

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
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>12/25/2009</u> and ending <u>12/24/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>LOCKHEED MARTIN RETIREMENT PLAN FOR CERTAIN HOURLY EMPLOYEES</u>	1b Three-digit plan number (PN) ►	<u>002</u>	
	1c Effective date of plan	<u>12/31/1942</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>LOCKHEED MARTIN CORPORATION</u> <u>6801 ROCKLEDGE DRIVE, DEM-310</u> <u>BETHESDA, MD 20817</u>	2b Employer Identification Number (EIN) <u>52-1893632</u>	2c Sponsor's telephone number <u>301-214-3759</u>	2d Business code (see instructions) <u>339900</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2011</u>	<u>DONALD REMSCH</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2011</u>	<u>DONALD REMSCH</u>
	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

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

Form 5500 (2009)
v.092307.1

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 301-214-3759
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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	69924
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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	11016
b Retired or separated participants receiving benefits.....	6b	30674
c Other retired or separated participants entitled to future benefits.....	6c	21500
d Subtotal. Add lines 6a , 6b , and 6c	6d	63190
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	6706
f Total. Add lines 6d and 6e	6f	69896
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	151

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:
 1B 1G 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 12/25/2009 and ending 12/24/2010

▶ **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 RETIREMENT PLAN FOR CERTAIN HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LOCKHEED MARTIN CORPORATION	D Employer Identification Number (EIN) 52-1893632
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 12 Day 25 Year 2009
2	Assets:
a	Market value 2a 2843787050
b	Actuarial value 2b 2979512396
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a 37513 1865099931
b	For terminated vested participants 3b 21832 467387524
c	For active participants:
(1)	Non-vested benefits 3c(1) 205968180
(2)	Vested benefits 3c(2) 762393854
(3)	Total active 3c(3) 10579 968362034
d	Total 3d 69924 3300849489
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 6.64 %
6	Target normal cost 6 58418078

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		09/21/2011
THOMAS S. STAUFFER	Signature of actuary	Date 11-06384
AON CONSULTING, INC.	Type or print name of actuary	Most recent enrollment number 410-547-2800
500 EAST PRATT BALTIMORE, MD 21202	Firm name	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)	0	
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	90.26 %
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

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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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
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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
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For calendar plan year 2009 or fiscal plan year beginning 12/25/2009 and ending 12/24/2010		
A Name of plan LOCKHEED MARTIN RETIREMENT PLAN FOR CERTAIN HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION	D Employer Identification Number (EIN) 52-1893632	

Part I	Asset and Liability Statement
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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)	310000000	42871000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2546595732	3157882967
(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	2856595732	3200753967

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	5542573	5993517
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5542573	5993517

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2851053159	3194760450
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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)	217371000	
(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)		217371000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		349282299
(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		566653299

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	216952491	
(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)		216952491
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)	21630	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1325444	
(4) Other	2i(4)	4646443	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5993517
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		222946008

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		343707291
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: 13-2781641

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 12/25/2009 and ending 12/24/2010

A Name of plan <u>LOCKHEED MARTIN RETIREMENT PLAN FOR CERTAIN HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LOCKHEED MARTIN CORPORATION</u>	D Employer Identification Number (EIN) <u>52-1893632</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>22-3810641</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>563</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: 51% Investment-Grade Debt: 31% High-Yield Debt: 2% Real Estate: 1% Other: 15%

- 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 RETIREMENT PLAN FOR CERTAIN
HOURLY EMPLOYEES (002)
Financial Statements

Year ended December 31, 2010 with Report of Independent Auditors

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Financial Statements

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REPORT OF INDEPENDENT AUDITORS

Plan Administrator
Lockheed Martin Retirement Plan for Certain Hourly Employees

We were engaged to audit the accompanying statement of net assets available for benefits of Lockheed Martin Retirement Plan for Certain Hourly Employees as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 6 as of and for the year ended December 31, 2010, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements as of and for the year ended December 31, 2010, taken as a whole. The form and content of the information included in the financial statements, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statement of net assets available for benefits as of December 31, 2009, and in our report dated October 6, 2010, we expressed an opinion that this financial statement presents fairly, in all material respects, the net assets available for benefits of the Plan at December 31, 2009, in conformity with accounting principles generally accepted in the United States.

