Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LOCKHEED MARTIN MANAGEMENT SYSTEMS DESIGNERS INC RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1981

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
LOCKHEED MARTIN MANAGEMENT SYSTEMS DESIGNERS INC

6801 ROCKLEDGE DRIVE, CCT 115
BETHESDA, MD 20817

2b Employer Identification Number (EIN) 54-1151493

2c Sponsor's telephone number 301-548-2368

2d Business code (see instructions) 541990

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.	01/07/2011	CLARE OCALLAGHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

PLAN TRUSTEES

2766 PROSPERITY AVE., SUITE 700
FAIRFAX, VA 22031-4906

3b Administrator's EIN: 54-1238496

3c Administrator's telephone number: 703-891-6400

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	752
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**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2G 2J 2K 3F 3H 2E

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
LOCKHEED MARTIN MANAGEMENT SYSTEMS DESIGNERS INC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LOCKHEED MARTIN MANAGEMENT SYSTEMS DESIGNERS INC

D Employer Identification Number (EIN)
54-1151493

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): HARTFORD RETIREMENT SERVICES

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)
04-6748530-001	P	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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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 07/01/2009 and ending 06/30/2010

A Name of plan
LOCKHEED MARTIN MANAGEMENT SYSTEMS DESIGNERS INC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCKHEED MARTIN MANAGEMENT SYSTEMS DESIGNERS INC

D Employer Identification Number (EIN)
54-1151493

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	112149	
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	42544457	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	42656606	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	42656606	0

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	0	
	(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)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	5952	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5952
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4246310	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		4246310

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		7253418
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		11505680
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11427938	
(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)		11427938
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2775	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2775
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11430713
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		74967
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		42731573

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) [X] 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 [X] No

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

(1) Name: E. COHEN & COMPANY, CPAS (2) EIN: 52-1754364

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
LOCKHEED MARTIN CORPORATION SALARIED SAVINGS PLAN	52-1893632	017

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 07/01/2009 and ending 06/30/2010

A Name of plan
LOCKHEED MARTIN MANAGEMENT SYSTEMS DESIGNERS INC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCKHEED MARTIN MANAGEMENT SYSTEMS DESIGNERS INC

D Employer Identification Number (EIN)
54-1151493

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**

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): 04-6748530

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**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LOCKHEED MARTIN MSD, INC.
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS AND
AUDITOR'S REPORT

PERIOD FROM JULY 1, 2009 TO JUNE 18, 2010
(DATE OF DISSOLUTION) AND
YEAR ENDED JUNE 30, 2009

LOCKHEED MARTIN MSD, INC. RETIREMENT SAVINGS PLAN

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E. COHEN
AND COMPANY, CPAs
Building Profitable Ideas

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Lockheed Martin MSD, Inc. Retirement Savings Plan

We have audited the accompanying statements of net assets available for benefits of Lockheed Martin MSD, Inc. Retirement Savings Plan (the Plan) as of June 18, 2010 and June 30, 2009, and the related statements of changes in net assets available for benefits for the period from July 1, 2009 to June 18, 2010 (date of dissolution) and the year ended June 30, 2009. These financial statements are the responsibility of the Plan administrator. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as 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 net assets available for benefits as of June 18, 2010, and June 30, 2009, and the changes in net assets available for benefits for the periods then ended, in conformity with accounting principles generally accepted in the United States of America.

E. Cohen and Company, CPA's

January 5, 2011

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LOCKHEED MARTIN MSD, INC. RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2010 AND 2009

	2010	2009
Assets		
Investments, at fair value:		
Interest-bearing money market funds	$ -	$ 43,470
Pooled separate accounts	-	42,500,987
Participant loans	-	112,149
Net assets available for benefits	$ -	$ 42,656,606

See notes to financial statements.

