Form 5500-SF

Department of the Treasury Internal Revenue Service

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

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

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

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

art I	Annual Report		ation						
calenda		cal plan year beginning	01/01/201	0	and ending 1	2/31/2	2010		
This ret	turn/report is for:	x single-employer plan		multiple-e	mployer plan (not multiemployer)		one-participant plan		
This ret	turn/report is for:	X first return/report	П	final retur	n/report	_			
	·	an amended return/rep	oort	short plan	year return/report (less than 12 mo	nths)			
Check b	box if filing under:	Form 5558	Ī	automatic	extension		DFVC program		
	3	special extension (ente	er descriptio	on)					
art II	Basic Plan Info	rmation—enter all reque	sted informa	ation					
						1b	Three-digit		
US VAL	UATION GROUP, INC	. 401(K) PLAN					plan number 001		
						10	(PN) •		
						10	Effective date of plan 01/01/2010		
			e-employer	plan)		2b	Employer Identification Number		
US VAL	UATION GROUP, INC					20	(EIN) 27-1061219		
		TE 326				20	Plan sponsor's telephone number 404-965-3054		
IPA, FL	33619					2d	Business code (see instructions) 541990		
Plan a	dministrator's name an	d address (if same as Plan	sponsor, e	nter "Same	2")	3b	Administrator's EIN		
US VAL	LUATION GROUP, INC	99	950 PRINCI	ESS PALN	I ÁVE., SUITE 326		27-1061219		
						3c	Administrator's telephone number 404-965-3054		
					port filed for this plan, enter the	4b	EIN		
name, E	EIN, and the plan numb	er from the last return/repo	ort. Sponso	r's name		4c	PN		
Total r	number of participants	at the beginning of the plan	year				0		
			-				6		
						0.0			
compl	lete this item)	<u></u>				5c	6		
	•	. ,	Ū		` '		Yes No		
							X vac D Na		
		•			ons.)		^ Yes No		
art III		ther 6a or 6b, the plan car	nnot use Fo		ons.) SF and must instead use Form 55		Tes [] No		
	Financial Inforn		nnot use Fo		•				
Plan A			nnot use Fo		SF and must instead use Form 55 (a) Beginning of Year	00.	(b) End of Year		
	Financial Inform			7a	SF and must instead use Form 55	00.			
Total p	Financial Inforn Assets and Liabilities plan assetsplan liabilities	nation		orm 5500-	SF and must instead use Form 55 (a) Beginning of Year	00.	(b) End of Year		
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The participants at the end of the plan year invested in eligible assets? The participants at the end of the plan year invested in eligible assets?	This return/report is for: Single-employer plan multiple-employer plan final return/report final return/report final return/report final return/report short plan year return/report (less than 12 mo short plan year intension short plan year intension short plan year year short plan year (defined benefit plans do not complete this item). Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) short plan's assets during the plan year invested in eligible assets? (See instructions.) short plan's assets during the plan year invested in eligible assets? (See instructions.) short plan's assets during the plan year invested in eligible assets? (See instructions.) short plan's assets during the plan year invested in eligible assets? 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This return/report is for: Single-employer plan multiple-employer plan (not multiemployer) This return/report is for: Single-employer plan final return/report final return/report final return/report final return/report short plan year return/report (less than 12 months) Check box if filing under: Form 5558 automatic extension special extension (enter description) art II Basic Plan Information—enter all requested information Name of plan US VALUATION GROUP, INC. 401(K) PLAN 1b Plan sponsor's name and address (employer, if for single-employer plan) US VALUATION GROUP, INC. Plan sponsor's name and address (employer, if for single-employer plan) US VALUATION GROUP, INC. 2c PRINCESS PALM AVE., SUITE 326 PA, FL 33619 2d ff 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. Sponsor's name 4b Total number of participants at the beginning of the plan year. Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Solution and report of an independent qualified public accountant (IQPA) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)		

	F	form 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cl	naracteri	stic Co	des in	the instru	ction	ns:		_
		2E 2F 2G 2J 2K 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aractorio	tic Co	dos in t	ho inctru	otion	o:		
D	ii tiie	plan provides wellare benefits, enter the applicable wellare fleature codes from the List of Flan Ch	aracteris	ilic Coc	Jes III t	ne msuu	Juon	5.		
art	V	Compliance Questions								
0		ng the plan year:		Yes	No		An	nount		
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a	X					27	726
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reportene 10a.)	d 10b		X					
С	Was	s the plan covered by a fidelity bond?	10c	X					10000	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau shonesty?	d 10d		X					
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X					
f		the plan failed to provide any benefit when due under the plan?	10f		X					
q		the plan have any participant loans? (If "Yes," enter amount as of year end.)			X					
		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g							
).101-3.)	10h		X					
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i		X					
art	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c						Yes	X	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	ode or se	ection 3	302 of E	ERISA?		Yes	X 1	No
_	,	(es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver								
lf y	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line								
b	Ente	r the minimum required contribution for this plan year			12b					
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)		L	12d		_			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/	Α
art	VII	Plan Terminations and Transfers of Assets								
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	ΧI	No

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes No

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	10/04/2011	NEIL SALZGEBER
HERE	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