Mitchell & Titus, LLP

October 13, 2011

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Statements of Net Assets Available for Benefits

	December 31,	
	2010	2009
	<u>(In thousands)</u>	
Assets		
Interest in Master Trust, at fair value	\$ 3,157,883	\$ 2,546,596
Employer contributions receivable	42,871	310,000
Total assets	<u>3,200,754</u>	<u>2,856,596</u>
Liabilities		
Accrued expenses	5,993	5,543
Net assets available for benefits	<u>\$ 3,194,761</u>	<u>\$ 2,851,053</u>

See accompanying notes to financial statements.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2010

(In thousands)

Net assets available for benefits at beginning of year	\$ 2,851,053
Additions	
Interest in net investment gain of Master Trust	362,519
Employer contributions	<u>217,371</u>
Total additions	579,890
Deductions	
Benefit payments	216,952
Administrative expenses	<u>19,230</u>
Total deductions	<u>236,182</u>
Net increase	<u>343,708</u>
Net assets available for benefits at end of year	<u><u>\$ 3,194,761</u></u>

See accompanying notes to financial statements.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements

December 31, 2010

1. Description of the Plan

The following description of Lockheed Martin Retirement Plan for Certain Hourly Employees (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.

General

The Plan is a defined benefit plan covering certain bargained and hourly employees of Lockheed Martin Corporation (Lockheed Martin or the Corporation), and has been revised and amended from time to time. The Corporation is the Plan Sponsor and the Plan Administrator.

The assets of the Plan, excluding the "Employer contributions receivable," are held and invested on a commingled basis in the Lockheed Martin Corporation Master Retirement Trust (the Master Trust). The assets of the Master Trust are held by The Northern Trust Company (the Trustee), with the exception of commingled investment funds, limited partnerships and certain futures contracts.

The Plan's year-end is December 24 of each year, and therefore differs from the fiscal year-end of the Master Trust. However, the financial statements of the Plan are presented on a calendar-year basis. All Trustee-supplied information and valuations are reported on a calendar-year basis. The transactions in the intervening period did not materially affect the financial statements as presented.

Contributions

The Corporation has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefit obligations to be paid to Plan participants. The Corporation has the right under the Plan to discontinue such contributions at any time and/or terminate the Plan. In the event of termination, the Plan's net assets are to be used first for the payment of retirement benefits, next for the payment of vested benefits, and finally for the payment of accrued benefits for the remaining participants. 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.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting. Certain amounts for prior years have been reclassified to conform to the current year presentation.

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 (a) retired, terminated and disabled participants or their beneficiaries; and (b) present 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. Accumulated plan benefits for active participants are based on each participant's credited service preceding the valuation date. Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included to the extent they are deemed attributable to employee service prior to the valuation date.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles 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.

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.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties

The Plan, through the Master Trust, 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.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

Investment Valuation and Income Recognition

Investments in the Master Trust 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 6 for additional disclosure of fair value measurements.

Purchases and sales of securities in the Master Trust are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded as of the ex-dividend date. Net realized and unrealized gain/loss on investments bought and sold as well as held during the year are included in interest in net investment gain of Master Trust on the Statement of Changes in Net Assets Available for Benefit.

Administrative Expenses

Direct administrative expenses are paid by the Master Trust and generally allocated to the Plan either on a pro rata basis or directly if specifically related to the Plan. Other indirect administrative expenses are paid by the Corporation.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Payment of Benefits

Benefit payments to participants are recorded when paid.

Recent Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board (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 effective for fiscal years beginning after December 15, 2010, the guidance in the update was adopted beginning with the Plan’s 2010 financial statements. The Plan is currently evaluating the impact of the provisions of the update that are not effective until the Plan’s 2011 financial statements.

In May 2011, the FASB issued Accounting Standards Update 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*, (ASU 2011-04). ASU 2011-04 amended ASC 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in US generally accepted accounting principles (GAAP) and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan’s financial statements.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2011, the date the financial statements were available to be issued.

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.

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

	December 31,	
	2010	2009
	<i>(In thousands)</i>	
Vested benefits:		
Participants currently receiving payments	\$ 1,902,431	\$ 1,766,115
Other participants	1,570,483	1,549,297
Total vested benefits	3,472,914	3,315,412
Non-vested benefits	278,296	135,442
Total actuarial present value of accumulated plan benefits	<u>\$ 3,751,210</u>	<u>\$ 3,450,854</u>

The significant actuarial assumptions used in the valuations were (a) life expectancy of participants (RP-2000 Mortality Table), (b) turnover based upon the termination experience of the Plan, (c) assumed retirement age probabilities based on the experience of the Plan, and (d) an annual discount rate of 5.50% and 5.875% for 2010 and 2009, 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. The average retirement age is 63.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

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

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

	Year ended December 31, 2010 <i>(In thousands)</i>
Actuarial present value of accumulated plan benefits at end of the prior year	\$3,450,854
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	196,371
Benefits paid	(216,952)
Benefits accumulated	41,457
Changes in actuarial assumptions	279,480
Net increase	300,356
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 3,751,210</u>

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. Income Tax Status

The Internal Revenue Service has determined and informed the Corporation by letter dated March 18, 2010, 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.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

4. Income Tax Status (continued)

U.S. generally accepted accounting principles require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2003.

