Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information									
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009									
Α .	is return/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan									
В	This return/report is for: first return/report final return/report									
	an amended return/report	short plar	year return/report (less than 12 m	onths)						
С	Check box if filing under:	extension		DFVC program						
	special extension (enter description									
Pa	Int II Basic Plan Information—enter all requested information									
	Name of plan	20011		1b	Three-digit					
	L FUTURE PLAN				plan number					
				_	(PN)					
				1C	Effective date of plan 01/01/1998					
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number					
U.S.I	.S.L., INC.			0-	(EIN) 59-3388440					
1//0	7 N DALE MABRY HWY STE 201			2C	Plan sponsor's telephone number 813-963-3909					
	PA, FL 33618-2047			2d	Business code (see instructions)					
					711210					
	Plan administrator's name and address (if same as Plan sponsor, er S.L., INC. 14497 N DAL		e") ′ HWY STE 201	3b	Administrator's EIN 59-3388440					
0.0.1	TAMPA, FL 3			3c	Administrator's telephone number					
					813-963-3909					
	f the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	4b	EIN					
	name, Link, and the plan number from the last return/report. Sponsor	i S Hairie		4c	PN					
5a	Total number of participants at the beginning of the plan year			- 5a	24					
b	Total number of participants at the end of the plan year			- 5b	23					
С	Total number of participants with account balances as of the end of	the plan y	rear (defined benefit plans do not							
	complete this item)			. 5c	19					
	Were all of the plan's assets during the plan year invested in eligible		'		X Yes No					
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No					
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.						
Pa	rt III Financial Information	ı								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	7a	23808	81	391292					
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	23808	31	391292					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	3540)5						
	(2) Participants	35(1)		66						
	(3) Others (including rollovers)									
b	Other income (loss)	8b	8566	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			159830					
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d	661							
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
†	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0	0040					
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			6619					
 	Net income (loss) (subtract line 8h from line 8c)	8i			153211					
J	Transfers to (from) the plan (see instructions)	8j								

Part IV	Plan	Characteristics	c
railiv i	ГІАП	CHALACLEH SUC:	

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K

D I	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	List of Plan Charac	cteris	iic Co	des in	tne instructi	ons:	
Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Doline 10a.)		•	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				290000
d		the plan have a loss, whether or not reimbursed by the plan's fideli	10d		X					
	ins	re any fees or commissions paid to any brokers, agents, or other per purance service or other organization that provides some or all of the pructions.)	benefits under the	e plan? (See	10e	X				3709
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		X			_
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10q	Χ				14043
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Yes	□No
12		his a defined contribution plan subject to the minimum funding requ							Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 110 0000	01 00	otion	JUZ 01	L1(10/(:	ш	ш
а	If a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar							-
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB			h		Day		Year	
		er the minimum required contribution for this plan year	,	•			12b			
		er the amount contributed by the employer to the plan for this plan y				T	12c			
d	Sub	otract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	us sign to the left o	of a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
Part \	VII	Plan Terminations and Transfers of Assets								_
13a	Has	s a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Yes	X No
	lf "۱	es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			
		re all the plan assets distributed to participants or beneficiaries, tran he PBGC?	nsferred to another	plan, or brought u	ınder	the co	ontrol		Yes	X No
	C 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.)									
13	13c(1) Name of plan(s):						13c(2) EIN(s) 13c(PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	e cau	ise is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	, F	iled with authorized/valid electronic signature.	0/04/2010	TIMOTHY HOLT						
UEDE						al signing as plan administrator				

