

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan USA RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 118
1c	Effective date of plan 01/01/1986
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) UNITED SPACE ALLIANCE, LLC 1150 GEMINI STREET HOUSTON, TX 77058-2708
2b	Employer Identification Number (EIN) 76-0492757
2c	Sponsor's telephone number 281-212-6163
2d	Business code (see instructions) 336410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	STEPHEN EDGE
	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") STEVE D. EDGE BENEFITS PLAN ADMINISTRATOR 1150 GEMINI AVENUE HOUSTON, TX 77058-0000	3b Administrator's EIN 72-1590233 3c Administrator's telephone number 281-212-6163
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	12506
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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	9186
b Retired or separated participants receiving benefits.....	6b	64
c Other retired or separated participants entitled to future benefits.....	6c	1820
d Subtotal. Add lines 6a , 6b , and 6c	6d	11070
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	46
f Total. Add lines 6d and 6e	6f	11116
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	10491
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	150

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2H 2J 2K 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan USA RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	118
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED SPACE ALLIANCE, LLC	D Employer Identification Number (EIN) 76-0492757	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY ASSET MANAGER
04-2647786

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

(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)

VANGUARD GROUP INC

23-1945930

(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?
29	TRUSTEE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD GROUP INC	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY ASSET MANAGER 04-2647786	REVENUE SHARING FOR THE LOW PRICED STOCK FUND THAT USA HOLDS AS AN INVESTMENT OPTION 25 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	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:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan USA RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶ 118	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNITED SPACE ALLIANCE, LLC				D Employer Identification Number (EIN) 76-0492757	
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: VANGUARD RETIREMENT SAVINGS TRUST					
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY					
c EIN-PN 23-2186884-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138493070	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA,	

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan USA RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	118
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED SPACE ALLIANCE, LLC	D Employer Identification Number (EIN) 76-0492757	

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)	501433	472278
(2) Participant contributions	1b(2)	1266358	1224180
(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)	38554827	36391743
(9) Value of interest in common/collective trusts.....	1c(9)	137637403	138493070
(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)	1008305551	1244079203
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	42087342	33875755
(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	1228352914	1454536229

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1228352914	1454536229
---	-----------	------------	------------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	25025248	
(B) Participants	2a(1)(B)	65968600	
(C) Others (including rollovers)	2a(1)(C)	374831	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		91368679

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)	2458969	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2458969

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1109380	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	24648175	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		25757555

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3803701	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4108441	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-304740

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-4103145	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-4103145
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9125050
(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)		212571650
c Other income.....	2c		64200
d Total income. Add all income amounts in column (b) and enter total.....	2d		336938218

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	110675209	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	79694	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		110754903
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		110754903

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		226183315
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: PRICEWATERHOUSECOOPERS, LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

A Name of plan <u>USA RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>118</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED SPACE ALLIANCE, LLC</u>	D Employer Identification Number (EIN) <u>76-0492757</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-2186884</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>755</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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



USA Retirement Savings Plan

**Financial Statements and Supplemental Schedule
December 31, 2009 and 2008**

USA Retirement Savings Plan

Index

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* All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Report of Independent Auditors

To the Participants and Administrator of
USA Retirement Savings Plan

We were engaged to audit the financial statements and supplemental schedule of USA Retirement Savings Plan (the "Plan") at December 31, 2009 and 2008 and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 December 31, 2009 and 2008 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 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by 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.

A handwritten signature in cursive script, reading "PricewaterhouseCoopers LLP".

Houston, Texas
October 13, 2010

USA Retirement Savings Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Investments, at fair value	<u>\$ 1,452,839,771</u>	<u>\$ 1,226,585,123</u>
Receivables		
Employer contributions	472,278	501,433
Participant contributions	<u>1,224,180</u>	<u>1,266,358</u>
Total receivables	<u>1,696,458</u>	<u>1,767,791</u>
Net assets reflecting all investments at fair value	1,454,536,229	1,228,352,914
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(2,993,959)</u>	<u>1,799,369</u>
Net assets available for plan benefits	<u>\$ 1,451,542,270</u>	<u>\$ 1,230,152,283</u>

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

USA Retirement Savings Plan
Statement of Changes in Net Assets Available for Plan Benefits
Year Ended December 31, 2009