5. Reconciliation of Financial Statements to Form 5500

Net investment gain from the participation in the Master Trust reported in the financial statements is \$13,237,000 greater than the amount reported on Form 5500 for the year ended December 31, 2010. Administrative expenses reported in the financial statements are \$13,237,000 less than the amounts reported on Form 5500 for the year ended December 31, 2010. These differences arose from the classification of certain administrative expenses which are included in the net investment gain in the Master Trust for Form 5500 reporting purposes.

6. Master Trust

General

The Plan's investments are held by the Master Trust, which was established for the investment of the Plan's assets and the assets of several other defined benefit plans sponsored by the Corporation. The Master Trust's net assets, investment income, appreciation (depreciation) of investments, and administrative expenses are allocated to the Plan on a pro rata basis based on its share of the total contributions made to the Master Trust. The Plan's interest in the Master Trust's net assets as of December 31, 2010 and 2009 was approximately 12.33% and 11.41%, respectively.

The Master Trust owes direct reimbursements to the Corporation for certain expenses incurred by the Corporation and its subsidiaries in providing services to the Plan.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

6. Master Trust (continued)

General (continued)

Other than the fair value of the investments listed below in certain equity securities and fixed income securities, all investment information disclosed in the fair value of assets table including investments held as of December 31, 2010, and net appreciation (depreciation), in fair value of investments, interest income, and dividend income for the year ended December 31, 2010, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by The Northern Trust Company, the trustee of the Master Trust. The following investment information was not certified by the trustee:

	December 31, 2010 <i>(In thousands)</i>
Assets	
Cash and cash equivalents	\$ 298,315
Equity:	
U.S. equity securities	210,980
International equity securities	35,690
Commingled equity funds	119,631
Fixed income:	
Corporate debt securities	290,550
U.S. Government securities	7,603
Other fixed income securities	26,767
Total assets	<u>989,536</u>
Liabilities	
U.S. equity securities(short)	289,473
International equity securities(short)	42,326
Total liabilities	<u>331,799</u>
Receivables, net	34,356
Total net assets	<u>\$ 692,093</u>
Net appreciation in fair value of investments	\$ 27,889

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

6. Master Trust (continued)

Fair Value of Assets

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

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

6. Master Trust (continued)

Fair Value of Assets (continued)

The following table presents the fair value of the assets in the Master Trust by asset category and their level within the fair value hierarchy as of December 31, 2010 and their appreciation (depreciation) for the year ended December 31, 2010:

<i>(In thousands)</i>	Level 1	Level 2	Level 3	Total	Appreciation (Depreciation)
Cash and cash equivalents	\$ 1,284,616	\$ -	\$ -	\$ 1,284,616	\$ (45,280)
Equity:					
U.S. equity securities	3,779,084	44,879	-	3,823,963	496,428
International equity securities	4,816,582	5,910	16,150	4,838,642	744,827
Commingled equity funds	1,235,248	1,758,638	-	2,993,886	(19,211)
Fixed income:					
Corporate debt securities	-	1,059,003	63,445	1,122,448	101,843
U.S. Government securities	-	6,962,630	-	6,962,630	409,559
Other fixed income securities	-	549,108	46,434	595,542	49,410
Alternative investments:					
Private equity funds	-	-	2,010,331	2,010,331	226,837
Real estate funds	-	-	250,150	250,150	10,884
Hedge funds	-	-	1,014,574	1,014,574	150,148
Commodities	325,026	868,946	-	1,193,972	561,040
Total	\$ 11,440,556	\$ 11,249,114	\$ 3,401,084	\$ 26,090,754	\$ 2,686,485
Receivables, net				116,630	
Total net assets				\$ 26,207,384	

Interest and dividend income for the year ended December 31, 2010 was \$ 262,265,000 and \$172,151,000, respectively. Other income for the year ended December 31, 2010 was \$36,952,000.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