LOCKHEED MARTIN MSD, INC. RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

PERIOD FROM JULY 1, 2009, TO JUNE 18, 2010 (DATE OF DISSOLUTION) AND YEAR ENDED JUNE 30, 2009

	2010	2009
Additions to net assets		
Deferred proceeds from sale of employer stock	$ 4,246,310	$ 4,625,197
Investment income:		
Net investment gains in pooled separate accounts	6,720,197	
Other gains		661
Dividends	533,222	960,918
Participant loan interest	5,952	12,510
Total additions to net assets	11,505,681	5,599,286
Deductions from net assets		
Net investment losses in pooled separate accounts		8,565,869
Distributions to participants	11,427,938	4,831,978
Administrative and other expenses	2,775	3,077
Total deductions from net assets	11,430,713	13,400,924
Increase (decrease) in net assets available for benefits	74,968	(7,801,638)
Beginning net assets available for benefits	42,656,606	50,458,244
Net assets available for benefits before dissolution of the Plan	42,731,574	42,656,606
Transfer of net assets to successor plan	(42,731,574)	-
Ending net assets available for benefits	$ -	$ 42,656,606

See notes to financial statements.

LOCKHEED MARTIN MSD, INC. RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS
PERIOD FROM JULY 1, 2009 TO JUNE 18, 2010 (DATE OF DISSOLUTION) AND YEAR ENDED JUNE 30, 2009

1. Description of Plan

The following description of the Lockheed Martin MSD, Inc. Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan was dissolved through a merger into the Lockheed Martin Corporation Salaried Savings Plan (the SSP) as of June 18, 2010, and all assets and liabilities of the Plan were transferred.

The Plan was formerly the Management Systems Designers, Inc. Employee Stock Ownership Plan (ESOP) with a 401(k) feature covering all eligible employees of Management Systems Designers, Inc. and subsidiaries (the Company). Employees became eligible to participate in the Employee Stock Ownership part of the Plan on January 1 or July 1 upon completion of 12 months and 1,000 hours of service, plus attaining age 21. However, with respect to the 401(k) part of the Plan, employees became eligible to participate on the first day of the month coincident with or next following the completion of 6 months of service. The Plan provides for benefits upon the occurrence of death, retirement, total disability or termination of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company has paid all administrative expenses of the Plan except for certain administrative fees charged directly to participants with outstanding 401(k) loan balances or who take in-service distributions.

On February 1, 2007, the Company was acquired by Lockheed Martin Corporation. The transaction was structured as a stock purchase of all of the outstanding shares of stock of the Company, including those shares held by the Plan.

The Company amended the Plan effective as of the date of sale. The Plan ceased to be an employee stock ownership plan at closing and was converted to a profit sharing plan. In addition, all participants who were eligible participants on the date of sale became fully vested in all their Plan accounts, and are entitled to elective in-service distributions from their Former Company Stock account. As of the date of the amendment, the Plan was renamed the Lockheed Martin MSD, Inc. Retirement Savings Plan (LMMSD), and the Lockheed Martin Investment Management Company has been designated as the investment fiduciary. New trustees were appointed.

1. Description of Plan (continued)

General (continued)

On January 25, 2008, the plan was restated as of July 1, 2007. The purpose of the restatement was to include the amendments adopted since the last restatement and to request a new determination letter from the Internal Revenue Service. The major substantive change is that the Plan was frozen as of September 24, 2007; no employee is permitted to enter the Plan and no further contributions to an employee's elective account are permitted after that date.

Contributions

There are no deferrals or matching contributions permitted for the periods ended June 18, 2010 and June 30, 2009.

Participant loans

Participants can borrow up to 50% of the vested portion of their 401(k) fund accounts. The loans are secured by the balance in the participant's account and bear interest at rates based on prevailing rates as determined by the Plan administrator. Generally, loan terms cannot exceed 5 years These loans are payable through payroll deduction in weekly payments of principal and interest.

Participant accounts

Each participant's account was credited with the participant's own contributions, the employer matching contribution, an allocation of the Company's discretionary contribution, any reallocation of the Former Company Stock, account forfeitures for the plan year, and the proportion of payments from Lockheed to which the participant is due based on the number of vested shares in the participant's Former Company Stock accounts. Allocation of any discretionary contribution to each participant's Former Company Stock account was based on the participant's eligible compensation up to $75,000, relative to total eligible compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's accounts.

