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), 6057(b), 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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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 MONEY PURCHASE PLAN

1b Three-digit plan number (PN) ▶ 119

1c Effective date of plan 08/10/2005

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
UNITED SPACE ALLIANCE, LLC

3700 BAY AREA BOULEVARD
SUITE HB5-10
HOUSTON, TX 77058

2b Employer Identification Number (EIN)
76-0492757

2c Plan Sponsor's telephone number
281-282-2592

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.	10/13/2015	PATRICIA L RECORDS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	UNITED SPACE ALLIANCE
	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

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor

PATRICIA RECORDS BENEFITS PLAN ADMINISTRATOR

3700 BAY AREA BOULEVARD
SUITE HB5-10
HOUSTON, TX 77058

3b Administrator's EIN
72-1590233

3c Administrator's telephone number
281-282-2592

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**	1700
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	402
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	38
b	Retired or separated participants receiving benefits	**6b**	21
c	Other retired or separated participants entitled to future benefits	**6c**	1369
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1428
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f	Total. Add lines **6d** and **6e**.	**6f**	1435
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1427
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 Characteristics Codes in the instructions:
2C 2F 2G 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
USA MONEY PURCHASE PLAN

B Three-digit plan number (PN) ▶ 119

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

D Employer Identification Number (EIN)
76-0492757

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENT

04-2507163

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

WELLS FARGO INST. TRUST CO.

94-2948313

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

VANGUARD GROUP INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50 59	NONE	10024	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
USA MONEY PURCHASE PLAN

B Three-digit plan number (PN) ▶ 119

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

D Employer Identification Number (EIN)
76-0492757

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
23-2186884-001	C	1992088

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
USA MONEY PURCHASE PLAN

B Three-digit plan number (PN) ▶ 119

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)	31452	0
(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)	2548703	1992088
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	105574217	100595367
(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	108154372	102587455
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	108154372	102587455

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)	1284100	
(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)		1284100
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)	1861456	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1861456
(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
(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1342736
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1067762
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5556054

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7578298	
(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)		7578298
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)	10025	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		10025
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7588323

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-2032269
l Transfers of assets:			
(1) To this plan	2l(1)		-3534648
(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
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		15000000
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
USA MONEY PURCHASE PLAN

B Three-digit plan number (PN) ▶ 119

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): 23-2186884

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** 279

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 (include any prior year accumulated funding deficiency not waived) **6a** 1284100

b Enter the amount contributed by the employer to the plan for this plan year **6b** 1284100

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** 0

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 or other authority 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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (a) through (c)

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

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

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

USA Money Purchase Plan

Financial Statements and Supplemental Schedule
December 31, 2014 and 2013

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Supplemental Schedule

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

Independent Auditor's Report

To the Administrator of
USA Money Purchase Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the USA Money Purchase Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 5, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. 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, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the financial statements.

Other Matter

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

October 5, 2015

USA Money Purchase Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2014 and 2013

	2014	2013
Assets		
Investments, at fair value	$ 40,948,593	$ 44,250,123
Net assets held in 401(h) accounts	61,638,862	63,803,695
Total investments	102,587,455	108,053,818
Receivables		
Employer contributions	-	31,452
Total receivables	-	31,452
Liabilities		
Amount related to obligation of 401(h) accounts	61,638,862	63,803,695
Total liabilities	61,638,862	63,803,695
Net assets available for plan benefits	$ 40,948,593	$ 44,281,575

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

USA Money Purchase Plan
Statement of Changes in Net Assets Available for Plan Benefits
Year Ended December 31, 2014

Contributions	
Employer	$ 1,284,100
Total contributions	1,284,100
Investment income	
Net appreciation in fair value of investments	1,067,762
Interest and dividends	1,903,479
Total investment income	2,971,241
Deductions	
Benefit payments	7,578,298
Other deductions	10,025
Total deductions	7,588,323
Net decrease in net assets available for plan benefits	(3,332,982)
Net assets available for plan benefits	
Beginning of year	44,281,575
End of year	$ 40,948,593

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

1. Description of the Plan

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

General

The Plan is a money purchase pension plan sponsored by USA.

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

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Administration

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

Eligibility

The Plan covers all salaried or hourly employees that work in one of USA's Florida locations. This includes part-time employees who are employed on a regular basis by the Company and employees reported as common law employees on USA payroll records. An employee is eligible to participate the first payroll period beginning after the date of hire on or after August 1, 2005. Employees are not eligible to participate if:

- Compensated as an executive, or by special fees or under a special contract or arrangement, on a commission basis, or a leased employee within the meaning of Internal Revenue Code ("IRC") 414(n)(2), or an employee of a subsidiary of the Company;

- Covered by a bargaining agreement not specifically provided for participation under the Plan; or

- Covered by another retirement plan, other than the USA Retirement Savings Plan.