Net assets available for plan benefits, beginning of year	<u>\$ 1,230,152,283</u>
Contributions	
Employer, net of forfeitures	25,025,248
Participant	65,968,600
Rollovers	<u>374,831</u>
Total contributions	<u>91,368,679</u>
Investment income	
Net appreciation in fair value of investments	208,163,765
Interest and dividends	<u>32,548,246</u>
Total investment income	<u>240,712,011</u>
Additions	
Other additions	<u>64,200</u>
Total additions	<u>64,200</u>
Deductions	
Benefit payments	110,675,209
Other deductions	<u>79,694</u>
Total deductions	<u>110,754,903</u>
Net increase in net assets available for plan benefits	<u>221,389,987</u>
Net assets available for plan benefits, end of year	<u>\$ 1,451,542,270</u>

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

USA Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

1. Description of the Plan

The following brief description of the USA Retirement Savings Plan (the "Plan"), sponsored by United Space Alliance, LLC ("USA" or "Company"), is provided for general informational purposes only. Participants should refer to the plan document for more complete information.

General

The Plan is a defined contribution savings plan sponsored by USA. The Plan is extended to cover all employees of USA who are eligible to participate upon commencement of employment. In addition, the Capital Accumulation Plan ("CAP") is an account within the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective August 2005, the USA Money Purchase Plan ("MPP") was established with similar provisions to the CAP. CAP contributions to eligible nonrepresented participants stopped at this time. Effective September 2005, nonrepresented participants with CAP balances were given the option to transfer the CAP balance into the MPP or the USA Retirement Savings Plan. Effective August 2007, the remaining CAP participants (covered by collective bargaining agreements) began participation in the MPP and had their CAP contributions discontinued. Effective March 2008, any participant with a remaining CAP balance was given the option to transfer the CAP balance into the MPP or the USA Retirement Savings Plan. The MPP is held in a separate plan. Therefore, the balances are not included in these financial statements or footnote disclosures.

Administration

The Benefits Plan Administrator of the Company is responsible for the operation and administration of the Plan and is authorized to delegate such responsibilities to the Benefits Administrative Committee of the Company (the "Committee") as the administrator may deem necessary and appropriate.

Eligibility

The Plan covers all salaried or hourly employees. This includes part-time employees who are employed on a regular basis by the Company and employees reported as common law employees on USA payroll records. An employee is eligible to participate the first payroll period beginning after the date of hire. Employees are not eligible to participate if:

- Compensated by special fees or under a special contract or arrangement, or on a commission basis;
- Covered by a bargaining agreement that doesn't specifically call for participation.

Until March 2008, an employee was eligible to participate in the Capital Accumulation Plan (CAP) if:

- On June 1, 1996, the employee was a former salaried or hourly employee of Lockheed Martin who participated in either the Lockheed Martin Capital Accumulation Plan or the Lockheed Martin Capital Accumulation Plan for Hourly Employees and for whom assets from those plans were transferred to this Plan;
- The employee was hired after June 1, 1996, and was represented by the International Brotherhood of Electrical Workers, Local 2088, Federation of Private Employees, a Division of National Federation of Public & Private Employees and the International Association of Machinists and Aerospace Workers, Local Lodge 2061.

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December 31, 2009 and 2008

- The employee was a Florida employee hired on or after June 1, 1996, who is not covered by another retirement plan sponsored by USA.

If the employee was an eligible employee for CAP who was transferred to another location which was subject to another retirement plan sponsored by USA, the employee's active participation in CAP was suspended. If the employee transferred back to Florida, the employee was not eligible for CAP.

Contributions

The Plan provides that eligible employees electing to become participants may make basic contributions to the Plan through payroll deductions or salary deferrals at a specified percentage ranging from 1% to 50%, including a basic and supplemental contribution, of their base compensation as defined in the Plan unless otherwise specified for participants covered by a collective bargaining agreement. The Plan also provides that certain limitations may be imposed on salary deferral contributions in order to comply with certain statutory limitations.

USA will provide a matching contribution to the Plan in an amount equal to 60% of a participant's basic contribution up to a maximum of 8% of a participant's base compensation as defined in the plan document unless otherwise specified for participants covered by a collective bargaining agreement.

Participants may also elect to roll over distributions from a former employer's qualified retirement plan.