6. Master Trust (continued)

Fair Value of Assets (continued)

The following table presents the changes during 2010 in the fair value of Master Trust assets categorized as Level 3 in the preceding table:

Changes in Level 3 Assets Year Ended December 31, 2010						
(In thousands)	Balance, beginning of year	Realized gains/(losses)	Unrealized gains/(losses)	Purchases, sales, issuances and settlements (net)	Net transfers in and/or out of Level 3	Balance, end of year
Equity:						
U.S. equity securities	391	(3,743)	3,962	(610)	-	-
International equity securities	15,580	-	(2,526)	(4,258)	7,354	16,150
Fixed income:						
Corporate debt securities	5,209	59	2,195	60,764	(4,782)	63,445
Other fixed income securities	35,712	2,539	342	8,360	(519)	46,434
Alternative investments:						
Private equity funds	1,745,092	121,359	100,324	43,556	-	2,010,331
Real estate funds	125,469	1,358	11,972	111,351	-	250,150
Hedge funds	762,181	1,258	29,124	222,011	-	1,014,574
Total	\$ 2,689,634	\$ 122,830	\$ 145,393	\$ 441,174	\$ 2,053	\$ 3,401,084

Transfers into Level 3 represent assets that were categorized in Level 1 or Level 2 at the beginning of the year and were categorized in Level 3 at the end of the year. Transfers out of Level 3 represent assets that were categorized in Level 3 at the beginning of the year and were categorized in Level 1 or Level 2 at the end of the year.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

6. Master Trust (continued)

Fair Value of Assets (continued)

The following table presents the fair value of the assets in the Master Trust by asset category and their level within the fair value hierarchy as of December 31, 2009:

<i>(In thousands)</i>	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 1,178,954	\$ -	\$ -	\$ 1,178,954
Equity:				
U.S. equity securities	3,611,978	22,545	391	3,634,914
International equity securities	3,410,677	76,192	15,580	3,502,449
Commingled equity funds	1,316,212	1,465,171	-	2,781,383
Fixed income:				
Corporate debt securities	-	1,222,057	5,209	1,227,266
U.S. Government securities	-	5,036,247	-	5,036,247
Other fixed income securities	-	1,164,403	35,712	1,200,115
Alternative investments:				
Private equity funds	-	-	1,745,092	1,745,092
Real estate funds	-	16,733	125,469	142,202
Hedge funds	1,449	-	762,181	763,630
Commodities	160,440	483,323	-	643,763
Total	\$ 9,679,710	\$ 9,486,671	\$ 2,689,634	\$ 21,856,015
Receivables, net				984,038
Total net assets				\$ 22,840,053

The Master Trust has invested in certain private equity funds (e.g., limited partnerships) that have required capital commitments, which may be called over a specific number of years. Unfunded capital commitments as of December 31, 2010 and 2009 totaled \$1,616,613,000 and \$1,421,770,000, respectively.

Derivative instruments are used in the Master Trust to achieve certain portfolio objectives and to adjust asset allocation in order to manage market risk. Derivative instruments allow internal and external investment managers to achieve these goals efficiently while maintaining appropriate liquidity.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

6. Master Trust (continued)

Fair Value of Assets (continued)

The fair values of these instruments are recorded as investments of the Master Trust. To the extent that a gain has been recognized, the instruments are recorded as assets, and to the extent that a loss has been recognized, the instruments are recorded as liabilities. Changes in the fair value of the derivative instruments are reflected in the investment income as gain/(loss) in the Master Trust.

At December 31, 2010, the Master Trust utilized four types of derivative instruments:

Futures Contracts – The purchase of futures contracts allows the Master Trust to achieve desired portfolio positions in various commodities without the need to physically own and store them. From an asset allocation standpoint, futures are used to manage the overall risk to equity and fixed income markets. Foreign exchange futures are used to separate the management of currency exposure from foreign equity exposure. Futures contracts are exchange-traded with initial margin required from both parties and daily settlement of gains and losses; therefore credit and counterparty risks are minimal, and futures contracts have no net market value.

Foreign Exchange Forwards – Foreign exchange forward contracts are traded over-the-counter and are used by investment managers as another means of separating currency risk from investment risk. These contracts allow a manager to lock into a rate at which to exchange an upcoming settlement in a foreign currency into US dollars. The contracts are traded over-the-counter, but are generally very short-term which minimizes counterparty risk.

