

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan LOCKHEED MARTIN SPECIALTY COMPONENTS, INC. PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1989
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) LOCKHEED MARTIN SPECIALTY COMPONENTS, INC. 6801 ROCKLEDGE DRIVE, DEM-310 BETHESDA, MD 20817	2b Employer Identification Number (EIN) 52-1747835 2c Sponsor's telephone number 301-214-3768 2d Business code (see instructions) 335900

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.	10/13/2010	CLARE O'CALLAGHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	CLARE O'CALLAGHAN
	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") LOCKHEED MARTIN CORPORATION 6801 ROCKLEDGE DRIVE, DEM-310 BETHESDA, MD 20817	3b Administrator's EIN 52-1893632 3c Administrator's telephone number 301-214-3768
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1417
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	734
c Other retired or separated participants entitled to future benefits.....	6c	628
d Subtotal. Add lines 6a , 6b , and 6c	6d	1362
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	49
f Total. Add lines 6d and 6e	6f	1411
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	0

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

1A 1G 1I 3F 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)	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	(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)

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
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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 <u>LOCKHEED MARTIN SPECIALTY COMPONENTS, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LOCKHEED MARTIN SPECIALTY COMPONENTS, INC.</u>	D Employer Identification Number (EIN) <u>52-1747835</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>118231971</u>
b	Actuarial value 2b <u>130055168</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>744</u> <u>64234453</u>
b	For terminated vested participants 3b <u>673</u> <u>26228197</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>0</u>
(3)	Total active 3c(3) <u>0</u>
d	Total 3d <u>1417</u> <u>90462650</u>
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 <u>8.30</u> %
6	Target normal cost 6 <u>115310</u>

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	<u>09/23/2010</u>
Signature of actuary <u>DONALD E. WIDGER, F.S.A., E.A.</u>	Date <u>08-06558</u>
Type or print name of actuary <u>PRIAC</u>	Most recent enrollment number <u>860-534-3565</u>
Firm name <u>280 TRUMBULL STREET HARTFORD, CT 06103-2975</u>	Telephone number (including area code)
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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

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)		
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of _____%		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	143.76 %
15	Adjusted funding target attainment percentage.....	15	%
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	%
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
			Totals ►	18(b)	0
				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
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ 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

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
22 Weighted average retirement age				22
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 3

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
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	
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
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	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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

<div>A Name of plan</div> <div>LOCKHEED MARTIN SPECIALTY COMPONENTS, INC. PENSION PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>LOCKHEED MARTIN SPECIALTY COMPONENTS, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>52-1747835</div>

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)..... ☐ 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

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

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

CAPITAL GUARDIAN TRUST COMPANY

95-2553868

(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?
28	INVESTMENT MANAGEMENT	165424	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK AND TRUST COMPANY

04-1867445

(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?
25 28 99	TRUSTEE	15843	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PRUDENTIAL RET. INS. AND ANNUITY CO

06-1050034

(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?
11	ACTUARY	6000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(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:

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

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

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

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

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan LOCKHEED MARTIN SPECIALTY COMPONENTS, INC. PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN SPECIALTY COMPONENTS, INC.	D Employer Identification Number (EIN) 52-1747835	

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)	135707	83771
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	46693851	47321312
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	57423	0
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	241995	460800
(B) Common	1c(4)(B)	23960410	24239457
(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)	47184050	48921796
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(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	118273436	121027136

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	196504	276911
i Acquisition indebtedness	1i		
j Other liabilities	1j	41464	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	237968	276911

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	118035468	120750225
---	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	189292	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	1339	
(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)		190631
(2) Dividends: (A) Preferred stock	2b(2)(A)	61775	
(B) Common stock	2b(2)(B)	968476	
(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)		1030251
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	23324438	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	22503486	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		820952

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	8597587	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		8597587
(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)		
(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		10639421

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7606423	
(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)		7606423
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)	8552	
(2) Contract administrator fees	2i(2)	37940	
(3) Investment advisory and management fees	2i(3)	223734	
(4) Other	2i(4)	48015	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		318241
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7924664

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2714757
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: MITCHELL & TITUS, LLP

(2) EIN: 13-2721647

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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 <u>LOCKHEED MARTIN SPECIALTY COMPONENTS, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LOCKHEED MARTIN SPECIALTY COMPONENTS, INC.</u>	D Employer Identification Number (EIN) <u>52-1747835</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1867445</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>18</u>

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

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

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 21% Investment-Grade Debt: _____% High-Yield Debt: 0% Real Estate: _____% Other: 79%

- 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): _____

LOCKHEED MARTIN SPECIALTY COMPONENTS
PENSION PLAN (001)

Financial Statements and Supplemental Schedules

Year ended December 31, 2009 with Report of Independent Auditors

Lockheed Martin Specialty Components
Pension Plan (001)

Financial Statements and Supplemental Schedules

Year ended December 31, 2009

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REPORT OF INDEPENDENT AUDITORS

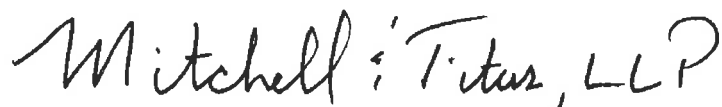
Plan Administrator
Lockheed Martin Specialty Components Pension Plan

We have audited the accompanying statements of net assets available for benefits of the Lockheed Martin Specialty Components Pension Plan (the Plan) as of December 31, 2009 and 2008, the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Plan's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used, and significant estimates made by management and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan at December 31, 2009 and 2008, and the changes in its financial status for the year ended December 31, 2009, in conformity with accounting principles generally accepted in the United States.

Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2009 and reportable transactions for the year then ended, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in our audits of the financial statements and, in our opinion, are fairly stated in all material respects in relation to the financial statements taken as a whole.



October 6, 2010

Lockheed Martin Specialty Components
Pension Plan (001)

Statements of Net Assets Available for Benefits

	December 31,	
	2009	2008
	<i>(In thousands)</i>	
Assets:		
Cash equivalents	47,321	46,694
U.S. equity securities	\$ 22,544	\$ 21,630
International equity securities	2,156	2,572
Corporate debt instruments	-	57
Other fixed income securities	48,922	47,184
Total assets	120,943	118,137
Dividends and interest receivable	84	136
Total net assets	121,027	118,273
Liabilities:		
Administrative expenses payable	277	196
Amounts payable for securities purchased	-	41
Total liabilities	277	237
Net assets available for benefits	\$ 120,750	\$ 118,036

See accompanying notes to financial statements.