Vesting of Contributions

Participants' contributions are fully vested at all times. Amounts contributed through after-tax contributions (payroll deductions) may be distributed at any time. However, amounts contributed through pre-tax contributions (salary deferrals) may be distributed to participants only upon meeting certain conditions as defined in the plan document. USA's capital accumulation contributions are fully vested at all times. USA's matching contributions and related earnings or losses become 100% vested upon completion of five years of employment with USA or an affiliated company, as defined by the plan document, for participants' below age 65, as follows:

Years of Vesting Service	Vested Interest
Less than two years	0 %
Two but less than three years	25 %
Three but less than four years	50 %
Four but less than five years	75 %
Five or more years	100 %

USA's matching contributions also become fully vested upon a participant's attainment of the age of 65 and certain other conditions as defined in the plan document.

Forfeitures

When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized to reduce USA's contributions to the Plan. However, if the participant is reemployed within five years of their termination date and fulfills certain requirements, as defined in the Plan, the participant's account will be restored.

USA Retirement Savings Plan

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December 31, 2009 and 2008

At December 31, 2009 and 2008, remaining forfeited accounts totaled \$193,177 and \$494,623, respectively. These accounts are used to reduce future employer contributions. During 2009, \$600,000 of forfeitures were used to reduce employer contributions.

Participant Accounts

Each participant's account is credited with the participant's contribution, USA's matching contribution and USA's capital accumulation contribution, if applicable, and an allocation of Plan earnings or losses; net of administrative expenses. Allocations are based upon the participant's account balance as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Benefit Payments

Upon termination of employment, retirement, death, or disability, as qualified under the Plan, participants or their beneficiaries may request to receive a lump-sum distribution, five or fewer annual installment payments, or a rollover of vested accounts less any outstanding loan balances.

Loans

Participants may borrow up to 50% of the vested balance of their accounts, not in excess of \$50,000. The loans are non-participant directed and are made for terms not to exceed 10 years for primary residence loans and five years for other loans and bear interest at the rate of prime plus 1%. Loans transferred to the Plan as a result of plan transfers or mergers retain the original loan terms.

2. Summary of Significant Accounting Policies

Recent Accounting Pronouncements

On July 1, 2009 the Company adopted ASC 105, Generally Accepted Accounting Principles, which established the Financial Accounting Standards Board ("FASB") Accounting Standards Codification (the Codification) as the source of authoritative accounting principles recognized by the FASB to be used by non-governmental entities in the preparation of financial statements presented in conformity with generally accepted accounting principles in the United States (GAAP). The Codification reorganized the pre-Codification GAAP into approximately 90 accounting topics. References to accounting principles in the notes to the Company's financial statements included in this report have been changed to reflect the Accounting Standards Codification (ASC) references resulting from the Codification.

In 2010, the FASB issued ASU No. 2010-06 which amends Fair Value Measurements and Disclosures – Overall (ASC Topic 820-10). This update requires a gross presentation of activities within the Level 3 rollforward and adds a new requirement to disclose transfers in and out of Level 1 and 2 measurements. The update further clarifies the existing disclosure requirements in ASC 820-10 regarding: i) the level of disaggregation of fair value measurements; and ii) the disclosures regarding inputs and valuation techniques. This update will be effective for our fiscal year beginning January 1, 2010 except for the gross presentation of the Level 3 transfers in and transfers out information, which is effective for the current fiscal year. The principal impact from this update will be expanded disclosures regarding our fair value measurements.

In May 2009, the FASB issued FAS 165 ("ASC 855-10") a new accounting standard that requires disclosure in the financial statements to reflect the effects of subsequent events that provide additional information on conditions about the financial statements as of the Statements of Assets Available for Benefits date (recognized subsequent events) and disclosure of subsequent events that provide additional information about conditions after the Statements of Assets Available for

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Benefits date, if the financial statements would otherwise be misleading (unrecognized subsequent events). The Plan adopted the accounting standard as of December 31, 2009. Events or transactions occurring after period end through the date that the financial statements were issued have been evaluated in the preparation of the financial statements.

In 2009, the FASB issued ASU No. 2009-12 which provides amendments to Fair Value Measurements and Disclosures – Overall (ASC Topic 820-10), for the fair value measurement of investments in certain entities that calculate net asset value per share. The update permits as a practical expedient, a reporting entity to measure the fair value of an investment on the basis of the NAV per share of the investment if the NAV is calculated in a manner consistent with the measurement principles of Topic 946 “Financial Services – Investment Companies”. The update requires disclosure by major category of investment about the attributes of investments, such as the nature of the restrictions on the investor's ability to redeem its investments at the measurement date, any unfunded commitments, and the investment strategies of the investees. The adoption of this update did not have a material effect on the Plan's financial statements.