In September 2006, USA executed a resolution to discontinue participation in the Plan for employees hired after October 1, 2006. Eligible employees prior to October 1, 2006 will continue to receive contributions until their retirement date.

The Plan was amended, effective January 1, 2011, to cover only those active participants who are assigned to the Integrated Mission Operations Contract organization, were hired before October 1, 2006, and were participating, as of December 31, 2010, in a defined benefit pension plan maintained by the Company or the Plan.

Contributions
The Company will contribute to the Plan in an amount equal to 5% of base compensation for eligible participants, as defined in the plan document and subsequent amendments. USA's contributions are fully vested at all times.

Contributions under the Plan may not exceed the lesser of (i) $49,000, as adjusted under section 415(d) of the IRC or (ii) 100% of the participant's compensation. The compensation limit excludes contributions for medical benefits after separation from service (See Note 2).

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

Benefit Payments
Upon termination of employment, retirement, death, or disability, as qualified under the Plan, a participant's account shall be distributed in accordance with the normal form of distribution or his elected optional form of distribution, as applicable. The normal form of distribution is as a life annuity, but participants may instead elect to receive their benefits in the form of:

- lump sum payment; or

- five or fewer annual installment payments with such installment payments to be equal to the value of the Participant's account as of the valuation date immediately preceding distribution, divided by the number of installments remaining at the time of each payment.

Notwithstanding the above, if the aggregate amount of the participant's accounts does not exceed $5,000, then payment shall automatically be made to the participant in a lump sum.

2. 401(h) Account

The Plan includes 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 IRC. A separate account has been established and maintained for such contributions. 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 reported as obligations in the financial statements of the USA Retirement Plan for Certain Former Lockheed Martin Space Operations ("LMSO") Employees and Florida Operations Represented Employees. As of December 31, 2014 and 2013, net assets held in the LMSO 401(h) account amounted to $18,531,673 and $18,890,949, respectively.

On March 15, 2013, pursuant to the Closing Agreement on Final Determinations Covering Specific Matters between USA and the Commissioner of Internal Revenue signed by the respective parties on February 20 and 25, 2013, the retiree health accounts relating to the United Space Alliance Retirement Plan and the United Space Alliance FEPC Retirement Plan were transferred into the Plan. Participants and beneficiaries eligible to receive benefits under the transferred 401(h) accounts would be considered participants in the Plan, but only with respect to their rights to receive benefits under their respective transferred 401(h) accounts, and until such accounts are entirely depleted. As of December 31, 2014 and 2013, net assets held in the transferred 401(h) accounts amounted to $43,016,894 and $44,313,043, respectively, for the USA Retiree Medical 401(h) and $90,294 and $599,703, respectively, for the USA FEPC Retiree Medical 401(h), and were included in the Statements of Net Assets Available for Plan Benefits.

3. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Valuation of Investments

The Plan's investment in registered investment companies is stated at fair value at December 31, 2014 and 2013. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements. Shares of registered investment companies are valued at quoted market prices which represent the net asset value ("NAV") of shares held by the Plan at year-end. Units of the Vanguard Retirement Savings Trust IV ("VRST IV") are valued at NAV at year-end.

The common collective trust was valued by Vanguard Fiduciary Trust Company based upon the quoted market price, where available, of the underlying assets. The Statement of Changes in Net Assets Available for Plan Benefits is prepared on a contract value basis. The Plan invests in investment contracts through the common collective trust which is operated and maintained by Vanguard Fiduciary Trust Company as a pool of investment contracts that are issued by insurance companies and commercial banks and in contracts that are backed by high-quality bonds, bond trusts, and bond mutual funds that are selected by Vanguard Fiduciary Trust Company. As described in the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 962, *Plan Accounting - Defined Contribution Pension Plans*, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. Prior to July 2015, the guidance required that the Statement of Net Assets Available for Plan Benefits be presented at the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. Under amendment ASU 2015-12, issued in July 2015, fully benefit-responsive investment contracts are measured, presented, and disclosed only at contract value, as contract value is considered fair value. The amendment is effective for fiscal years beginning after December 15, 2015, but earlier application is permitted. As such, the Company has early adopted the amendment and applied the amendment retrospectively to the Plan financial statements.