Lockheed Martin Specialty Components
Pension Plan (001)
Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2009
(In thousands)

Additions:

Investment income:

Interest	\$ 190
Dividends	1,030
Net realized and unrealized gain in fair value of investments	9,418
Total additions	<u>10,638</u>

Deductions:

Benefit payments	7,606
Administrative expenses	318
Total deductions	<u>7,924</u>

Net increase	2,714
Net assets available for benefits at beginning of year	118,036
Net assets available for benefits at end of year	<u>\$ 120,750</u>

See accompanying notes to financial statements.

Lockheed Martin Specialty Components
Pension Plan (001)

Notes to Financial Statements (continued)

Lockheed Martin Specialty Components
Pension Plan (001)

Notes to Financial Statements

1. Description of the Plan

The following description of the Plan provides only general information. Participants should refer to the Summary Plan Description or the Plan Document for a more complete description of the Plan's provisions.

The Plan is a contributory, defined benefit plan covering retirees and other vested participants formerly employed by Lockheed Martin Specialty Components, Inc. (Specialty Components), and has been revised and amended from time to time. The assets of the Plan are held and invested under an agreement between Lockheed Martin Corporation (the Corporation) and State Street Bank and Trust Company (the Trustee). The Corporation is the Plan Sponsor and the Plan Administrator.

The Corporation has the right under the Plan to terminate the Plan at any time. In the event of termination, the Plan's net assets are to be used first for the payment of benefits attributable to employee contributions, next for the payment of retirement benefits and finally for the payment of vested benefits. If the net assets allocated for one of the above categories are not sufficient to pay all the benefits in such category, the available net assets shall be allocated pro rata to all the benefits in that category. However, in the event of termination of the Plan, the PBGC guarantees the payment of nonforfeitable retirement benefits subject to certain limitations prescribed by ERISA.

Effective September 30, 1997, the Specialty Components facility was closed. All employees were either transferred to other facilities of the Corporation or were terminated by December 31, 1997. In connection with those activities, all affected participants became fully vested in the Plan. At present, the Corporation maintains the Plan as a wasting trust. For employees transferred to other facilities, the related assets were transferred to the affiliated plans.

2. Accounting Policies

Basis of Accounting

The financial statements of the Lockheed Martin Specialty Components Pension Plan (the Plan) are prepared based on the accrual method of accounting.

Lockheed Martin Specialty Components
Pension Plan (001)

Notes to Financial Statements (continued)

2. Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments in the Plan are reported at fair value. Fair value is the price that would have been received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for additional disclosure of fair value measurements.

Investment transactions in the Plan are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded as of the ex-dividend date. Net realized and unrealized gain/loss includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions for credited service by participants from their date of eligibility to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired, terminated, and disabled participants or their beneficiaries. Benefits for retired, terminated, and disabled participants or their beneficiaries are based on each former participant's credited service prior to his or her termination or retirement date.

Administrative Expenses

Administrative expenses are generally paid by the Corporation, with the exception of the cost of certain administrative services, which are paid by the Plan. The Plan owes direct reimbursements to the Corporation for certain expenses incurred by the Corporation and its subsidiaries in providing services to the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Lockheed Martin Specialty Components
Pension Plan (001)

Notes to Financial Statements (continued)

2. Accounting Policies (continued)

Funding Policy

Contributions by Lockheed Martin met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements utilizing the entry-age-normal actuarial cost method. No employer contributions were required during 2009.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions

Plan contributions are determined 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Reclassification

Certain amounts in the prior year financial statements have been reclassified to conform to the current year presentation. Those changes relate to modifications in investment classifications as a result of the issuance of additional accounting standards.

Recent Accounting Pronouncement

In April 2009, the Financial Accounting Standards Board (FASB) issued a standard to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. The standard also provided additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities. The Plan adopted the guidance in the standard for the reporting period ended December 31, 2009. Adoption of the standard did not have a material effect on the Plan's Statements of Net Assets or its Statement of Changes in Net Assets.

Lockheed Martin Specialty Components
Pension Plan (001)

Notes to Financial Statements (continued)

2. Accounting Policies (continued)

Recent Accounting Pronouncement (continued)

In May 2009, the FASB issued a standard related to accounting for and disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued. The standard was amended in February 2010. The Plan has adopted the standard, as amended.

In January 2010, the FASB issued an accounting standard update to clarify certain existing fair value disclosures and require additional disclosures related to fair value measurements. The guidance in the update clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. The update also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, the update introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in the update becomes effective for reporting periods beginning after December 15, 2009. Management is currently evaluating the effect that the provisions of the update will have on the Plan's financial statements.

3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to the accumulated plan benefits earned by the participants to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

Lockheed Martin Specialty Components
Pension Plan (001)

Notes to Financial Statements (continued)

3. Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefits is as follows:

	December 31,	
	2009	2008
	<i>(In thousands)</i>	
Vested benefits:		
Participants currently receiving payments	\$ 72,527	\$ 71,363
Other participants	36,854	36,662
Total vested benefits	<u>109,381</u>	<u>108,025</u>
Total actuarial present value of accumulated plan benefits	<u>\$109,381</u>	<u>\$108,025</u>

The significant actuarial assumptions used in the valuations were (a) life expectancy of participants (RP-2000 Mortality Table), and (b) an annual discount rate of 5.875% and 6.125% for 2009 and 2008, respectively. The interest rate assumption used to calculate the actuarial present value of accumulated plan benefits is adjusted annually to reflect current yields on long-term high-quality corporate bonds. This can result in significant year to year fluctuations in the valuations.

Factors affecting the change in the actuarial present value of accumulated plan benefits are as follows:

	Year ended December 31, 2009 <i>(In thousands)</i>
Actuarial present value of accumulated plan benefits at end of the prior year	\$ 108,025
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	6,364
Benefits paid	(7,606)
Benefits accumulated	176
Changes in actuarial assumptions	<u>2,422</u>
Net increase	<u>1,356</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 109,381</u>

Lockheed Martin Specialty Components
Pension Plan (001)

Notes to Financial Statements (continued)

3. Actuarial Present Value of Accumulated Plan Benefits (continued)

The 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.