On September 16, 2010, the FASB approved for issuance the FASB ASU on *Reporting Loans to Participants by Defined Contribution Pension Plans*, which is effective for plan years ending after December 15, 2010. The guidance requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This change in classification eliminates the need for plan sponsors to estimate the fair value of these loans under ASC 820. Early adoption is permitted for plan years ending December 31, 2009. The plan did not early adopt this standard as of December 31, 2009.

Basis of Accounting

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

Valuation of Investments

The Plans' investment in registered investment companies and Lockheed Martin Corporation common stock are valued at quoted market prices at December 31, 2009 and 2008. The common/collective trust was valued by Vanguard based upon the quoted market price, where available, of the underlying assets. The Plan's participant loans are presented at cost plus accrued interest (which approximates fair value).

On December 29, 2005, the FASB issued accounting guidance on the 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. As described in the guidance, 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. As required by the guidance, 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. The Plan invests in investment contracts through the Retirement Savings Trust which is operated and maintained by Vanguard Fiduciary Trust Company as a pool of investment contracts that are issued by insurance companies and commercial banks

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Notes to Financial Statements

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and in contracts that are backed by high-quality bonds, bond trusts, and bond mutual funds that are selected by Vanguard Fiduciary Trust Company.

Investment Income

Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales are recorded on the trade-date basis. Net appreciation (depreciation) in fair value of investments includes net unrealized gain (loss) in the fair value of investments and net realized gain (loss) on the sale of such investments.

Payment of Benefits

Benefits are recorded when paid.

Expenses

The Plan's trustee and investment management expenses will be paid from the Plan's assets, as provided by the plan document, unless specifically directed by the Committee to be paid by USA. USA paid all expenses of the Plan in 2009.

Fees paid by USA on behalf of the Plan for administrative services amounted to \$255,206 for the year ended December 31, 2009.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management 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 could differ from those estimates.

3. Investments

Investment Funds

The Plan provides for twenty-four registered investment companies and one collective trust offered by Vanguard as well as registered investment companies offered by Fidelity and Wells Fargo as investment funds to which contributions to the Plan may be invested. USA's contributions will follow the investment elections made by the participant.

The Plan invests in a collective trust relating to fully benefit responsive investment contracts, Vanguard Retirement Savings Trust IV ("VRST IV"). The underlying investments are primarily in a pool of investment contracts that are issued by insurance companies and commercial banks and in contracts that are backed by high-quality bonds, bond trusts, and bond mutual funds. The issuers' ability to meet these obligations may be affected by economic developments in their respective companies and industries. The VRST IV had an average interest crediting rate of 3.31% and 3.74% at December 31, 2009 and 2008. The interest crediting rates for any period of time will be determined by Vanguard and may be changed periodically. The net average yield on the investment contract for 2009 and 2008 was 3.26% and 5.60%, respectively.

The Plan also invests in the Vanguard Prime Money Market Fund, which is a commingled fund that invests in short-term debt instruments of companies primarily operating in specific industries, particularly financial services. The fund offers two classes of shares, Investor Shares and Institutional Shares, and is valued using the net asset value of the investment.

Lockheed Martin Corporation common stock is not available for investment of future contributions nor can existing participant investment balances be reallocated to Lockheed Martin Corporation

USA Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

common stock. Dividends from Lockheed Martin Corporation common stock are not reinvested into Lockheed Martin Corporation common stock; rather, they are invested in accordance with the participant's current investment allocation.

Investments

The following presents investments that represent 5% or more of the Plan's net assets available for Plan benefits at December 31, 2009 and 2008:

	2009	2008
Total Bond Mark Index Signal	\$ 112,720,212	\$ 105,064,114
500 Index Fund Signal	214,534,507	170,880,178
Vanguard International Growth Fund	106,175,376	68,239,175
Vanguard Morgan Growth	113,025,978	79,376,341
Vanguard Retirement Savings Trust IV	138,493,070	137,637,403
Vanguard Wellington	144,966,349	124,775,754
Vanguard Windsor II Fund	241,205,716	202,374,897
Vanguard Prime Money Market	104,442,443	123,675,290

The following presents net appreciation of investments for the year ended December 31, 2009:

Net appreciation (depreciation) in fair value of investments

Common stock	\$ (4,407,885)
Registered investment companies	212,571,650
	<u>\$ 208,163,765</u>

4. Information Certified by the Plan's Trustee

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. Accordingly, the Plan's trustee has certified that the following data included in the accompanying financial statements is complete and accurate:

- Investments, as shown in the statements of net assets available for benefits and in Note 3 and 5.
- Interest and dividend income, as shown in the statement of changes in net assets available for benefits.
- The "Schedule of Assets (Held at End of Year)" as of December 31, 2009, as shown in the supplemental schedule.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and accordingly, such data is unaudited.