Investment Income

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

Expenses

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

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Recent Accounting Pronouncement

In July 2015, the FASB issued ASU No. 2015-12, Plan Accounting: Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965), *Part I: Fully Benefit-Responsive Investment Contracts.* Under the amendments, fully benefit-responsive investment contracts are measured, presented and disclosed only at contract value. The amendments of this Update are effective for fiscal years beginning after December 15, 2015, with earlier adoption permitted and subject to retrospective application for all financial statements presented. The early adoption of this update did not have a material impact on the Plan's financial statements.

Subsequent Events

For the year ended December 31, 2014, the Company evaluated subsequent events from January 1, 2015 through October 5, 2015, the date these financial statements were available to be issued.

4. Investments

Investment Funds

The Plan provides for twenty-six registered investment companies and one collective trust offered by The Vanguard Group as well as registered investment companies offered by Fidelity Investments and Wells Fargo as investment funds to which contributions to the Plan may be invested. The registered investment companies are invested in mutual funds valued at the NAV of each fund. USA's contributions will follow the investment elections made by the participant.

The Plan invests in the VRST IV, which is fully invested in the Vanguard Master Trust (the "Trust"), a collective trust relating to fully benefit responsive investment contracts. The underlying investments are primarily in a pool of investment contracts that are issued by insurance companies and commercial banks and in contracts that are backed by high-quality bonds, bond trusts, and bond mutual funds. The Trust holds both traditional and synthetic investment contracts. Traditional investment contracts issued by insurance companies and banks are nontransferable, but provide for benefit-responsive withdrawals by plan participants at contract value. For traditional investment contracts, fair value comprises the expected future cash flows for each contract discounted to present value. Contract value represents contributions made plus interest accrued at the contract rate, less withdrawals. The crediting rate on traditional contracts is typically fixed for

the life of the investment. Synthetic investment contracts consist of investments together with contracts under which a bank or other institution provides for benefit-responsive withdrawals by plan participants at contract value. For synthetic investment contracts, the fair value comprises the aggregate market values of the underlying investments in bond trusts, and the value of the wrap contracts, if any. The difference between valuation at contract value and fair value is reflected over time through the crediting rate formula provided for in the Trust's synthetic contracts. The crediting rate of the contract resets every quarter based on the performance of the underlying investment portfolio. To the extent that the Trust has unrealized gains and losses, the interest crediting rate may differ from the then-current market rates. An investor currently redeeming Trust units may forgo a benefit, or avoid a loss, related to a future crediting rate different from then-current market rates. The issuers' ability to meet these obligations may be affected by economic developments in their respective companies and industries. The VRST IV had an average interest crediting rate of 2.43% and 2.06% at December 31, 2014 and 2013, respectively. The average yield earned by the trust is 2.30% and 1.98% at December 31, 2014 and 2013, respectively. The average yield earned by the trust with an adjustment to reflect the actual interest rate credited to participants in the trust is 1.89% and 1.56% as of December 31, 2014 and 2013, respectively. The interest crediting rates for any period of time will be determined by Vanguard and may be changed periodically. The net average yield on the investment contract for 2014 and 2013 was 1.39% and 1.37%, respectively. The existence of certain conditions can limit the Trust's ability to transact at contract value with issuers of its investment contracts. Specifically, any event outside the normal operation of the Trust that causes a withdrawal from an investment contract may result in a negative market value adjustment with respect to the withdrawal. Examples of such events include, but are not limited to, partial or complete legal termination of the Trust or a unit holder, tax disqualification of the Trust or unit holder, and certain Trust amendments if issuers' consent is not obtained. As of December 31, 2014, the occurrence of an event outside the normal operations of the Trust that would cause a withdrawal from an investment contract is not considered probable.

In general, issuers may terminate the contract and settle at other than contract value if there is a change in the qualification status of participant, employer, or plan; a breach of material obligations under the contract and misrepresentation by the contract holder; or failure of the underlying portfolio to conform to the pre-established investment guidelines.