Vesting

All participants are 100% vested in the balances of their own contributions. On February 1, 2007, all current employees who were active participants in the Plan became 100% vested in all of their Plan accounts. Effective June 30, 2008, all Former Company Stock accounts became 100% vested. Effective June 1, 2010, all active employees became 100% vested in all employer contributions credited to their accounts.

1. Description of Plan (continued)

Vesting (continued)

Previously, vesting became 100% after reaching 6 years of credited service, upon the attainment of age 65 while employed, upon death, or upon total disability. Upon termination of employment, the unvested portion of any accounts that were not fully vested were returned to the Plan.

Forfeited amounts in the 401(k) portion of the Plan have been used to offset future employer contributions, although none were used during the plan years ended June 30, 2010 and 2009. Cumulative unused forfeitures as of June 30, 2009 and June 18, 2010, total $43,470 and $209,411, respectively. At Plan dissolution, the forfeiture balance was transferred to a separate SSP account, which is reserved for use in dealing with matters related to the former LMMSD Plan.

Forfeitures from the Former Company Stock accounts were reallocated to the remaining Former Company Stock participants.

Payment of benefits

Upon retirement, participants could elect to receive their benefits either in the form of a series of substantially equal periodic payments (an annuity) over a period generally not exceeding 5 years, or in a single lump-sum distribution.

2. Summary of significant accounting policies

Cash and cash equivalents

Cash equivalents are defined as highly liquid, short-term investments whose maturity dates do not extend past 3 months from the original date of purchase.

The Plan has within the past two years maintained cash accounts with certain financial institutions in amounts which at times exceeded the Federal Deposit Insurance Corporation (FDIC) insurance limitation. The Plan has also maintained cash in uninsured brokerage accounts.

Method of accounting

The Plan utilizes the accrual method of accounting for financial reporting purposes, whereby revenue or additions are recognized when earned or due, and expenses or deductions are recognized when incurred.

2. Summary of significant accounting policies (continued)

Investments and income recognition

Investments are stated at fair value as determined by quoted market prices. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Investments are comprised of mutual funds and participant loans which are carried at fair value. Accordingly, net realized and unrealized gains and losses are included in the statement of changes in net assets available for benefits as a component of investment income.

The plan categorizes its financial instruments, based on the priority of the inputs to the valuation technique, into a three-level fair value hierarchy:

Level one, where values are based on unadjusted quoted prices for identical assets in an active market the plan has the ability to access.

Level two, where values are based on quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full-term of the investments.

Level three, where values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs reflect assumptions of management about assumptions market participants would use in pricing the investments. These investments include non-readily marketable securities that do not have an active market

All of the Plan's mutual fund investments are categorized as Level 1 values. The participant loans are categorized as Level 3.

Participant loans are not actively traded. The fair value is the amortized cost of the loans because the loans are secured by each respective participant's account balance. Changes in the fair value of loans result from new loans and principal payments. No gains or losses are recognized on the loans.

Payment of benefits

Benefits are recorded when paid.

2. Summary of significant accounting policies (continued)

Payment of benefits (continued)
Beginning on July 1, 2007, Former Company Stock account participants who were not employed by Lockheed Martin were eligible to withdraw the current balance of their combined Former Company Stock and 401(k) accounts. Former Company Stock Account participants who were still employed by Lockheed Martin could request in-service distributions of funds from their Former Company Stock accounts on a quarterly basis.

During 2009, $4,831,978 of distributions were made from 401(k) and Former Company Stock accounts. During 2010, prior to the June 18 dissolution, $11,427,938 of distributions were made from 401(k) and Former Company Stock accounts.

Use of estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

3. Individual participant investment accounts

The Plan permitted participants to direct the investment of their individual 401(k) and, as of March 17, 2007, their Former Company Stock accounts, into a variety of mutual funds under an investment contract with Hartford Retirement Services, Inc. During the periods ended June 18, 2010 and June 30, 2009, $4,246,310 and $4,625,197 of payments received from the sale of MSD stock were transferred to individual participants' accounts. Substantially all of the funds were held in individual participants' accounts.

