Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
USA SRB RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 015

1c Effective date of plan 01/01/1978

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.	10/15/2010	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 STREET
HOUSTON, TX 77058-0000

3b Administrator's EIN
72-1590233

3c Administrator's telephone number
281-212-6163

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1609
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**	499
b	Retired or separated participants receiving benefits	**6b**	505
c	Other retired or separated participants entitled to future benefits	**6c**	517
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1521
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	68
f	Total. Add lines **6d** and **6e**	**6f**	1589
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1E 1G 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)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
USA SRB RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 015

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UNITED SPACE ALLIANCE LLC

D Employer Identification Number (EIN)
76-0492757

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
a	Market value		**2a**	99803409
b	Actuarial value		**2b**	109783750
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	553	63132079
b	For terminated vested participants	**3b**	523	15963976
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		6229835
	(2) Vested benefits	**3c(2)**		51417854
	(3) Total active	**3c(3)**	534	57647689
d	Total	**3d**	1610	136743744
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions		**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	7.17 %
6	Target normal cost		**6**	4268368

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

10/08/2010
Signature of actuary — Date

GEORGE C. SANGER
Type or print name of actuary

08-06326
Most recent enrollment number

HEWITT ASSOCIATES LLC
Firm name

281-882-6352
Telephone number (including area code)

2601 RESEARCH FOREST DRIVE
THE WOODLANDS, TX 77381-4211
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	6299	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	6299	0
10	Interest on item 9 using prior year's actual return of -28.02 %	-1765	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		927029
b	Interest on (a) using prior year's effective rate of 6.38 %		59144
c	Total available at beginning of current plan year to add to prefunding balance		986173
d	Portion of (c) to be added to prefunding balance		986173
12	Reduction in balances due to elections or deemed elections	4534	597419
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	388754

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.76 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	2147500				
07/10/2009	2500386				
10/13/2009	2365500				
12/17/2009	2365500				
			Totals ► 18(b)	9378886	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	8971933

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 3

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... [ ] Yes [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)..... **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)..... **31** 4268368

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	27348748	4694557
b Waiver amortization installment.....		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)..... **34** 8962925

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)..... **36** 8962925

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)..... **37** 8971933

38 Interest-adjusted excess contributions for current year (see instructions)..... **38** 9008

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)..... **39** 0

40 Unpaid minimum required contribution for all years **40** 0

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
USA SRB RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 015

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: USA DEFINED BENEFIT MASTER TRUST

b Name of sponsor of entity listed in (a): UNITED SPACE ALLIANCE LLC

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)
76-0492757-001	M	123631610

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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 SRB RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 015

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	100058230	123631610
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	100058230	123631610
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	100058230	123631610

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	9378886	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9378886
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		21074183
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		30453069
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6879689	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6879689
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		6879689
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		23573380
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: 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.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
USA SRB RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 015

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 Distributions

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

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

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

EIN(s): 13-5581829

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** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 28% Investment-Grade Debt: 41% High-Yield Debt: 3% Real Estate: 0% Other: 28%

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): OPTION ADJUSTED DURATION

USA SRB Retirement Plan

Financial Statements
December 31, 2009 and 2008

PricewaterhouseCoopers LLP, 1201 Louisiana, Suite 2900, Houston, TX 77002-5678
T: (713) 356 4000, F: (713) 356 4717, www.pwc.com/us

USA SRB Retirement Plan
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Report of Independent Auditors

To the Participants and Administrator of the
USA SRB Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of USA SRB Retirement Plan (the "Plan") at December 31, 2009 and December 31, 2008 and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and schedules 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 9, which was certified by The Bank of New York Mellon, N.A., the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2009 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the financial statements of the Plan as of December 31, 2008, in our report dated October 14, 2009, we expressed our opinion that such financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2008, in conformity with generally accepted accounting principles.