4. Investments

The net realized and unrealized gain in fair value of investments is as follows:

	Year ended December 31, 2009 <i>(In thousands)</i>
Investments:	
U.S. equity securities	\$ 5,740,028
Other fixed income securities	3,687,746
Corporate debt securities	(9,282)
Other	48
Net realized and unrealized gain in fair value of investments	<u>\$ 9,418,540</u>

The fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

	December 31, 2009	2008 <i>(In thousands)</i>
Capital Guardian U.S. Fixed Income Fund for Retirement Plans	\$ 48,922	\$ 47,184
State Street Bank & Trust Co. Short Term Investment Fund	\$ 47,321	\$ 46,694

5. Fair Value Measurements

The accounting standard for fair value measurements defines fair value, establishes a market-based framework or hierarchy for measuring fair value, and expands disclosures

Lockheed Martin Specialty Components
Pension Plan (001)

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

about fair value measurements. The standard is applicable whenever assets and liabilities are measured and included in the financial statements at fair value.

The fair value hierarchy established in the standard prioritizes the inputs used in valuation techniques into three levels as follows:

- Level 1 – Observable inputs – quoted prices in active markets for identical assets and liabilities;
- Level 2 – Observable inputs other than the quoted prices in active markets for identical assets and liabilities – includes quoted prices for similar instruments, quoted prices for identical or similar instruments in inactive markets, and amounts derived from valuation models where all significant inputs are observable in active markets; and
- Level 3 – Unobservable inputs – includes amounts derived from valuation models where one or more significant inputs are unobservable and require us to develop relevant assumptions.

The following is a description of the valuation methodologies used for investments measured at fair value:

U.S. equity securities and international securities are traded on national and international exchanges and are valued at their closing prices on the last trading day of the year.

Corporate debt securities and other fixed income securities are valued by the trustee using pricing models that use verifiable observable market data (*e.g.* interest rates and yield curves observable at commonly quoted intervals), bids provided by brokers or dealers, or quoted prices of securities with similar characteristics.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

Lockheed Martin Specialty Components
Pension Plan (001)

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

2009 Investment Assets	Level 1 (In thousands)	Level 2	Total
Cash equivalents	\$ 47,321	\$ -	\$ 47,321
U.S. equity securities	22,544	-	22,544
International equity securities	2,156	-	2,156
Other fixed income securities	-	48,922	48,922
Total Investment Assets at Fair Value	\$ 72,021	\$ 48,922	\$ 120,943
Receivables, net			(193)
Total net assets			\$ 120,750

2008 Investment Assets	Level 1 (In thousands)	Level 2	Total
Cash equivalents	\$ 46,694	\$ -	\$ 46,694
U.S. equity securities	21,630	-	21,630
International equity securities	2,572	-	2,572
Corporate debt securities	-	57	57
Other fixed income securities	-	47,184	47,184
Total Investment Assets at Fair Value	\$ 70,896	\$ 47,241	\$ 118,137
Receivables, net			(101)
Total net assets			\$ 118,036

At December 31, 2009 and 2008, there were no assets in the Plan categorized as Level 3.

6. Income Tax Status

The Internal Revenue Service has determined and informed the Corporation by letter dated December 15, 2009, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

7. Party-in-Interest

The Plan invests in the State Street Bank and Trust Company Short Term Investment Fund which is sponsored by State Street Bank and Trust Company, the Plan's trustee, a

Lockheed Martin Specialty Components
Pension Plan (001)

Notes to Financial Statements (continued)

7. Party-in-Interest (continued)

party-in-interest. Transactions involving this investment are considered to be party-in-interest transactions for which a statutory exemption exists.

8. Subsequent Event

The Plan's management has evaluated subsequent events through October 6, 2010, the date the financial statements were available to be issued.

Supplemental Schedules

Lockheed Martin Specialty Components Pension Plan
Employer Identification Number 52-1747835, Plan No.: 001

Schedule H, Line 4i—Schedule of Assets (Held At End of Year)

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<i>(In thousands)</i>			

Cash equivalents:

* State Street Bank & Trust Co.			
Short Term Investment Fund	47,321,312 units	\$ 47,321	\$ 47,321
Total cash equivalents		\$ 47,321	\$ 47,321

Common stock:

3M Co	4,200 shares	\$ 226	\$ 347
Air Products & Chemicals Inc	1,400 shares	77	113
Allegheny Technologies Inc	13,400 shares	343	600
Allstate Corp	7,700 shares	199	231
Altria Group Inc	7,770 shares	140	153
American Electric Power Inc	6,700 shares	190	233
American Water Works	20,200 shares	403	453
Archer Daniels Midland Co	5,100 shares	141	160
Arthur J. Gallagher & Co	5,500 shares	133	124
AT&T Inc	8,060 shares	243	226
Bank New York Mellon Corp	6,700 shares	192	187
Baxter International Inc	2,400 shares	134	141
Berkshire Hathaway Inc	2 shares	148	198
Boeing Co	1,800 shares	87	97
Carnival Corp	8,500 shares	256	269
Cenovus Energy Inc	3,200 shares	77	81
Chevron Corp	8,100 shares	630	624
Cliffs Nat Res Inc	5,600 shares	162	258
Coca Cola Co	7,000 shares	329	399
Colgate Palmolive Co	1,200 shares	77	99
Davita Inc	5,000 shares	242	294

Lockheed Martin Specialty Components Pension Plan
Employer Identification Number 52-1747835, Plan Number 001

Schedule H, Line 4i—Schedule of Assets (Held At End of Year)

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<i>(In thousands)</i>			
<u>Common stock cont'd</u>			
Devon Energy Corporation	3,000 shares \$	159 \$	221
Diamond Offshore Drilling Inc	2,500 shares	160	246
Discovery Communications Inc .	9,500 shares	189	291
Edison International	17,500 shares	666	609
Emerson Electric Co	12,700 shares	402	541
Energizer Holdings Inc	1,600 shares	129	98
Fmc Corp	900 shares	50	50
Fedex Corp	1,400 shares	123	117
Gannett Inc	17,900 shares	314	266
General Electric Co	46,800 shares	1,108	708
General Mills Inc	1,600 shares	81	113
Goldman Sachs Group Inc	3,700 shares	452	625
Hewlett Packard Co	5,300 shares	146	273
Home Depot Inc	4,300 shares	99	124
Hudson City Bancorp Inc	11,500 shares	153	158
Illinois Tool Works Inc	9,400 shares	362	451
Intel Corp	5,100 shares	91	104
JP Morgan Chase & Co	15,018 shares	541	626
Jabil Circuit Inc	27,800 shares	310	483
Jacobs Engr Group Inc	2,600 shares	91	98
Johnson & Johnson	8,900 shares	491	573
Kraft Foods Inc	12,037 shares	334	327
Leggett & Platt Inc	15,800 shares	265	322
Lowes Cos Inc	25,300 shares	518	592
Maxim Integrated Products Inc	30,600 shares	448	621
Medtronic Inc	10,500 shares	418	462
Merck & Co Inc	25,484 shares	741	931
Mercury Gen Corp	6,700 shares	257	263