During 2010 and 2009, the Plan's self-directed investments (including earnings and realized and unrealized gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $6,753,419 and ($7,604,951), respectively.

3. Individual participant investment accounts (continued)

As of June 30, 2009, individual mutual funds that represented more than 5% of total investments were:

MFS Money Market Fund	$ 10,596,641
MFS Bond Fund	4,580,215
MFS Total Return Fund	3,897,168
MFS Global Equity Fund	3,724,894
MFS Value Fund	3,222,906
Columbia Acorn Fund	2,885,958
DWS Equity 500 Index Fund	2,573,094
Lord Abbett Mid-Cap Value Fund	2,197,034
MFS Growth Fund	2,178,296

4. ESOP share transactions

As of February 1, 2007, the ESOP Plan sold all of the shares of the Employer stock held by the Plan. The sale was for a nominal amount of approximately $206.50 per share plus or minus certain adjustments to the price. Of this amount, $162.52 per share was received by the Plan in cash. The balance of the nominal amount was principally a holdback of $25,000,000 (approximately $14,500,000 relating to the ESOP shares) to be received, net of any adjustments or indemnity claims arising from provisions of the sales agreement, over the next three years. Payment of the holdback amounts was not dependent on the future performance of the Company. The ESOP was entitled to 57.9934% of all payments collected from the holdback and from settlement of a final working capital adjustment and an income tax refund adjustment; as provided in the agreement.

Initial expected proceeds from sale of employer stock, excluding interest to be paid on deferred payments:	
Working capital adjustment	$ 1,601,370
Income tax refund adjustment	1,234,862
Maximum holdback, due 2/1/2008	5,799,334
Maximum holdback, due 2/1/2009	4,349,508
Maximum holdback, due 2/1/2010	4,349,508
Total potential future proceeds at date of sale	$ 17,334,582

4. ESOP share transactions (continued)

The following amounts were received during 2010 and 2009:

	2010	2009
Holdback payment	$ 4,009,076	$ 4,347,274
Interest payments	237,234	245,660
Income tax refund	-	32,263
	$ 4,246,310	$ 4,625,197

5. Administration of Plan assets

A portion of the Plan's assets were previously Management Systems Designers, Inc. common shares and proceeds from the sale thereof and were held by the Trustees of the Plan. Company contributions are held and managed by Hartford, which invests cash received and earnings and makes distributions to participants. Certain administrative functions are performed by officers or employees of the Company, none of whom receives compensation from the Plan.

6. 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 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 participant account balances and the amounts reported in the statement of net assets available for plan benefits.

7. Income tax status

The Company originally received favorable determination letters from the Internal Revenue Service (IRS) that the Plan qualifies under Sections 401(a) and 4975(3)(7) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under current income tax law. As of July 1, 2007, the Plan was restated and a new determination letter was requested from the IRS. The new determination letter has not yet been received. Continued qualification of the Plan will depend

7. Income tax status (continued)

on the effects of the Plan's operation in its present form. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Trustees of the Plan are not aware of any matters which affect the tax exempt status.

8. Dissolution of the Plan

The final holdback payment from Lockheed Martin resulting from the sale of the MSD stock was received February 1, 2010, and was immediately allocated to the participant's accounts.

On May 28, 2010, a Merger and Transfer Amendment to the Plan was executed. This amendment directed that on June 18, 2010 the assets and account balances of the Plan are to be transferred to the Lockheed Martin Corporation Salaried Savings Plan (the SSP) and the Plan is to merge into the SSP, with the SSP being the surviving plan.

As of June 1, 2010, all remaining unvested balances in the accounts of previously terminated participants were forfeited and all account balances of active participants became 100% vested.

On June 18, 2010, all accounts and balances maintained in the Plan were liquidated and the assets transferred to the SSP.

9. Subsequent events

Management of the Plan has evaluated events or transactions that occurred after June 18, 2010, the date of the Plan merger, through January 5, 2011, the date the financial statements were available to be issued. Plan management has determined that there were no subsequent events or transactions that should be disclosed in the financial statements.