Mutual Fund	^	64,380
	American Century Small Cap Value Fund	Mutual Fund	^	6,802
	American Century Value Fund	Mutual Fund	^	25,618
	American High Income Trust R5	Mutual Fund	^	489
	American High Income Trust R6	Mutual Fund	^	74,034
	American Growth Fund R3	Mutual Fund	^	15,715
	American Growth Fund R5	Mutual Fund	^	5,335
	American Growth Fund R6	Mutual Fund	^	269,869
	American New World R5	Mutual Fund	^	257
	American New World R6	Mutual Fund	^	73,631
	BlackRock Equity Dividend Inv. A	Mutual Fund	^	14,391
	BlackRock International Opp Inv A	Mutual Fund	^	131,670
	DWS Dreman High Return Equity Fund	Mutual Fund	^	73,867
	DWS Strategy Value A	Mutual Fund	^	208,437
	Eaton Vance Floating-Rate Fund	Mutual Fund	^	1,493
	Eaton Vance Fund of Boston	Mutual Fund	^	994
	Eaton Vance Worldwide Health Sciences Fund	Mutual Fund	^	287
	Eagle Series Tr Midcap Growth A	Mutual Fund	^	41,851
	Goldman Sachs Short Dur Govt	Mutual Fund	^	36,866
	Harbor International Fund	Mutual Fund	^	157,781
	Investco Realest A	Mutual Fund	^	21,302
	Investco Vk Equity Inc A	Mutual Fund	^	31,251
	Ivy Asset Strategy Fund	Mutual Fund	^	48,403
	Ivy Science and Technology Fund	Mutual Fund	^	45,970
	Janus Entrp S	Mutual Fund	^	2,578
	Janus Fund	Mutual Fund	^	14,845
	Janus Twenty Fund	Mutual Fund	^	67,969
	JPM MidCap Value Fund	Mutual Fund	^	3,150
	New Government Bond A	Mutual Fund	^	32,732

The accompanying Independent Auditor's Report
and notes are an integral part of this schedule.

R K Electric, Inc. 401(k)
Profit Sharing Plan and Trust

Schedule of Assets Held for Investment Purposes

September 30, 2010

Employer Identification Number 77-0058878 Plan 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	Current Value
	New Inv Dest Aggr Svc	Mutual Fund	^	2,730
	New Inv Dest Mod Aggr Svc	Mutual Fund	^	2,769
	New Inv Dest Mod Svc	Mutual Fund	^	74,280
	New Money Market Inst	Mutual Fund	^	350,636
	New SP 500 Index Svc	Mutual Fund	^	70,481
	Neuber Genesis Tr	Mutual Fund	^	7,528
	Oakmark Equity & Income Fund	Mutual Fund	^	8,631
	Oakmark Global Fund	Mutual Fund	^	15,436
	Oppenheimer Developing Markets Fund	Mutual Fund	^	748
	Oppenheimer Global Fund A	Mutual Fund	^	12,057
	Oppenheimer Global Opportunity Fund	Mutual Fund	^	53,506
	Oppenheimer International Bond Fund	Mutual Fund	^	127,923
	Oppenheimer Ltd Term Government Fund	Mutual Fund	^	231
	Oppenheimer Mn St Opportunity Fund	Mutual Fund	^	13,570
	PIMCO Low Dur A Fund	Mutual Fund	^	35,440
	PIMCO Total Return Fund	Mutual Fund	^	7,299
	Pioneer Strategic Income Fund	Mutual Fund	^	186,257
	Principal High Yield A	Mutual Fund	^	61,161
	Prudential Jennison Healthe Science A	Mutual Fund	^	26,493
	Thornburg International Value I	Mutual Fund	^	55,218
	William Blair Small Cap Growth Fund	Mutual Fund	^	2,552
				7,285,595
*	Participant loans	No loans permitted	-	-
				7,285,595

* Party in interest to the Plan, as defined by ERISA.

^ Cost Information not provided as assets are part of an individual account plan that participants and beneficiaries directed with respect to assets allocated to his or her account.

The accompanying Independent Auditor's Report
and notes are an integral part of this schedule.

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 10/01/2009 and ending 09/30/2010

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
R K Electric Electric, Inc. 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1992

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

42021 Osgood Road

Fremont CA 94539

2b Employer Identification Number (EIN)
77-0058878

2c Sponsor's telephone number
510-770-5660

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	[signature]	7/12/2011	LONNIE ROBINSON, PRESIDENT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	7/12/2011	LONNIE ROBINSON PRESIDENT
	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") R K Electric Electric, Inc. 42021 Osgood Road Fremont CA 94539	**3b** Administrator's EIN 77-0058878	
	3c Administrator's telephone number 510-770-5660	
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**	193
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**	106
b Retired or separated participants receiving benefits	**6b**	34
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	140
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	140
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	131
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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:
2A 2E 2F 2G 2J 2K

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	(1)	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(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		**b General Schedules**	
(1)	[X] **R** (Retirement Plan Information)	(1)	[X] **H** (Financial Information)
(2)	[ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	[ ] **I** (Financial Information – Small Plan)
		(3)	[ ] ___ **A** (Insurance Information)
		(4)	[X] **C** (Service Provider Information)
(3)	[ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	[ ] **D** (DFE/Participating Plan Information)
		(6)	[ ] **G** (Financial Transaction Schedules)