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

Investments

The following presents investments that represent 5% or more of the Plan's net assets available for plan benefits at December 31, 2014 and 2013:

	2014	2013
Vanguard 500 Index Fund Admiral Shares	$ 6,700,984	**
Vanguard International Growth Fund Investor Shares	2,495,206	3,125,423
Vanguard Morgan Growth Fund Investor Shares	3,179,549	3,407,697
Vanguard Prime Money Market Fund	3,466,450	4,097,207
Vanguard Retirement Savings Trust IV	*	2,548,703
Vanguard FTSE All-World Index Fund	6,623,930	6,901,963
Vanguard Short Term Bond Index Fund	6,609,874	12,393,156
Vanguard Total Bond Market Index Signal	11,407,231	17,605,156
Vanguard Total Stock Market Index	32,182,458	28,590,306
Vanguard Wellington Fund Investor Shares	3,411,278	3,735,727
Vanguard Windsor II Fund Investor Shares	5,532,148	5,753,405
Vanguard Total Bond Market Index Admin	6,346,690	**
Vanguard 500 Index Fund Signal	***	6,936,180

* Invested less than 5% as of December 31, 2014.
** Invested less than 5% as of December 31, 2013.
*** Not an investment account as of December 31, 2014.

The following presents net appreciation of investments and interest and dividend income from investments for the year ended December 31, 2014:

Net appreciation in fair value of investments	
Registered investment companies	$ 1,067,762
Interest and dividend income, investments	
Registered investment companies	$ 1,861,456
Common collective trust	41,118
Commingled fund	905
	$ 1,903,479

5. 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, Vanguard Fiduciary Trust Company, has certified that the following data included in the accompanying financial statements is complete and accurate:

- Investments, as shown in the statements of net assets available for plan benefits and Notes 4 and 6.

- Net appreciation in fair value of investments, and interest and dividend income, as shown in the statement of changes in net assets available for plan benefits and in Note 4.

- The "Schedule of Assets (Held at End of Year)" as of December 31, 2014, as shown in the supplemental schedule.

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

6. Fair Value Measurements

ASC 820, *Fair Value Measurements and Disclosures*, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants. ASC 820 also specifies a fair value hierarchy based upon the observability of inputs used in valuation techniques. Observable inputs (highest level) reflect market data obtained from independent sources, while unobservable inputs (lowest level) reflect internally-developed market assumptions. In accordance with ASC 820, fair value measurements are classified using the following hierarchy:

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

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

Level 3 Valuations based on unobservable inputs.

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

- *Mutual funds*: open-ended mutual funds are valued at the NAV of each fund determined as of the close of the New York Stock Exchange on the valuation date.

- *Common collective trusts/commingled fund*: valued at their NAV based on the market values of their underlying investments and liabilities on the valuation date. The difference between valuation at contract value and fair value is reflected over time through the crediting rate formulas provided for trust. The crediting rates of the contracts reset every quarter based on the performance of the underlying investments. To the extent, the underlying investments have unrealized gains and losses, the interest crediting rate may differ from then-current market rates.

The fair value measurements at December 31, 2014 and their related inputs are as follows:

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
USA Money Purchase Plan				
Registered investment companies	$ 35,490,055	$ 35,490,055	$ -	$ -
Common collective trust				
Traditional investment contracts	50,306	-	50,306	-
Alternative investment contracts	1,861,951	-	1,861,951	-
Wrap contracts	31	-	31	-
Short-term investments	79,800	79,800	-	-
Commingled fund				
Debt securities	3,466,450	-	3,466,450	-
MPP 401(h) assets				
Registered investment companies	61,638,862	61,638,862	-	-
	$ 102,587,455	$ 97,208,717	$ 5,378,738	$ -

The fair value measurements at December 31, 2013 and their related inputs are as follows:

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
USA Money Purchase Plan				
Registered investment companies	$ 37,673,315	$ 37,673,315	$ -	$ -
Common collective trust				
Traditional investment contracts	59,777	-	59,777	-
Alternative investment contracts	2,305,465	-	2,305,465	-
Wrap contracts	41	-	41	-
Short-term investments	114,318	114,318	-	-
Commingled fund				
Debt securities	4,097,207	-	4,097,207	-
MPP 401(h) assets				
Registered investment companies	63,803,695	63,803,695	-	-
	$ 108,053,818	$ 101,591,328	$ 6,462,490	$ -

The following table summarizes the attributes of the Investments in Certain Entities that calculate Net Asset Value per Share at December 31, 2014 and 2013:

		Fair Value at December 31, 2014	Fair Value at December 31, 2013	Unfunded Commitments	Remaining Life	Redemption Frequency (if currently eligible)	Trade to Settlement Terms	Redemption Notice Period
Common collective trust investing in mutual fund investing in debt securities	(1)	$ 1,992,088	$ 2,479,601	$ -	N/A	daily, pending market conditions	1 to 3 days	N/A
Commingled fund investing in debt securities	(1)	3,466,450	4,097,207	-	N/A	daily, pending market conditions	1 to 3 days	N/A
		$ 5,458,538	$ 6,576,808	$ -				

(1) These categories represent investments in the Common Collective Trust and Commingled Fund investing in debt securities as noted. Its investments are valued at 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.