PricewaterhouseCoopers LLP

Houston, Texas
October 13, 2010

PricewaterhouseCoopers LLP, 1201 Louisiana, Suite 2900, Houston, TX 77002-5678
T: (713) 356 4000, F: (713) 356 4717, www.pwc.com/us

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

	2009	2008
Assets		
Investment in the USA Defined Benefit Master Trust, at fair value	$ 123,235,122	$ 99,730,307
Net assets held in 401(h) account	396,488	327,923
Total assets	123,631,610	100,058,230
Liabilities		
Amounts related to obligation of 401(h) account	396,488	327,923
Total liabilities	396,488	327,923
Net assets available for plan benefits	$ 123,235,122	$ 99,730,307

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

USA SRB Retirement Plan
Statements of Changes in Net Assets Available for Plan Benefits
Years Ended December 31, 2009 and 2008

	2009	2008
Net assets available for plan benefits, beginning of year	$ 99,730,307	$ 140,423,299
Net income (loss) from investment in the USA Defined Benefit Master Trust	21,005,618	(39,215,980)
Benefit payments	(6,879,689)	(6,625,581)
Employer contributions	9,378,886	5,148,569
Net increase (decrease)	23,504,815	(40,692,992)
Net assets available for plan benefits, end of year	$ 123,235,122	$ 99,730,307

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

USA SRB Retirement Plan
Statement of Accumulated Plan Benefits
December 31, 2008

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving benefit payments	$ 58,494,361
Other participants	57,022,158
Total vested benefits	115,516,519
Nonvested benefits	5,528,079
Total actuarial present value of accumulated plan benefits	$ 121,044,598

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

USA SRB Retirement Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2008

Actuarial present value of accumulated plan benefits, beginning of year	$ 113,163,186
Increase during the year attributable to	
Net benefits accumulated including experience for year	5,209,064
Increase for interest due to decrease in the discount period	9,080,588
Benefit payments	(6,625,581)
Changes in actuarial assumptions	217,341
Net increase	7,881,412
Actuarial present value of accumulated plan benefits, end of year	$ 121,044,598

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

1. Description of the Plan

The following description of the USA SRB Retirement Plan (the "Plan") sponsored by United Space Alliance, LLC ("USA" or the "Company"), is provided for general information purposes only. Participants should refer to the plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

General and Master Trust

Under the SRB contract, the related employees transitioned to USA as of October 1, 1999. The Bank of New York Mellon ("Mellon"), assumed responsibility as successor asset custodian for the Plan and plan assets were transferred on November 30, 1999, to the USA Defined Benefit Master Trust (the "Master Trust") established for the collective investment of certain defined benefit plans sponsored by USA.

Eligibility

The Plan is a noncontributory defined benefit retirement plan. The Plan covers all former employees of USBI, a subsidiary of UTC that transitioned to USA prior to or on October 1, 1999, and all former USBI employees eligible for a vested retirement benefit.

Administration

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

Pension Benefits

Under the terms of the Plan, participants are fully vested after five years of service and are eligible for normal pension benefits upon retirement at age 65. The monthly pension benefit is based on the greater of Formula (1) or Formula (2).

Formula (1)

The monthly amount payable under this formula is equal to 0.0833 of (a) + (b) + (c) minus the lesser of (d) or (e):

(a) 1.5% of the participant's final average earnings multiplied by credited service years before January 1, 1978, plus

(b) 2% of the participant's final average earnings multiplied by credited service years after December 31, 1977, up to a maximum of 20 years, plus

(c) 1% of the participant's final average earnings multiplied by credited service years after December 31, 1977, over 20 years, minus the lesser of:

(d) 1.5% of credited service years (up to 50% maximum) multiplied by the social security amount, or

(e) If participant has credited service years prior to January 1, 1991, 50% of participant's USA social security amount multiplied by years of credited service divided by the sum of years of continuous service before and after January 1, 1991.

Formula (2)
The monthly amount payable under this formula is equal to (a) times (b):

(a) Years of credited service, multiplied by

(b) The applicable dollar amount ($13 to $19, depending on final average earnings)

The Plan also provides certain medical benefits (Note 2).

Other Plan Provisions
Eligible participants will receive early retirement benefits reduced in a manner set forth in the plan document based upon age and service at termination.

Benefits are payable in the form of a joint and survivor annuity option, single-life annuity, or other payments form as set forth in the plan document.

If the present value of the pension benefits as of the participant's normal retirement age does not exceed $5,000, the vested portion of the benefit will be distributed in a lump sum. The Plan also provides for disability benefits and pre-retirement death benefits.