Lockheed Martin Specialty Components Pension Plan
Employer Identification Number 52-1747835, Plan Number 001

Schedule H, Line 4i—Schedule of Assets (Held At End of Year)

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<i>(In thousands)</i>			
<u>Common stock cont'd</u>			
Microsoft Corp	7,500 shares \$	176 \$	229
National Grid Plc	5,600 shares	301	305
Nintendo Ltd	2,300 shares	84	69
Norfolk Southern Corp	2,100 shares	79	110
Nucor Corp	13,400 shares	609	625
Pepsico Inc	2,800 shares	152	170
Philip Morris International	14,370 shares	481	692
Pioneer National Resource Co	2,300 shares	92	111
Procter & Gamble Co	8,200 shares	437	497
Progressive Corp Ohio	11,900 shares	160	214
Renaissancere Holdings Ltd	2,600 shares	117	138
Royal Dutch Shell Plc B Shs	4,242 B shares	226	247
Royal Dutch Shell Plc A Shs	13,510 A shares	676	812
Scripps Networks	3,500 shares	126	145
Sempra Energy	700 shares	31	39
Spectra Energy Corp	8,900 shares	192	183
State Street Corporation	3,100 shares	128	135
Sysco Corp	7,900 shares	184	221
Target Corp	9,800 shares	300	474
Time Warner Inc	6,066 shares	139	177
Toronto Dominion Bank Ont	6,400 shares	250	401
Toyota Mtr Co	2,300 shares	178	194
Transocean Ltd	2,178 shares	88	180
Tyco Electronics Ltd	8,000 shares	143	196
Unilever N.V. New York	4,000 shares	92	129
United Parcel Svc Inc	2,800 shares	144	161
Viacom Inc	11,800 shares	217	351
Vulcan Materials Co	6,000 shares	345	316

Lockheed Martin Specialty Components Pension Plan
Employer Identification Number 52-1747835, Plan Number 001

Schedule H, Line 4i—Schedule of Assets (Held At End of Year)

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<i>(In thousands)</i>			
<u>Common stock cont'd</u>			
Walmart Stores Inc	2,900 shares	\$ 159	\$ 155
Walt Disney Co	5,800 shares	112	187
Weatherford International Ltd	17,400 shares	346	312
Total common stock		<u>\$ 20,293</u>	<u>\$ 23,755</u>
Real estate investment trusts			
Equity Residential Sh Ben Int	6,300 shares	\$ 151	\$ 213
Plum Creek Timber Co Inc	4,900 shares	146	185
Ventas Inc Com	2,000 shares	79	87
Total Real estate investment trusts		<u>\$ 376</u>	<u>\$ 485</u>
Common/collective trust:			
Capital Guardian U.S. Fixed Income Fund for Retirement Plans	364,653 shares	\$ 23,220	\$ 48,922
Total common/collective trust		<u>\$ 23,220</u>	<u>\$ 48,922</u>
Preferred stock	4,000 shares	\$ 183	\$ 460
Total preferred stock		<u>\$ 183</u>	<u>\$ 460</u>
Total assets held		<u>\$ 91,393</u>	<u>\$ 120,943</u>

*Party-in-interest

Lockheed Martin Specialty Components Pension Plan
Employer Identification Number 52-1747835, Plan Number 001

Schedule H, Line 4j—Schedule of Reportable Transactions

Year ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
<i>(In thousands)</i>						

Category (iii)—Series of transactions in excess of 5% of Plan assets

Sales						
*State Street	State Street Bank and Trust Co.	\$ -	\$ 11,254	\$ 11,254	\$ 23,136	\$ -
	Short Term Investment Fund					

Columns (e) and (f) are not applicable.

There were no category (i), (ii) or (iv) reportable transactions during 2009.

*Party-in-interest

SB Actuary Signature

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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
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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 Lockheed Martin Specialty Components, Inc. Pension Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Lockheed Martin Corporation	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 52-1747835</td> </tr> </table>	D Employer Identification Number (EIN) 52-1747835	
D Employer Identification Number (EIN) 52-1747835			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		118,231,971
b Actuarial value.....	2b		130,055,168
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	744	64,234,453
b For terminated vested participants.....	3b	673	26,228,197
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		0
(3) Total active.....	3c(3)	0	0
d Total.....	3d	1,417	90,462,650
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	8.30 %	
6 Target normal cost.....	6	115,310	

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.

<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="text-align: center;"> Signature of actuary Donald E. Widger, F.S.A., E.A. Type or print name of actuary </div>	<div style="text-align: center;"> <u>09/23/2010</u> Date 08-06558 Most recent enrollment number (860) 534-3565 Telephone number (including area code) </div>
PRIAC Firm name 280 Trumbull Street Hartford CT 06103-2975 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 ☐

SB Actuary Signature

Schedule SB (Form 5500) 2009

Page 2-

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)		
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8)		
10	Interest on item 9 using prior year's actual return of _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of _____ %		
c	Total available at beginning of current plan year to add to prefunding balance		
d	Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)		

Part III Funding percentages		14	15	16	17
14	Funding target attainment percentage			143.76 %	
15	Adjusted funding target attainment percentage			%	
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement			%	
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage			%	

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
Totals ▶			18(b)	18(c)	

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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

SB Actuary Signature

Schedule SB (Form 5500) 2009

Page **3**

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		
22	Weighted average retirement age	22		
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 3

Part VII	Reconciliation of unpaid minimum required contributions for prior years
-----------------	--

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

Part VIII	Minimum required contribution for current year
------------------	---

31	Target normal cost, adjusted, if applicable (see instructions).....	31
32	Amortization installments:	
	a Net shortfall amortization installment	Outstanding Balance Installment
	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
	Carryover balance Prefunding balance Total balance	
35	Balances used to offset funding requirement	
36	Additional cash requirement (item 34 minus item 35).....	36
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37
38	Interest-adjusted excess contributions for current year (see instructions).....	38
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39
40	Unpaid minimum required contribution for all years	40

Attachment to 2009 Schedule SB
Line 27-Actuarial Information Based on Pre-PPA Funding Rules

Lockheed Martin Specialty Components, Inc. Pension Plan
EIN/PLN: 52-1747835/001

**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ Attach to Form 5500 or 5500-EZ if applicable.
▶ See separate instructions.