7. Related-Party Transactions

The Plan owns shares of certain registered investment companies, a commingled fund and a collective trust fund that are managed by Vanguard. As Vanguard is the trustee of the Plan, these transactions qualify as party-in-interest transactions. These transactions are exempt as defined in ERISA Section 408 and the regulations thereunder.

8. Tax Status

U.S.GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service ("IRS"). The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

The IRS has determined and informed the Company by a letter dated May 5, 2014 that the Plan is designed in accordance with applicable sections of the IRC.

The Plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision is made for federal income taxes.

9. Plan Termination

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

10. Risks and Uncertainties

The Plan provides for investments in registered investment companies, a commingled fund and a collective trust fund. 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.

11. Reconciliation of Financial Statements to Form 5500

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

	December 31, 2014	December 31, 2013
Net assets available for plan benefits per the financial statements	$ 40,948,593	$ 44,281,575
Net assets held in 401(h) account included as assets in Form 5500	61,638,862	63,803,695
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	-	69,102
Net assets available for plan benefits per Form 5500	$ 102,587,455	$ 108,154,372

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

	For the Year Ended December 31, 2014			
	Amounts per Financial Statements	401(h) Account	Collective Trust	Amounts per Form 5500
Investment income	$ 2,971,241	$ 1,369,815	$ (69,102)	$ 4,271,954
401(h) Redemption	-	(6,526,702)	-	(6,526,702)
401(h) Investment Gain	-	2,992,054	-	2,992,054

Supplemental Schedule

USA Money Purchase Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2014

	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Current Value
	Fidelity Low Price Stock Ret	Registered Investment Company	$ 387,915
*	Vanguard 500 Index Fund Admiral Shares	Registered Investment Company	6,700,984
*	Vanguard Emrg Mkts Stk Idx Inv	Registered Investment Company	161,312
*	Vanguard Explorer Fund Inv	Registered Investment Company	1,726,839
*	Vanguard Infla-Prot Securities	Registered Investment Company	280,960
*	Vanguard Int'l Growth Fund Inv	Registered Investment Company	2,495,206
*	Vanguard Mid-Cap Index Fd Inv	Registered Investment Company	694,832
*	Vanguard Morgan Growth Inv	Registered Investment Company	3,179,549
*	Vanguard Prime Money Market	Commingled Fund	3,466,450
*	Vanguard REIT Index Fund Inv	Registered Investment Company	366,592
*	Vanguard Small Cap Index Inv	Registered Investment Company	547,099
*	Vanguard Target Retirement 2010	Registered Investment Company	255,000
*	Vanguard Target Retirement 2015	Registered Investment Company	707,927
*	Vanguard Target Retirement 2020	Registered Investment Company	974,680
*	Vanguard Target Retirement 2025	Registered Investment Company	1,117,480
*	Vanguard Target Retirement 2030	Registered Investment Company	1,383,402
*	Vanguard Target Retirement 2035	Registered Investment Company	980,389
*	Vanguard Target Retirement 2040	Registered Investment Company	1,011,825
*	Vanguard Target Retirement 2045	Registered Investment Company	769,335
*	Vanguard Target Retirement 2050	Registered Investment Company	154,485
*	Vanguard Target Retirement 2055	Registered Investment Company	17,977
*	Vanguard Target Retirement 2060	Registered Investment Company	1,178
*	Vanguard Target Retirement Inc	Registered Investment Company	244,922
*	Vanguard Total Bond Mkt Index Adm	Registered Investment Company	6,346,690
*	Vanguard Wellington Inv	Registered Investment Company	3,411,278
*	Vanguard Windsor II Fund Inv	Registered Investment Company	5,532,148
	WellsFargo Small Cap Val Inst	Registered Investment Company	855,422
*	Vanguard FTSE All-World ex-US Ist	Registered Investment Company	6,623,930
*	Vanguard S-Term Bond Index Inst	Registered Investment Company	6,609,874
*	Vanguard Total Bond Mkt Index Signal	Registered Investment Company	11,407,231
*	Vanguard Total Stock Mkt Idx Inst	Registered Investment Company	32,182,458
*	Vanguard Retirement Savings Trust IV	Common/Collective Trust	1,992,088
			$ 102,587,455

*Indicates a party-in-interest.

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

USA Money Purchase Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2014

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