Expenses
The Plan's administrative and investment expenses may be paid by USA at the Committee's election. During 2009 and 2008, certain investment expenses were paid by the Master Trust and allocated monthly to the participating plans (Note 10). All other administrative expenses were paid by USA. Fees paid by USA on behalf of the Plan for administrative services amounted to $403,295 and $508,483 for the years ended December 31, 2009 and 2008, respectively.

Recent Accounting Pronouncements
On July 1, 2009, the Company adopted ASC 105, Generally Accepted Accounting Principles, which establishes the FASB Accounting Standards Codification ("the Codification" or "ASC") as the source of authoritative accounting principles recognized by 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 ASC references resulting from the Codification.

Following the Codification, the Board will not issue new standards in the form of Statements, FASB Staff Positions or Emerging Issues Task Force Abstracts. Instead, it will issue Accounting Standards Updates ("ASU") which will serve to update the Codification, provide background information about the guidance and provide the basis for conclusions on the changes to 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 March 2008, the Financial Accounting Standards Board ("FASB") issued Statement of Financial Accounting Standards No. 161, "Disclosures about Derivative Instruments and Hedging Activities - an amendment of FASB Statement No. 133" (ASC Topic 815), which expands the disclosure requirements in FASB Statement No. 133 about an entity's derivative instruments and hedging activities. ASC Topic 815 was effective for fiscal years and interim periods beginning after November 15, 2008. The adoption of this guidance did not have a material effect on the Plan's financial statements.

In April 2009, the FASB issued FASB Staff Position ("FSP") No. 157-4, "Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly" ("ASC 820–10-65"). ASC 820–10-65 relates to determining fair values when there is no active market or where the price inputs being used represent distressed sales. It reaffirms the FAS 157 ("ASC 820") objective of fair value measurement to reflect how much an asset would be sold for in an orderly transaction (as opposed to a distressed or forced transaction) at the date of the financial statements under current market conditions. Specifically, it reaffirms the need to use judgment to ascertain if a formerly active market has become inactive and in determining fair values when markets have become inactive. ASC 820–10-65 is effective for fiscal years ending after June 15, 2009. The adoption of this guidance did not have a material effect on the Plan's financial statements.

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 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.

2. 401(h) Account

Effective January 1, 2004, the Plan was amended to include a medical-benefit component in addition to normal retirement benefits to fund a portion of the postretirement obligations for retirees and a spouse or dependent of the retiree in accordance with Section 401(h) of the Internal Revenue Code ("IRC"). A separate account was established for such contributions in the master trust (Note 10). In accordance with IRC Section 401(h), the Plan's investments in the 401(h)

account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and a spouse or dependent of the retiree. The related obligations for health benefits are not included in the Plan's obligations in the statement of accumulated plan benefits but are reported as obligations in the financial statements of the health and welfare benefit plan.

3. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investments

Quoted market prices were used to value the investments of the Master Trust other than common/collective trusts. The common/collective trusts are valued based upon the market value of the underlying securities. The Plan's net investment income from the Master Trust is reflected in the statements of changes in net assets available for benefits as net income from investment in the Master Trust (Note 10).

As of December 31, 2009 and 2008, a portion of the Master Trust's assets are invested in derivative instruments in the form of mortgage pass-through forward commitments and futures contracts. An investment manager is authorized to use these instruments subject to objectives and guidelines established by the Committee. The investment manager uses such instruments to enhance returns on investments, manage portfolio risk, and hedge against market and interest rate fluctuations.

All derivative instruments have been recorded in the financial statements of the Master Trust at fair value. The Master Trust's statements of participating plans' equity reflects the following for derivative instruments at December 31, 2009 and 2008:

	2009	2008
Mortgage pass-through forward commitments, included in U.S. government securities	$ 109,258,000	$ 86,426,000

The statement of investment gain (loss) of the Master Trust reflects changes in the fair value of the mortgage pass-through forward commitments as net appreciation in fair value of U.S. Government Securities.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Benefit Payments

Benefits are recorded when paid. Metropolitan Life Insurance Company is the paying agent for distribution of benefits under the Plan.