Official Use Only

OMB No. 1210-0110

2007

This Form Is Open to Public
Inspection (except when
attached to Form 5500-EZ).

For calendar plan year 2007 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 LOCKHEED MARTIN SPECIALTY COMPONENTS, INC. PENSI		B Three-digit plan number ... ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ LOCKHEED MARTIN CORPORATION		D Employer Identification Number 52-1747835
E Type of plan: (1) Multiemployer (2) ☒ Single-employer (3) Multiple-employer		F 100 or fewer participants in prior plan year

Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month 01 Day 01 Year 2009

b Assets:

(1) Current value of assets	b(1)	118231971
(2) Actuarial value of assets for funding standard account	b(2)	123220227
c (1) Accrued liability for plans using immediate gain methods	c(1)	104502851
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	
(c) Normal cost under entry age normal method	c(2)(c)	

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).



Signature of actuary

DONALD E. WIDGER, F.S.A., E.A.

Type or print name of actuary

PRIAC

Firm name

280 TRUMBULL STREET
HARTFORD

CT

06103-2975

Address of the firm

Date

G 08-06558

Most recent enrollment number

860-534-3565

Telephone number (including area code)

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. ☐

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

v10.1

Schedule B (Form 5500) 2007



1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . .

d(1)	0
------	---

(2) "RPA '94" information:

(a) Current liability	d(2)(a)	98749611
-----------------------------	---------	----------

(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	289669
--	----------------	--------

(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	98749611
--	----------------	----------

(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	
---	---------	--

(3) Expected plan disbursements for the plan year.	d(3)	7888837
--	------	---------

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	2a	118035468
---	-----------	-----------

b "RPA '94" current liability:

(1) For retired participants and beneficiaries receiving payments

(2) For terminated vested participants

(3) For active participants 212

[illegible]

(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
744	69291557	69291557
673	29458054	29458054
0	0	0
1417	98749611	98749611

c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter

such percentage.	2c	%
------------------	----	---

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

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
3 Totals ▶			(b)	0	(c) 0

3 Totals ▶	(b)	0	(c)	0
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4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions).

4a	119.5 %
----	---------

b If line 4a is less than 100%, 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



5 Actuarial cost method used as the basis for this plan year's funding standard account computation:**a** ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit)**d** ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium**g** ☐ Individual aggregate **h** ☐ Other (specify) _____**i** Has a change been made in funding method for this plan year? ☐ Yes ☒ No**j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No**k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or

class) approving the change in funding method _____ Month _____ Day _____ Year _____

6 Checklist of certain actuarial assumptions:**a** Interest rate for "RPA '94" current liability **6a** 7.26 % ☐ N/A**b** Weighted average retirement age **6b** 60 ☐ N/A**c** Rates specified in insurance or annuity contracts ☐ N/A **6c** ☐ Yes ☒ No ☐ Yes ☒ No ☐ N/A**d** Mortality table code for valuation purposes:(1) Males **d(1)** A **d(2)** A ☐ N/A(2) Females ☐ N/A**e** Valuation liability interest rate ☐ N/A **6e** 6.50 % 6.50 % ☐ N/A**f** Expense loading ☐ N/A **6f** 5.9 % ☒ N/A**g** Annual withdrawal rates:(1) Age 25 **g(1)** U 0.00 % U 0.00 % ☐ N/A(2) Age 40 **g(2)** U 0.00 % U 0.00 %(3) Age 55 **g(3)** U 0.00 % U 0.00 %**h** Salary scale ☐ N/A **6h** 0.00 % ☐ N/A**i** Estimated investment return on actuarial value of assets for year ending on the valuation date **6i** 2.2 %**j** Estimated investment return on current value of assets for year ending on the valuation date **6j** -8.9 %**7** New amortization bases established in the current plan year:

(1) Type of Base

1

(2) Initial Balance

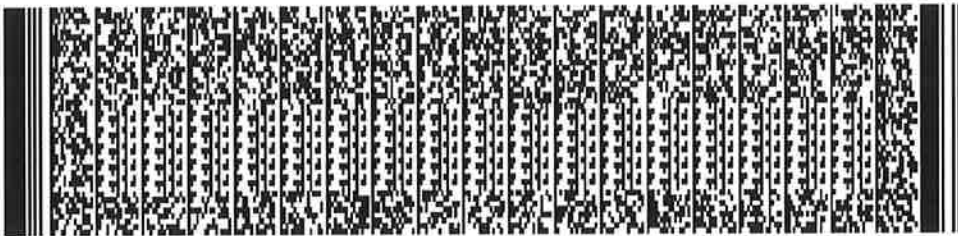
21832856

(3) Amortization Charge/Credit

4933088

8 Miscellaneous information:**a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the

date of the ruling letter granting the approval _____ Month _____ Day _____ Year



8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ _____

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule. ☐ Yes ☒ No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.	9a	0
b Employer's normal cost for plan year as of valuation date.	9b	290701
c Amortization charges as of valuation date:		
(1) All bases except funding waivers. ▶ (\$ 21832856)	c(1)	4933088
(2) Funding waivers ▶ (\$ 0)	c(2)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	339546
e Additional interest charge due to late quarterly contributions, if applicable	9e	
f Adjusted additional funding charge from Part II, line 12q, if applicable. ☐ N/A	9f	0
g Total charges. Add lines 9a through 9f	9g	5563335

Credits to funding standard account:

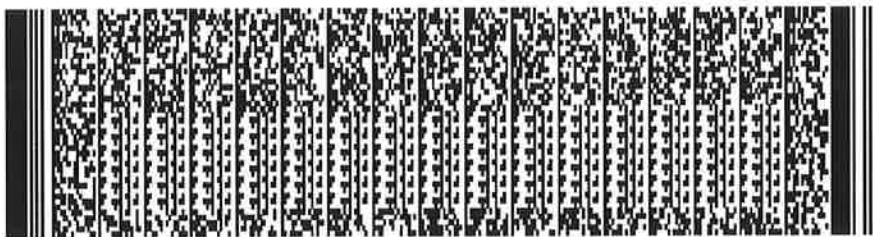
h Prior year credit balance, if any.	9h	21832856
i Employer contributions. Total from column (b) of line 3.	9i	0
j Amortization credits as of valuation date ▶ (\$ 0)	9j	0
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j	9k	1419136
l Full funding limitation (FFL) and credits		
(1) ERISA FFL (accrued liability FFL). l(1)		8940075
(2) "RPA '94" override (90% current liability FFL). l(2)		0
(3) FFL credit	l(3)	0
m (1) Waived funding deficiency.	m(1)	0
(2) Other credits	m(2)	0
n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)	9n	23251992
o Credit balance: If line 9n is greater than line 9g, enter the difference.	9o	17688657
p Funding deficiency: If line 9g is greater than line 9n, enter the difference.	9p	0

Reconciliation account:

q Current year's accumulated reconciliation account:		
(1) Due to additional funding charges as of the beginning of the plan year	q(1)	0
(2) Due to additional interest charges as of the beginning of the plan year	q(2)	0
(3) Due to waived funding deficiencies:		
(a) Reconciliation outstanding balance as of valuation date.	q(3)(a)	0
(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b)	0
(4) Total as of valuation date. ▶	q(4)	0

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable **10** 0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No



Part II Additional Information for Certain Plans Other Than Multiemployer PlansPlease see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.**12 Additional required funding charge (see instructions):**

- a**
- Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.

If line 12a is at least 90%, go to line 12q and enter -0-.

If line 12a is less than 80%, go to line 12b.

If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q

and enter -0-. Otherwise, go to line 12b. **12a** 124.8 %

- b**
- "RPA '94" current liability. Enter line 1d(2)(a)
- 12b**

- c**
- Adjusted value of assets (see instructions)
- 12c**

- d**
- Funded current liability percentage. Divide line 12c by 12b and multiply by 100
- 12d**
- %

- e**
- Unfunded current liability. Subtract line 12c from line 12b.
- 12e**

- f**
- Liability attributable to any unpredictable contingent event benefit
- 12f**

- g**
- Outstanding balance of unfunded old liability
- 12g**

- h**
- Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative
- 12h**

- i**
- Unfunded new liability amount (% of line 12h)
- 12i**

- j**
- Unfunded old liability amount
- 12j**

- k**
- Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b).
- 12k**

- l**
- Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero.
- 12l**

m Unpredictable contingent event amount:

- (1)**
- Benefits paid during year attributable to unpredictable contingent event
- m(1)**

- (2)**
- Unfunded current liability percentage. Subtract the percentage on line 12d from 100%.
- m(2)**
- %

- (3)**
- Enter the product of lines 12m(1) and 12m(2)
- m(3)**

- (4)**
- Amortization of all unpredictable contingent event liabilities
- m(4)**

- (5)**
- "RPA '94" additional amount (see instructions).
- m(5)**

- (6)**
- Enter the greatest of lines 12m(3), 12m(4), or 12m(5).
- m(6)**

- n**
- Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest
- 12n**

- o**
- Contributions needed to increase current liability percentage to 100% (see instructions)
- 12o**

- p**
- Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o
- 12p**

- q**
- Adjusted additional funding charge. (.0 % of line 12p)
- 12q**
- 0



Lockheed Martin Specialty Components, Inc. Pension Plan
EIN/PLN: 52-1747835/001

Attachments to Schedule B (Form 5500)

The following exhibits are attached:

Schedule B, line 6 – Statement of Actuarial Assumptions/Methods

Schedule B, line 6 – Summary of Plan Provisions

Schedule B, line 9c and 9j – Schedule of Funding Standard Account Bases

Schedule B, line 11 – Changes Since Last Year's Valuation

Costs have been computed in accordance with the Projected Unit Credit Cost Method and reflect the actuarial assumptions described in "Plan Assumptions" of this report.

Normal Cost

The Normal Cost is the cost of benefits expected to accrue during the coming year for all Participants who are eligible for funding as of the valuation date.

Actuarial Accrued Liability

As of the effective date of your Plan, an Actuarial Accrued Liability is established which represents the value of accrued benefits. This Actuarial Accrued Liability is offset by assets, if any, and the remainder, the Unfunded Actuarial Accrued Liability is amortized over a fixed number of years from the effective date.

Subsequent changes due to plan amendment or revised actuarial assumptions create increments of Actuarial Accrued Liability which will be amortized over a similar fixed period of years from their effective dates. Actuarial gains and losses will be recognized with each valuation and amortized over a 5-year period.

Actuarial Value of Assets

All trust assets are first valued at fair market value. Net annual appreciation or depreciation is recognized over a period of five years at the rate of 20% per year. The actuarial value of plan assets is equal to the fair market value of plan assets less the unrecognized appreciation or depreciation from the preceding five years, with a minimum value of 80% and maximum value of 120% of current fair market value.

Each assumption, used in combination, represents the best estimate of anticipated experience under the plan. Each assumption used (a) is reasonable taking into account the experience of the plan and reasonable expectations, or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable.

The actuarial assumptions as of January 1, 2009 used in this report are:

Investment Return:	6.50% per annum, compounded annually.
Current Liability Interest Rate:	The Third Segment Rate based on 1-month average with a 2-month lookback from the valuation date.
<i>RPA '94:</i>	7.26%
<i>Gateway:</i>	7.26%
Target Liability Interest Rate for Maximum:	IRS Full Yield Curve with a 2-month lookback from the valuation date, with an effective rate of 8.30%.
Mortality:	
<i>All Liabilities, Except Current Liability And Maximum:</i>	RP-2000 Mortality Table projected to 2010 using projection scale AA.
<i>Current Liability And Maximum:</i>	IRS Prescribed Separate Mortality Table: RP-2000 projected to the valuation date plus 7 years for annuitants and 15 years for nonannuitants using projection scale AA.
Estimated Expenses:	Annual administrative expenses to be paid from the trust as of July 1 are assumed to be \$300,000.
Survivor's Benefit:	It is assumed that husbands are 2 years older than wives and that 85% of male terminated Participants and 50% of female terminated Participants will be survived by an eligible Spouse.
Form of Payment:	80% of male and 20% of female married employees are assumed to elect the spouse option. Single employees are assumed to elect the normal form. For inactive participants in payment, any remaining PPA/VPA balances are assumed to be paid as immediate lump sums on the valuation date. For deferred vested participants, any remaining PPA/VPA balances are assumed to be deferred to age 60 and paid as a lump sum.