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	rt I Annual Report Identification Information								
For	alendar plan year 2009 or fiscal plan year beginning C	1/01/2	009	and ending		12/31/2009			
Ат	his return/report is for:	multiple-e	nployer plan	(not multiemployer)	one-participant plan				
Вт	his return/report is for: first return/report	final return/report							
c c	heck box if filing under:	•		DFVC program					
•	special extension (enter description	automatic			T as to broden				
n.	rt II Basic Plan Information—enter all requested informa	*							
	Name of plan	ILION			1h	Three-digit			
	USISL FUTURE PLAN					plan number			
						(PN) ▶ 001			
					1c	Effective date of plan			
					25	01/01/1998			
	Plan sponsor's name and address (employer, if for single-employer U.S.I.S.L., INC.	plan)				Employer Identification Number (EIN) 59-3388440			
	,					Plan sponsor's telephone number			
	14497 N DALE MABRY HWY STE 201					813-963-3909			
	TAMPA FL 33618-2047				2d	Business code (see instructions) 711210			
	Plan administrator's name and address (if same as Plan sponsor, er	ıter "Same	"\		3h	Administrator's EIN			
Ja	U.S.I.S.L., INC.	iter Game	,		0.5	59-3388440			
	14497 N DALE MABRY HWY STE 201				3с	Administrator's telephone number			
	TAMPA FL 33618-204			1.5.4	41	813-963-3909			
	the name and/or EIN of the plan sponsor has changed since the last ame, EIN, and the plan number from the last return/report. Sponsor		ort filed for t	his plan, enter the	4b	EIN			
•	onio, England no partition no n				4c	PN			
5a	Total number of participants at the beginning of the plan year				5a	24			
b	Total number of participants at the end of the plan year				5b	23			
С	Total number of participants with account balances as of the end of	the plan y	ear (defined	benefit plans do not	_	19			
	complete this item)				5с				
_	Were all of the plan's assets during the plan year invested in eligible					X Yes No			
þ	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ın ınaepen ınd conditi	oeni qualilled ons.)	a public accountant (IQ	PA)	X Yes ∏ No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) E	Beginning of Year		(b) End of Year			
а	Total plan assets	7a		23808	1	391292			
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		23808	11	391292			
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		3540	15				
		8a(2)		3875	_				
		8a(3)	307						
h	(3) Others (including rollovers)	8b	8566						
b	Other income (loss)	8c		0500		159830			
c d	Benefits paid (including direct rollovers and insurance premiums	- OC							
u	to provide benefits)	8d		661	9				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				6619			
i	Net income (loss) (subtract line 8h from line 8c)	8i				153211			
i	Transfers to (from) the plan (see instructions)								

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Dart	W		Plan	Chara	actor	ictine
	6 W	- 1		1 -1 3-1 -	** *** **** **** **** ***	

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 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:

Part	V	Compliance Questions							
10		ing the plan year:		Yes	No		mount		
	29	s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
þ	Wei on I	re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		Х				
С	Wa	is the plan covered by a fidelity bond?	10c	х			290000		
d	Did or c	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		Х				
е	inst inst	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X			3709		
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х			14043		
h	If th	nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
Î	if 1	Oh was answered "Yes," check the box if you either provided the required notice or one of the epitions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11	ls ti	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nplete	Sched	lule SB	(Form	Yes No		
12	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection	302 of	ERISA?	Yes X No		
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	gra	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrunting the waiver	ıth	, and (enter th Day	e date of th	e letter ruling Year		
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	405	1			
þ		er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year		-	12c				
d	neç	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d		T No. IT N/A		
е	Wil	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A		
Part	VII	Plan Terminations and Transfers of Assets							
13a	На	s a resolution to terminate the plan been adopted during the plan year or any prior year?				1	Yes X No		
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	of t	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?					Yes X No		
С	If c	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ich assets or liabilities were transferred. (See instructions.)	the pla						
	13c(1) Name of plan(s):		13	3c(2) E	IN(s)	13c(3) PN(s)		
Cau	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble ca	use is	estab	lished.			
Und SB c	er pe ir Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re hedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return s true	turn/re	eport,	ncludir	ng, if applica	ible, a Schedule knowledge and		
		M/27/10 TIMOTHY HO	OLT						
	SIGN Enter name of individual signing as plan administrator BERE Signature of plan administrator Enter name of individual signing as plan administrator								
	Signature of plan and trustagor A 17 7/10 TIMOTHY HOLT								
SIC HEI	N RE			dual si	gning a	is employer	or plan sponsor		