Accumulated Plan Benefits
Accumulated plan benefits are those future benefit payments attributable under the Plan's provisions to service that employees have rendered. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the benefit information date and the expected payment dates. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective, but not prior to adoption. The actuarial present value of accumulated plan benefits was calculated as of January 1, 2008.

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2008, are as follows:

Investment return	8.25% compounded annually
Mortality	2009 IRC 430 Static Annuitant and Nonannuitant Mortality Table
Retirement	Varies from ages of 55 to 70

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Use of Estimates
The preparation of these 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, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

4. Funding Policy

Contributions to provide benefits under the Plan are made solely by USA. USA's funding policy is to make cash contributions to the Plan in amounts at least equal to the minimum required contribution as actuarially derived. During the Plan years ended December 31, 2009 and 2008, USA contributed $9,378,886 and $5,148,569, respectively. These amounts met the ERISA minimum funding requirements.

Funding for medical benefits is described in Note 2.

On August 17, 2006, the Pension Protection Act of 2006 ("PPA Act"), a comprehensive pension reform legislation which revised many rules surrounding defined benefit plans was signed into law. The plan sponsor has implemented the provisions of the PPA Act and the impacts have been included in the Plan's financial statements.

5. Plan Termination

In the event the Plan is terminated, the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2009 that ceiling is $4,500 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

If the Plan is terminated at some future time, whether all participants receive their benefits will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. The then existing assets and the PBGC guarantee may fully or partially provide some benefits while they may not provide for other benefits at all.

6. Tax Status

The Plan obtained its latest determination letter on July 30, 2009, which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since 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.

7. Related-Party Transactions

During 2009 and 2008, plan investments were managed by Mellon or its affiliates. As Mellon served as Master Trustee and custodians of the Plan during these years, these transactions qualified as party-in-interest transactions, exempt as defined in ERISA Section 408 and regulations thereunder.

8. Risks and Uncertainties

The Plan, through its investment in the Master Trust, provides for investment in various investment securities (Note 10). 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 and may impact the funded position of the Plan. As a result, the Plan may require additional funding in subsequent years.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

9. 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 as of December 31, 2009 and the year then ended:

- Investments, as shown in the statements of net assets available for benefits and in Note 3, 10 and 11.

- Interest and dividend income, as shown in the statement of changes in net assets available for benefits.

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.

10. Investment in USA Defined Benefit Master Trust

The Master Trust is a trust established for the Plan and several other defined benefit plans sponsored by USA. The following benefit plans participate in the Master Trust:

- USA Retirement Plan
- USA SRB Retirement Plan
- USA FERC Retirement Plan
- USA Retirement Plan for Employees at USA Florida Operations
- USA Retirement Plan for Hourly Employees

Each participating defined benefit plan has an undivided interest in the Master Trust. As of December 31, 2009 and 2008, the Plan's interest in the net assets of the Master Trust was approximately 20.66% and 21.2%, respectively. The participating defined benefit plans originally purchased units of the Master Trust at a unit value of $1 per unit. The value of the units in the Master Trust is adjusted at the end of each month to reflect the earnings (losses) on investments plus the market value appreciation or (depreciation) of investments, net of investment-related expenses. Master Trust units are purchased and redeemed based upon the prior month's unit value.

The following table presents the participating plans' equity of the Master Trust as of December 31, 2009 and 2008:

	2009	2008
Interest bearing cash	$ 1,844,675	$ 100,463
Common/collective trusts	183,444,251	142,078,059
Preferred stocks	1,605,646	1,180,221
Common stocks	205,160,744	136,239,659
U.S. government securities	105,168,029	205,641,569
Corporate debt instruments	110,070,120	94,915,766
Foreign debt instruments	9,267,262	8,633,631
Total investments	616,560,727	588,789,368
Receivables, including receivable on investments sold, dividend and interest receivable	27,127,816	84,322,193
Liabilities relating to purchases pending	(46,783,995)	(204,717,638)
Participating plan's equity	$ 596,904,548	$ 468,393,923

The investment gain and loss for the Master Trust for the years ended December 31, 2009 and 2008, were as follows:

	2009	2008
Dividends	$ 2,643,703	$ 3,005,626
Interest	9,857,395	11,872,162
Net gain (loss) from:		
Common/collective trusts	34,504,107	(72,138,533)
Preferred stocks	105,249	(420,526)
Common stocks	43,632,686	(107,721,056)
U.S. government securities	935,747	5,368,929
Corporate debt instruments	12,170,284	(21,661,134)
Other	138,587	171,631
	103,987,758	(181,522,901)
Investment expenses	(1,913,718)	(2,390,603)
Total investment gain (loss)	$ 102,074,040	$ (183,913,504)

11. Fair Value Measurements

In September, 2006, the FASB issued accounting guidance on determining the fair value measurements. The guidance defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. Effective January 1, 2008, the Company adopted this guidance for certain financial assets and liabilities. The Company has applied the provisions of the statement to its disclosures related to assets and liabilities which are measured at fair value on a recurring basis (at least annually).

The guidance requires disclosures that categorize assets and liabilities measured at fair value into one of three different levels depending on the observability of the inputs employed in the measurement. Level 1 inputs are quoted prices in active markets for identical assets or liabilities. Level 2 inputs are observable inputs other than quoted prices included within Level 1 for the asset or liability, either directly or indirectly through the market-corroborated inputs. Level 3 inputs are unobservable inputs for the asset or liability reflecting our assumptions about pricing by market participants. The Company classifies assets and liabilities in their entirety based on the lowest level of input that is significant to the fair value measurement. The Company's methodology for categorizing assets and liabilities that are measured at fair value pursuant to this hierarchy gives the highest priority to unadjusted quoted prices in active markets and the lowest level to unobservable inputs.

The following table summarizes the assets and liabilities measured at fair value on a recurring basis as of December 31, 2009. Assets consist of securities held on behalf of the Plan's in a Master Trust (Note 10), which is valued using models, based on readily observable market parameters and therefore, is classified as Level 2.

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

	Fair Value	Level 1	Level 2	Level 3
Interest bearing cash	$ 1,844,675	$ 1,844,675	$ -	$ -
Common/collective trusts				
Cash equivalents	14,643,032	14,643,032	-	-
U.S. Treasury	247,900	247,900	-	-
Common stocks	110,389,045	108,468,597	1,920,448	-
Other investment companies	47,076,936	-	47,076,936	-
Convertible securities	2,906,624	-	2,906,624	
Short-term securities	8,180,713	2,065,837	6,114,876	-
Preferred stocks	1,605,646	1,605,646	-	-
Common stocks	205,160,744	205,160,744	-	-
U.S. government securities	105,168,029	89,238,579	15,929,450	-
Corporate debt instruments	110,070,120	110,070,120	-	-
Foreign debt instruments	9,267,262	-	9,267,262	-
Total	$ 616,560,727	$ 533,345,130	$ 83,215,597	$ -

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

	Fair Value	Level 1	Level 2	Level 3
Interest bearing cash	$ 100,463	$ 100,463	$ -	$ -
Common/collective trusts	142,078,059	-	142,078,059	-
Preferred stocks	1,180,221	1,180,221	-	-
Common stocks	136,239,659	136,239,659	-	-
U.S. government securities	205,641,569	92,337,953	113,303,616	-
Corporate debt instruments	94,915,766	94,915,766	-	-
Foreign debt instruments	8,633,631		8,633,631	-
Total	$ 588,789,368	$ 324,774,062	$ 264,015,306	$ -

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 trusts investing in equity securities	$ 103,444,702	(1)	$ -	N/A	daily, pending market conditions	1 to 3 days	N/A
Common collective trust investing in debt and equity securities	82,633,464	(1)	-	N/A	daily, pending market conditions	1 to 3 days	N/A
	$ 186,078,166		$ -				

(1) These categories represent investments in the Common Collective Trusts investing in debt and equity 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.

12. Reconciliation of Financial Statements to Form 5500

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

	December 31, 2009
Net assets available for plan benefits per the financial statements	$ 123,235,122
Net assets held in 401(h) account included as assets in Form 5500	396,488
Net assets available for plan benefits per Form 5500	$ 123,631,610

The net assets of the 401(h) account included in Form 5500 are not available to pay pension benefits but can be used only to pay retiree health benefits.