R K ELECTRIC, INC. 401(K) PROFIT SHARING PLAN

SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2010

FEIN: 77-0058878

PLAN NUMBER: 001

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c.) Description of Investment	(d) Cost	(e) Current Value
	Nationwide Trust Company	AdvOne Amerigo	2,382,571	2,622,733
	Nationwide Trust Company	AdvOne Clermont	417,806	439,991
	Nationwide Trust Company	AdvOne Descartes	769,671	797,034
	Nationwide Trust Company	AdvOne Enhcd Inc.	2,771	2,871
	Nationwide Trust Company	AdvOne Flex Inc.	3,423	3,605
	Nationwide Trust Company	AdvOne Liahona N	192,807	209,377
	Nationwide Trust Company	AdvOne Sel Alloc N	577,059	623,070
	Nationwide Trust Company	AllBer Hi Inc. A	62,394	64,380
	Nationwide Trust Company	AmCent SmCap Val Adv	6,008	6,802
	Nationwide Trust Company	AmCent Val A	22,293	25,618
	Nationwide Trust Company	AmFds Am Hi Inc Tr R5	539	489
	Nationwide Trust Company	AmFds Am Hi Inc Tr R6	66,050	74,034
	Nationwide Trust Company	AmFds Gr Fd Am R3	13,277	15,715
	Nationwide Trust Company	AmFds Gr Fd Am R5	5,075	5,335
	Nationwide Trust Company	AmFds Gr Fd Am R6	252,814	269,869
	Nationwide Trust Company	AmFds New Wld R5	231	258
	Nationwide Trust Company	AmFds New Wld R6	63,770	73,632
	Nationwide Trust Company	BlkRk Eq Divd Inv A	13,339	14,391
	Nationwide Trust Company	BlkRk Intl Oppr Inv A	124,447	131,670
	Nationwide Trust Company	DWS Hi Inc Inst	65,397	73,867
	Nationwide Trust Company	DWS Strat Val A	228,270	208,437
	Nationwide Trust Company	EV Flotng Rt A	1,316	1,493
	Nationwide Trust Company	EV Inc Fd of Boston A	769	994
	Nationwide Trust Company	EV WW Hlth Scnc A	247	288
	Nationwide Trust Company	Eagle Series Tr Mdcap Gr A	36,130	41,852
	Nationwide Trust Company	GdmnScs Shrt Dur Govt A	34,258	36,866
	Nationwide Trust Company	Harbor Intl Inv	140,259	157,781
	Nationwide Trust Company	Invsco Realest A	18,226	21,302
	Nationwide Trust Company	Invsco Vk Eq Inc. A	29,649	31,251
	Nationwide Trust Company	Jpm Mdcap Val A	2,478	3,150
	Nationwide Trust Company	Jns Entrp S	2,005	2,578
	Nationwide Trust Company	Jns Fd T	12,484	14,845
	Nationwide Trust Company	Jns Twnty T	64,644	67,970
	Nationwide Trust Company	NW Govt Bd A	29,140	32,732
	Nationwide Trust Company	NW Inv Dest Aggr SC	2,500	2,730
	Nationwide Trust Company	NW Inv Dest Mod Aggr SC	2,161	2,770
	Nationwide Trust Company	NW Inv Dest Mod SC	66,677	74,281
	Nationwide Trust Company	NW Mny Mkt Inst	349,369	350,636

R K ELECTRIC, INC. 401(K) PROFIT SHARING PLAN

SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2010

FEIN: 77-0058878

PLAN NUMBER: 001

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c.) Description of Investment	(d) Cost	(e) Current Value
	Nationwide Trust Company	NW S&P 500 Indx SC	71,056	70,481
	Nationwide Trust Company	Neuber Genesis Tr	6,815	7,528
	Nationwide Trust Company	Okmrk Eq Inc II	7,902	8,631
	Nationwide Trust Company	Okmrk Glbl II	12,640	15,436
	Nationwide Trust Company	Opp Devl Mkt A	501	749
	Nationwide Trust Company	Opp Glbl A	10,878	12,057
	Nationwide Trust Company	Opp Glbl Oppr A	41,190	53,506
	Nationwide Trust Company	Opp Intl Bd A	104,988	127,922
	Nationwide Trust Company	Opp Ltd Trm Govt A	289	231
	Nationwide Trust Company	Opp Mn St Oppr A	12,011	13,570
	Nationwide Trust Company	PIMCO Low Dur A	34,386	35,439
	Nationwide Trust Company	PIMCO Ttl Rtn A	5,996	7,299
	Nationwide Trust Company	Pionr Strat Inc A	156,014	186,257
	Nationwide Trust Company	Prncpl H Yld A	54,675	61,161
	Nationwide Trust Company	Prudntl Jnisn Hlth Scnc A	22,273	26,494
	Nationwide Trust Company	Thrnbrg Intl Val I	51,210	55,218
	Nationwide Trust Company	Wr Ivy Asst Strat Y	46,840	48,403
	Nationwide Trust Company	Wr Ivy Scnc Tech Y	38,724	45,970
	Nationwide Trust Company	William Blair Sm Cap Gr N	2,118	2,552
		Totals	6,742,826	7,285,595