USA Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

5. Fair Value Measurements

The Plan adopted FASB guidance on fair value measurements on January 1, 2008. The guidance establishes a fair value hierarchy that distinguishes between assumptions based on market data from independent sources ("observable inputs") and a reporting entity's internal assumptions based on the best information available when external market data is limited or unavailable ("unobservable inputs"). The fair value hierarchy in the guidance prioritizes inputs within three levels. Quoted prices in active markets have the highest priority ("Level 1") followed by observable inputs other than quoted prices ("Level 2") and unobservable inputs having the lowest priority ("Level 3"). The three levels of the fair value hierarchy applicable to the Plan under the guidance are, as follows:

Level 1 Valuation based on quoted prices in active markets for identical assets.

Level 2 Valuation based on observable inputs that do not meet the criteria for Level 1, including quoted prices in inactive markets and quoted prices in active markets for similar but not identical instruments; and

Level 3 Valuations based on unobservable inputs.

Valuation methodologies used for major investment types measured at fair value include:

- Mutual funds: open-ended mutual funds are valued at the net asset value ("NAV") of each fund determined as of the close of the New York Stock Exchange on the valuation date.
- Common collective trusts/commingled fund: valued at their NAV based on the market values of their underlying investments and liabilities on the valuation date. The difference between valuation at contract value and fair value is reflected over time through the crediting rate formulas provided for trust. The crediting rates of the contracts reset every quarter based on the performance of the underlying investments. To the extent the underlying investments have unrealized gains and losses, the interest crediting rate may differ from then-current market rates.
- Participant loans: valued at their outstanding balance, which is an estimate of fair value.

The fair value measurements at December 31, 2009 and their related inputs are as follows:

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Registered investment companies	\$ 1,277,954,958	\$ 1,173,512,515	\$ 104,442,443	\$ -
Common collective trust				
Traditional investment contracts	9,102,751	-	9,102,751	-
Alternative investment contracts	112,145,797	-	112,145,797	-
Wrap contracts	121,349	-	121,349	-
Short-term investments	17,123,173	17,123,173	-	-
Participant loans	36,391,743	-	-	36,391,743
	<u>\$ 1,452,839,771</u>	<u>\$ 1,190,635,688</u>	<u>\$ 225,812,340</u>	<u>\$ 36,391,743</u>

USA Retirement Savings Plan
Notes to Financial Statements
December 31, 2009 and 2008

The changes in Level 3 fair value measurements for the year ended December 31, 2009 are as follows:

	Participant Loans
Balance at December 31, 2008	\$ 38,554,827
Issuances and repayments, net	(2,163,084)
Balance at December 31, 2009	<u>\$ 36,391,743</u>

The fair value measurements at December 31, 2008 and their related inputs are as follows:

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Registered investment companies	\$ 1,050,392,893	\$ 1,050,392,893	\$ -	\$ -
Common collective trust	137,637,403	-	137,637,403	-
Participant loans	38,554,827	-	-	38,554,827
	<u>\$ 1,226,585,123</u>	<u>\$ 1,050,392,893</u>	<u>\$ 137,637,403</u>	<u>\$ 38,554,827</u>

Fair Value Measurements of the Investments in Certain Entities that Calculate Net Asset Value per Share

	Fair Value	Unfunded Commitments	Remaining Life	Redemption Frequency (if currently eligible)	Trade to Settlement Terms	Redemption Notice Period
Common collective trust investing in mutual fund investing in debt securities	\$ 17,523,730 ⁽¹⁾	\$ -	N/A	daily, pending market conditions	1 to 3 days	N/A
Common collective trust investing in debt securities	120,969,340 ⁽¹⁾	-	N/A	daily, pending market conditions	1 to 3 days	N/A
Commingled fund investing in debt securities	104,442,443 ⁽¹⁾	-	N/A	daily, pending market conditions	1 to 3 days	N/A
	<u>\$ 242,935,513</u>	<u>\$ -</u>				

- (1) These categories represent investments in the Common Collective Trust and Commingled Fund investing in debt securities as noted. Its investments are valued at Net Asset Value (NAV). All the funds have daily liquidity and are not subject to any redemption restrictions at the measurement date. The funds have different trading terms varying from one to three days.