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

	For the Year Ended December 31, 2009		
	Amounts per Financial Statements	401(h) Account	Amounts per Form 5500
Net loss from investment in the USA Defined Benefit Master Trust	$ 21,005,618	$ 68,435	$ 21,074,053
Employer contributions	9,378,886	-	9,378,886

13. Subsequent Events

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

USA SRB Retirement Plan

B Three-digit plan number (PN) ▶ 015

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

United Space Alliance

D Employer Identification Number (EIN)

76-0492757

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2	Assets:			
a	Market value		**2a**	99,803,409
b	Actuarial value		**2b**	109,783,750
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	553	63,132,079
b	For terminated vested participants	**3b**	523	15,963,976
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		6,229,835
	(2) Vested benefits	**3c(2)**		51,417,854
	(3) Total active	**3c(3)**	534	57,647,689
d	Total	**3d**	1,610	136,743,744
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions		**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	7.17 %
6	Target normal cost		**6**	4,268,368

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE GEORGE C. SANGER GCS

Signature of actuary

10/08/2010
Date

George C. Sanger
Type or print name of actuary

08-06326
Most recent enrollment number

Hewitt Associates LLC
Firm name

(281) 882-6352
Telephone number (including area code)

2601 Research Forest Drive
The Woodlands TX 77381-4211
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	6,299	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	6,299	0
10	Interest on item 9 using prior year's actual return of (28.02)%	(1,765)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		927,029
	b Interest on (a) using prior year's effective rate of 6.38 %		59,144
	c Total available at beginning of current plan year to add to prefunding balance		986,173
	d Portion of (c) to be added to prefunding balance		986,173
12	Reduction in balances due to elections or deemed elections	4,534	597,419
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	388,754

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.76 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	2,147,500				
07/10/2009	2,500,386				
10/13/2009	2,365,500				
12/17/2009	2,365,500				
			Totals ► 18(b)	9,378,886	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	8,971,933

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used

b Applicable month (enter code)	**21b**	3
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)		**31**	4,268,368
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	27,348,748		4,694,557
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)		**34**	8,962,925

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	8,962,925
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	8,971,933
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	9,008
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Schedule SB, line 19—Discounted Employer Contributions

Year contributions apply for: 2009

Date	2009 Plan Year Contribution	Interest Adjusted Contribution (7.17%)
April 15, 2009	$ 2,147,500	$ 2,105,544
July 10, 2009	2,500,386	2,411,862
October 13, 2009	2,365,500	2,240,996
December 17, 2009	2,365,500	2,213,531
Total Contribution	$ 9,378,886	$ 8,971,933

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the portion of each life that has not retired at each age according to the following table, using age 55 to first enter the table and assuming mid-year decrements. The estimated whole age of retirement is age 64. This was developed as follows:

(1) Age at Retirement	(2) Percentage of Total Group Retiring	Weighted Retirement Age (1)*(2)
55	10.00%	5.50
56	1.80%	1.01
57	1.76%	1.01
58	1.73%	1.00
59	4.24%	2.50
60	8.05%	4.83
61	7.24%	4.42
62	9.78%	6.06
63	8.31%	5.24
64	7.06%	4.52
65	10.01%	6.50
66	6.00%	3.96
67	4.80%	3.22
68	3.84%	2.61
69	3.07%	2.12
70	12.30%	8.61
		63.11
Adjustment for Mid-Year Decrements		.50
Expected Retirement Age		63.61

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on the full Yield Curve for October 2008 (average of September rates), with sample rates as follows:
Yield Curve	Duration 0 – 4.38%. Duration 5 – 6.78%. Duration 10 – 7.47%. Duration 15 – 7.49%. Duration 20 – 7.26%. Duration 25 – 7.07%. Duration 30 – 6.96%.
Mortality Rates Healthy and Disabled	2009 Internal Revenue Code 430 Static Annuitant and Nonannuitant Mortality.
Disability Incidence	1987 Commissioner's Group Disability – 12-month elimination.
Salary Increases	Graded scale. For sample rates, see Table 1.
Retirement Age	
Active Participants	See Table 2.
Terminated Vested Participants	Age 63.
Turnover	Turnover rates vary by age and service. For sample rates, see Table 3.
Social Security Wage Base Increases	3.5%, compounded annually.
Survivor Benefits	80% of employees are assumed to be married. 50% of employees are assumed to elect survivor benefits. Wives are assumed to be three years younger than their husbands.
Optional Form Election	50% elect a single life annuity and 50% elect a joint and 50% survivor annuity
Expenses	None assumed.