This Synopsis is intended to serve as a simple reference to determine the nature and amounts of benefits upon which actuarial costs are based. It, therefore, does not include all plan provisions.

Normal Form of Annuity

Life Annuity with a 5-year minimum.

Normal Retirement Date

The first day of the month coinciding with or next following the Participant's 65th birthday.

Normal Retirement

Eligibility

Completion of five years of service.

Benefit Formula

A Career Average Benefit equal to the sum of the Past Service Annuity and the Future Service Annuity.

Past Service Annuity

Formula based on service prior to September 1, 1946.

Future Service Annuity

Annual benefit equal to the sum of (i) and (ii):

- i) Future Service Annuity (with updates) accrued up through December 31, 1990.
- ii) 1.45% of employee's compensation earned in each calendar year after December 31, 1990, up to (1) Social Security Covered Compensation for 1991, (2) \$18,000 for 1992, and (3) Social Security Covered Compensation less \$3,192 for 1993 and subsequent years, plus 1.90% of remaining compensation (1.45% of all compensation earned in each calendar year, after service as of January 1 exceeds 34 years).

Most Recent Pension Benefit Update

Effective December 1, 1991, the future service annuity as of December 31, 1990 (including all updates as of December 31, 1990) will not be less than 0.90% of average compensation from 1988 through 1990 up to \$25,000, plus 1.5% of remaining average compensation, times a maximum of 35 years of benefit service through December 31, 1990.

Minimum Benefit

For each year of service, \$21 per month plus \$0.25 per month for each \$300 by which highest 5-year average Compensation exceeds \$25,050, subject to a total maximum of \$29 per month (5-year average Compensation exceeds \$34,650).

Early Retirement

<i>Eligibility</i>	Attained age 60.
<i>Benefit Formula</i>	Benefit accrued to date of early retirement with no reduction.
<i>Regular Supplement</i>	For each year of service, \$10.00 per month is payable up to age 62 for retirement between ages 60 and 62 on or after July 1, 1991.
<i>Special Supplement</i>	If a participant retires on or after July 1, 1990 with 25 years of service or more under the special eligibility rules, an additional \$225 per month supplement is provided.

Personal and Voluntary Pension Accounts

Employee contributions in each calendar year after December 31, 1988, plus voluntary contributions in each calendar year after December 31, 1990, credited with interest at a prescribed rate. The required and voluntary accounts are converted to an annuity based on the form of annuity elected for the regular pension or paid as a lump sum.

Pre-Retirement Spouse Benefit

<i>Eligibility</i>	Death occurs prior to retirement after at least 5 years of service, and married for at least 12 months at the time of death.
<i>Benefit Formula</i>	<p>The surviving spouse receives 50% of the pension accrued at the date of death reduced by the appropriate joint and survivor factors. Payments would be deferred to no earlier than the early retirement date of the deceased participant.</p> <p>If death occurs after attaining age 60 or age 50 with at least 15 years, payments commence immediately. Payments are reduced 12% if they begin before age 60.</p>

Death Benefit

Eligibility

Death occurs prior to retirement after attaining age 60 or at least 15 years of service; not eligible for Pre-Retirement Spouse Benefit.

Benefit Formula

Lump sum equal to the value of payments for 5 years of the accrued pension benefit. If payment occurs prior to age 60, the lump sum is reduced by 12%.

If not eligible for either the Pre-Retirement Spouse Benefit or the Death Benefit, a refund of employee contributions with interest is paid.

Vested Benefit

Eligibility

At least 5 years of service.

Benefit Formula

Accrued benefit payable as early as age 60. Terminated employees may withdraw their contributions with interest, Personal Pension Account, and Voluntary Pension Account and retain their right to the company provided portion of their benefit.

Amortization Charges as of January 1, 2009

<u>Description</u>	<u>Effective Date</u>	<u>Initial Amount</u>	<u>Remaining Balance</u>	<u>Years Remaining</u>	<u>Annual Payment</u>
Actuarial Loss	01/01/2009	<u>\$21,832,856</u>	<u>\$21,832,856</u>	5.00	<u>\$4,933,088</u>
Total Charges		<u>\$21,832,856</u>	<u>\$21,832,856</u>		<u>\$4,933,088</u>

Amortization Credits as of January 1, 2009

<u>Description</u>	<u>Effective Date</u>	<u>Initial Amount</u>	<u>Remaining Balance</u>	<u>Years Remaining</u>	<u>Annual Payment</u>
None					

Changes in Pension Plan Provisions

No changes in the pension plan provisions were recognized with this actuarial valuation.

New Legislation

This plan is treated as an eligible government contractor plan as stipulated by Section 106 of the Pension Protection Act of 2006. Thus, the methodology employed to derive the Minimum Contribution has not changed from the prior year, with the exception of the RPA Current Liability basis.

Changes in Actuarial Assumptions

Effective with this valuation, the following actuarial assumption changes were recognized:

Prior

RPA Current Liability Rate	6.38% (24-month average, 4-month lookback)
RPA Current Liability Mortality Table	IRS Prescribed Separate Mortality Table for 2008

Current

RPA Current Liability Rate	7.26% (1-month average, 2-month lookback)
RPA Current Liability Mortality Table	IRS Prescribed Separate Mortality Table for 2009

Changes in Actuarial Cost Method

No changes in the actuarial cost method were recognized with this actuarial valuation.