6. Related-Party Transactions

The Plan owns shares of certain registered investment companies and a collective trust fund that are managed by Vanguard. As Vanguard is the trustee of the Plan, these transactions qualify as party-in-interest transactions. The Plan also owns shares of common stock of Lockheed Martin Corporation ("LMC"), a USA member company. As LMC is an affiliate of USA, the Plan's sponsor, its transactions qualify as party-in-interest transactions. These transactions are exempt as defined in ERISA Section 408 and the regulations thereunder.

USA Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

7. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 25, 2009, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC").

The Plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

8. Plan Termination

USA has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In addition, USA has contractual obligations pursuant to certain collective bargaining agreements that would be subject to negotiation upon proposed termination. In the event the Plan is terminated, or upon complete discontinuance of contributions, the accounts of each affected participant shall become fully vested.

9. Risks and Uncertainties

The Plan provides for investments in registered investment companies, a collective trust fund, and common stock. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to Form 5500:

	December 31, 2009	December 31, 2008
Net assets available for plan benefits per the financial statements	\$ 1,451,542,270	\$ 1,230,152,283
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	2,993,959	(1,799,369)
Net assets available for plan benefits per Form 5500	<u>\$ 1,454,536,229</u>	<u>\$ 1,228,352,914</u>

The following is a reconciliation of the changes in net assets per the financial statements to Form 5500:

	For the Year Ended December 31, 2009		
	Amounts per Financial Statements	Collective Trust	Amounts per Form 5500
Investment income	\$ 240,712,011	\$ 4,793,328	\$ 245,505,339

USA Retirement Savings Plan
Notes to Financial Statements
December 31, 2009 and 2008

11. Subsequent Events

For the year ended December 31, 2009, the Company evaluated subsequent events from January 1, 2010 through October 13, 2010, the date these financial statements were made available to be issued.

USA Retirement Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Current Value
Fidelity Investments	Fidelity Low-Priced Stock Fund	\$ 35,903,999
* Lockheed Martin Corporation	Lockheed Martin Corporation Common Stock	33,875,755
* The Vanguard Group	Vanguard Emerging Markets Stock Index	7,407,494
* The Vanguard Group	Vanguard Inflation-Protected Securities	2,615,313
* The Vanguard Group	Vanguard Mid-Cap Index Fund	1,465,846
* The Vanguard Group	Vanguard REIT Index Fund	619,772
* The Vanguard Group	Vanguard Small-cap Index	647,480
Wells Fargo	Small Cap Value Inst	43,224,879
* The Vanguard Group	500 Index Fund Signal	214,534,507
* The Vanguard Group	Vanguard Explorer Fund	43,192,152
* The Vanguard Group	Vanguard International Growth Fund	106,175,376
* The Vanguard Group	Vanguard Morgan Growth	113,025,978
* The Vanguard Group	Vanguard Prime Money Market	104,442,443
* The Vanguard Group	Vanguard Target Retirement 2005	3,041,216
* The Vanguard Group	Vanguard Target Retirement 2010	12,152,616
* The Vanguard Group	Vanguard Target Retirement 2015	16,058,146
* The Vanguard Group	Vanguard Target Retirement 2020	8,507,024
* The Vanguard Group	Vanguard Target Retirement 2025	9,124,343
* The Vanguard Group	Vanguard Target Retirement 2030	4,203,723
* The Vanguard Group	Vanguard Target Retirement 2035	4,409,854
* The Vanguard Group	Vanguard Target Retirement 2040	1,696,645
* The Vanguard Group	Vanguard Target Retirement 2045	4,199,102
* The Vanguard Group	Vanguard Target Retirement 2050	3,196,554
* The Vanguard Group	Vanguard Target Retirement Income	5,342,464
* The Vanguard Group	Vanguard Retirement Savings Trust IV	138,493,070
* The Vanguard Group	Total Bond Market Index Signal	112,720,212
* The Vanguard Group	Vanguard Wellington	144,966,349
* The Vanguard Group	Vanguard Windsor II Fund	241,205,716
* Participant loans	Interest rates ranging from 4.25% to 10.5%	36,391,743
		<u>\$ 1,452,839,771</u>

*Indicates a party in interest.

This schedule was certified to be complete and accurate by the Trustee.

USA Retirement Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

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*Indicates a party in interest.

This schedule was certified to be complete and accurate by the Trustee.