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Value of Plan Assets	The value of plan assets is used each year for developing the funding requirements of the plan. The value is a smoothed value and is set equal to average value of market value as of December 31, 2006, December 31, 2007 and December 31, 2008. Asset values prior to December 31, 2008 are adjusted for accumulated cashflows with interest between the asset date and December 31, 2008. The final value is limited to a corridor of 90% to 110% of market value of assets. This value may be reduced further by applicable funding balance when calculating certain results.
Actuarial Cost Method	Standard Unit Credit Cost Method.
Census Date/ Measurement Date	January 1, 2009.

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Table 1

Salary Rates

Age	Rate
20-25	7.00%
25-30	6.25%
30-35	6.00%
35-40	5.50%
40-45	5.00%
45-50	4.50%
50-55	4.25%
55-60	4.00%
60-65	3.50%
65+	3.50%
Average 20-65	5.11%
Average 45-65	4.08%

Table 2

Retirement Rates

Age	Rate
55	10.00%
56	2.00%
57	2.00%
58	2.00%
59	5.00%
60	10.00%
61	10.00%
62	15.00%
63	15.00%
64	15.00%
65	25.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
Table 3
Turnover Rates

	Years of Vesting Service	
Age	**Less Than 5**	**5 or More**
20	15.00%	15.00%
25	11.74%	11.74%
30	11.45%	8.89%
35	9.50%	6.89%
40	7.39%	5.24%
45	6.22%	3.86%
50	5.51%	3.17%
55	4.78%	2.70%
60	3.72%	2.63%
65	0.00%	0.00%

Schedule SB, line 25—Change in Method

- A change in the asset valuation method from a 2-Month Averaging Method to a 2-Year Smoothing Method as described above.

- A change in the interest rate assumption from the January full yield curve to the October full yield curve.

Note that these changes will affect the comparability of the funding valuation results for the 2009 plan year and the funding valuation results for prior plan years.

Schedule SB Attachment (Form 5500)—2009 Plan Year
SRB Retirement Plan
EIN: 76-0492757 PN: 015

Schedule SB, line 26—Schedule of Active Participant Data

Number of Participants and Average Compensation

	Years of Service								
Age	**0 – 4**	**5 – 9**	**10 – 14**	**15 – 19**	**20 – 24**	**25 – 29**	**30 – 34**	**35+**	**Total**
< 25									0 0
25–29		1							1 0
30–34			7						7 0
35–39	1		11	6					18 0
40–44		5	20 65,760	17	15				57 70,664
45–49		1	18	31 76,701	43 83,216	29 78,527	2		124 77,604
50–54		2	22 68,078	19	35 85,997	67 86,183	18		163 82,437
55–59		3	8	9	26 92,634	30 80,709	13	1	90 81,055
60–64		2	3	9	9	16	12	1	52 86,506
65–69		1	3	1	3	5	5		18 0
70+			2	1		1			4 0
Total	1 0	15 0	94 68,093	93 74,730	131 85,420	148 82,983	50 91,805	2 0	534 78,998

Schedule SB Attachment (Form 5500)—2009 Plan Year
SRB Retirement Plan
EIN: 76-0492757 PN: 015

Schedule SB, line 32—Schedule of Amortization Bases

Date Established	Type of Base	Present Value of Remaining Installments	Number of Years Remaining	Amortization Amount
1/1/2009	Funding Shortfall	$ 27,052,216	7	$ 4,637,160
1/1/2008	Funding Shortfall	296,532	6	57,397

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

Original Plan	January 1, 1978.
Transfer to USA	October 1, 1999.
Latest Amendment	January 1, 2006.

Eligible Employee

An employee of USA's SRB operation hired before October 1, 1999 on the earlier of the January 1 coincident with or next following attaining age 21 or the July 1 coincident with or next following attaining age 20½ and completing six months of service.

Retirement Benefits

Normal

Date

First day of the month following the employee's 65th birthday.