Lockheed Martin Specialty Components Pension Plan
Employer Identification Number 52-1747835, Plan No.: 001

Schedule H, Line 4i—Schedule of Assets (Held At End of Year)

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<i>(In thousands)</i>			

Cash equivalents:

* State Street Bank & Trust Co.			
Short Term Investment Fund	47,321,312 units	\$ 47,321	\$ 47,321
Total cash equivalents		\$ 47,321	\$ 47,321

Common stock:

3M Co	4,200 shares	\$	226	\$	347
Air Products & Chemicals Inc	1,400 shares		77		113
Allegheny Technologies Inc	13,400 shares		343		600
Allstate Corp	7,700 shares		199		231
Altria Group Inc	7,770 shares		140		153
American Electric Power Inc	6,700 shares		190		233
American Water Works	20,200 shares		403		453
Archer Daniels Midland Co	5,100 shares		141		160
Arthur J. Gallagher & Co	5,500 shares		133		124
AT&T Inc	8,060 shares		243		226
Bank New York Mellon Corp	6,700 shares		192		187
Baxter International Inc	2,400 shares		134		141
Berkshire Hathaway Inc	2 shares		148		198
Boeing Co	1,800 shares		87		97
Carnival Corp	8,500 shares		256		269
Cenovus Energy Inc	3,200 shares		77		81
Chevron Corp	8,100 shares		630		624
Cliffs Nat Res Inc	5,600 shares		162		258
Coca Cola Co	7,000 shares		329		399
Colgate Palmolive Co	1,200 shares		77		99
Davita Inc	5,000 shares		242		294

Lockheed Martin Specialty Components Pension Plan
Employer Identification Number 52-1747835, Plan Number 001

Schedule H, Line 4i—Schedule of Assets (Held At End of Year)

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<i>(In thousands)</i>			
<u>Common stock cont'd</u>			
Devon Energy Corporation	3,000 shares \$	159	\$ 221
Diamond Offshore Drilling Inc	2,500 shares	160	246
Discovery Communications Inc .	9,500 shares	189	291
Edison International	17,500 shares	666	609
Emerson Electric Co	12,700 shares	402	541
Energizer Holdings Inc	1,600 shares	129	98
Fmc Corp	900 shares	50	50
Fedex Corp	1,400 shares	123	117
Gannett Inc	17,900 shares	314	266
General Electric Co	46,800 shares	1,108	708
General Mills Inc	1,600 shares	81	113
Goldman Sachs Group Inc	3,700 shares	452	625
Hewlett Packard Co	5,300 shares	146	273
Home Depot Inc	4,300 shares	99	124
Hudson City Bancorp Inc	11,500 shares	153	158
Illinois Tool Works Inc	9,400 shares	362	451
Intel Corp	5,100 shares	91	104
JP Morgan Chase & Co	15,018 shares	541	626
Jabil Circuit Inc	27,800 shares	310	483
Jacobs Engr Group Inc	2,600 shares	91	98
Johnson & Johnson	8,900 shares	491	573
Kraft Foods Inc	12,037 shares	334	327
Leggett & Platt Inc	15,800 shares	265	322
Lowe's Cos Inc	25,300 shares	518	592
Maxim Integrated Products Inc	30,600 shares	448	621
Medtronic Inc	10,500 shares	418	462
Merk & Co Inc	25,484 shares	741	931
Mercury Gen Corp	6,700 shares	257	263

Lockheed Martin Specialty Components Pension Plan
Employer Identification Number 52-1747835, Plan Number 001

Schedule H, Line 4i—Schedule of Assets (Held At End of Year)

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<i>(In thousands)</i>			
<u>Common stock cont'd</u>			
Microsoft Corp	7,500 shares \$	176	\$ 229
National Grid Plc	5,600 shares	301	305
Nintendo Ltd	2,300 shares	84	69
Norfolk Southern Corp	2,100 shares	79	110
Nucor Corp	13,400 shares	609	625
Pepsico Inc	2,800 shares	152	170
Philip Morris International	14,370 shares	481	692
Pioneer National Resource Co	2,300 shares	92	111
Procter & Gamble Co	8,200 shares	437	497
Progressive Corp Ohio	11,900 shares	160	214
Renaissancere Holdings Ltd	2,600 shares	117	138
Royal Dutch Shell Plc B Shs	4,242 B shares	226	247
Royal Dutch Shell Plc A Shs	13,510 A shares	676	812
Scripps Networks	3,500 shares	126	145
Sempra Energy	700 shares	31	39
Spectra Energy Corp	8,900 shares	192	183
State Street Corporation	3,100 shares	128	135
Sysco Corp	7,900 shares	184	221
Target Corp	9,800 shares	300	474
Time Warner Inc	6,066 shares	139	177
Toronto Dominion Bank Ont	6,400 shares	250	401
Toyota Mtr Co	2,300 shares	178	194
Transocean Ltd	2,178 shares	88	180
Tyco Electronics Ltd	8,000 shares	143	196
Unilever N.V. New York	4,000 shares	92	129
United Parcel Svc Inc	2,800 shares	144	161
Viacom Inc	11,800 shares	217	351
Vulcan Materials Co	6,000 shares	345	316

Lockheed Martin Specialty Components Pension Plan
Employer Identification Number 52-1747835, Plan Number 001

Schedule H, Line 4i—Schedule of Assets (Held At End of Year)

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<i>(In thousands)</i>			
<u>Common stock cont'd</u>			
Walmart Stores Inc	2,900 shares	\$ 159	\$ 155
Walt Disney Co	5,800 shares	112	187
Weatherford International Ltd	17,400 shares	346	312
Total common stock		<u>\$ 20,293</u>	<u>\$ 23,755</u>
Real estate investment trusts			
Equity Residential Sh Ben Int	6,300 shares	\$ 151	\$ 213
Plum Creek Timber Co Inc	4,900 shares	146	185
Ventas Inc Com	2,000 shares	79	87
Total Real estate investment trusts		<u>\$ 376</u>	<u>\$ 485</u>
Common/collective trust:			
Capital Guardian U.S. Fixed Income Fund for Retirement Plans	364,653 shares	\$ 23,220	\$ 48,922
Total common/collective trust		<u>\$ 23,220</u>	<u>\$ 48,922</u>
Preferred stock	4,000 shares	\$ 183	\$ 460
Total preferred stock		<u>\$ 183</u>	<u>\$ 460</u>
Total assets held		<u>\$ 91,393</u>	<u>\$ 120,943</u>

*Party-in-interest

Lockheed Martin Specialty Components Pension Plan
Employer Identification Number 52-1747835, Plan Number 001

Schedule H, Line 4j—Schedule of Reportable Transactions

Year ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
<i>(In thousands)</i>						

Category (iii)—Series of transactions in excess of 5% of Plan assets

Sales						
*State Street	State Street Bank and Trust Co. Short Term Investment Fund	\$	\$ 11,254	\$ 11,254	\$ 23,136	\$ —

Columns (e) and (f) are not applicable.
There were no category (i), (ii) or (iv) reportable transactions during 2009.

*Party-in-interest