Benefit

Annual benefit equal to (i) minus (ii), or (iii) if greater:

(i) 1.5% of the final average earnings times pre-1978 credited service, plus 2% of final average earnings times post-1977 credited service (maximum 20 years), plus 1% of final average earnings times post-1977 credited service in excess of 20 years.

(ii) 1.5% of the primary Social Security benefit times credited service (maximum 33-1/3 years). For participants with pre-1991 credited service, not more than 50% of the primary Social Security benefit times ratio of credited service to continuous service.

(iii) $156 for final average earnings under $11,000 grading to $228 for final average earnings of $16,500 or more, times credited service.

Schedule SB, Part V—Summary of Plan Provisions (continued)

Retirement Benefits (continued)

Early	
Date	First day of any month after the employee attains age 55 and completes ten years of continuous service, but before normal retirement date. A participant whose severance date occurs after attaining age 50 and before attaining age 55 may commence benefits on the first of any month after attaining age 55 if the sum of age at severance and years of continuous service is at least 65 points.
Benefit	Benefit determined as for normal retirement, based on service and compensation to early retirement date, payable immediately with a reduction of 0.2% for each month by which benefit commencement precedes age 62.
Late	
Date	First day of any month after employee reaches normal retirement age.
Benefit	Benefit determined as for normal retirement, based on service and compensation to actual retirement date.
Disability	
Date	On eligibility for Social Security disability benefits after the employee completes ten years of continuous service.
Benefit	Benefit at retirement based on final average earnings and primary Social Security benefit as of date of disability. Period of disability is included in credited service and continuous service.
Termination Benefits	On termination of employment after five years of continuous service, an employee is entitled to a deferred vested benefit determined as for normal retirement, based on service and compensation to date of termination. The deferred vested benefit is payable without reduction beginning at or after age 65, or beginning any time after age 55 with a reduction of 5/12% for each month by which benefit commencement precedes age 65. If employee dies before benefits commence, the surviving spouse will receive the surviving spouse benefit described in the “Death Benefits Before Retirement” section below.

Schedule SB, Part V—Summary of Plan Provisions (continued)

Death Benefits Before Retirement

After Eligibility for Retirement	Surviving spouse of the employee is entitled to an immediate lifetime benefit as if the employee had retired on the first day of the month preceding his death, elected the 100% surviving spouse benefit described in the "Death Benefits After Retirement" section below, and then died.
Before Eligibility for Retirement and After Vesting	Surviving spouse of the employee is entitled to a deferred lifetime benefit as if the employee had terminated employment on his date of death (if he was then an employee), survived to the earliest date on which he could have retired, retired having elected the 50% surviving spouse benefit described in the "Death Benefits After Retirement" section below (100% if the employee had at least ten years of credited service), and then died.

Death Benefits After Retirement

Normal Form for Single Participants	Single life annuity.
Normal Form for Married Participants	Reduced joint and survivor annuity providing 50% of the employee's reduced benefit to the spouse after his death.
Alternate Forms	Single life annuity with 5 or 10 years certain, joint and survivor annuity for 50%, 66-2/3% or 100%.

Supplemental Benefits	None.
Final Average Monthly Earnings	Highest average of Earnings for five consecutive years out of the final ten years of participation. Earnings means total compensation during a plan year (not in excess of $245,000 for 2009, indexed thereafter).
Primary Social Security Benefit	Estimated primary insurance amount as of the first day of the month next following the participant's 65th birthday in accordance with the Social Security Act in effect as of the severance date, assuming earnings commenced in the later of 1951 or the year in which the participant attained age 22 using actual earnings during employment with the employer. Prior annual earnings are assumed to decrease at 6% per year. Subsequent annual earnings are assumed to be zero if the participant retires from active employment or under the Rule of 65, and otherwise are assumed to be equal to the participant's annualized earnings in the year of severance.

Schedule SB, Part V—Summary of Plan Provisions (continued)

Employee Contributions	None.
Optional Forms of Payment	In addition to a single life annuity, the plan offers a 50% Joint and Survivor, 66-2/3% Joint and Survivor, 100% Joint and Survivor, 5 year certain and 10 year certain annuities.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2009, by United Space Alliance. Asset information and the dates and amounts of contributions are based on information supplied by United Space Alliance.