Options, including Options on Futures – These contracts allow the holder to buy or sell a security or a futures contract at a specified price prior to an expiration date. Options are primarily used to protect against downside risk in an equity, commodity or currency position held by the Master Trust.

Swaps – Swaps are over-the-counter agreements between counterparties to exchange the return stream of one security for another. Swaps are utilized either to provide exposure to a security for which there is no available futures contract, or to achieve an exposure over a specific time horizon.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

6. Master Trust (continued)

Fair Value of Assets (continued)

The notional amounts and fair values of derivative instruments as of December 31, 2010 are presented below:

<i>(In thousands)</i>	Notional Amount	Amount included in Fair Value of Asset
Equity:		
U.S. equity securities		
Options	16,446	2,896
Futures contracts	(2,125,236)	-
Options on Futures	5,031	-
Swaps	(24,315)	-
International equity securities		
Futures contracts	(122,155)	-
Swaps	(9,786)	342
Fixed income:		
U.S. fixed income securities		
Futures contracts	1,535,180	-
Swaps	(9,726)	1,277
International fixed income securities		
Futures contracts	169,876	-
Options on Futures	2,386,680	-
Alternative investments:		
Commodities		
Futures contracts	2,813,244	-
Options on Futures	188,390	162
Swaps	28,874	(233)
Foreign Exchange Derivative Instruments included in Cash and Equivalents		
Options (long)	50,000	(17)
Options (short)	(50,000)	91
Futures contracts (long)	114,712	-
Futures contracts (short)	(74,548)	-
Options on futures	178,744	395
Forward contracts	(179,391)	4,439

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

6. Master Trust (continued)

Fair Value of Assets (continued)

At December 31, 2009, the Master Trust utilized three types of derivative instruments, Future Contracts, Foreign Exchange Forward and Options on Futures. The notional amounts and fair values of derivative instruments as of December 31, 2009 are presented below:

<i>(In thousands)</i>	Notional Amount	Amount included in Fair Value of Asset
Equity:		
U.S. equity securities		
Futures Contracts	(1,659,328)	-
International equity securities		
Futures Contracts	212,408	-
Fixed income:		
U.S. Government securities		
Futures Contracts	1,467,372	-
Alternative investments:		
Commodities		
Futures Contracts	2,085,209	-
Options on Futures	(39,680)	(2,070)
Foreign Exchange Derivative Instruments included in Cash and Equivalents		
Futures Contracts (long)	99,150	-
Futures Contracts (short)	(91,384)	-
Options on Futures	143,210	3,519
Forward Contracts	177,667	4,254

Valuation Techniques

Cash equivalents are mostly comprised of short-term money-market instruments and are valued at cost, which approximates fair value.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

6. Master Trust (continued)

Valuation Techniques (continued)

U.S. equity securities and international equity securities categorized as Level 1 are traded on national and international exchanges and are valued at their closing prices on the last trading day of the year. For U.S. equity securities and international equity securities not traded on an active exchange, or if the closing price is not available, the trustee obtains indicative quotes from a pricing vendor, broker, or investment manager. These securities are categorized as Level 2 if the custodian obtains corroborated quotes from a pricing vendor or categorized as Level 3 if the custodian obtains uncorroborated quotes from a broker or investment manager.

Commingled equity funds and certain real estate funds are investment vehicles valued using the Net Asset Value ("NAV") provided by the fund manager. The NAV is the total value of the fund divided by the number of shares outstanding. Commingled equity funds are categorized as Level 1 if traded at their NAV on a nationally recognized securities exchange. If the NAV is corroborated by observable market data (*e.g.*, purchases or sales activity), commingled equity funds and real estate funds are categorized as Level 2.

Fixed income securities categorized as Level 2 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.

Private equity funds, real estate funds, hedge funds, and certain fixed income securities categorized as Level 3 are valued based on valuation models that include significant unobservable inputs and cannot be corroborated using verifiable observable market data. Valuations for private equity funds and real estate funds are determined by the general partners, while hedge funds are valued by independent administrators. Depending on the nature of the assets, the general partners or independent administrators use both the income and market approaches in their models. The market approach consists of analyzing market transactions for comparable assets while the income approach uses earnings or the net present value of estimated future cash flows adjusted for liquidity and other risk factors. Guaranteed annuity contracts are included in other fixed income securities and are categorized as Level 3. These contracts are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering credit-worthiness of the issuer.

Lockheed Martin Retirement Plan for Certain Hourly Employees (002)

Notes to Financial Statements (continued)

6. Master Trust (continued)

Valuation Techniques (continued)

Commodities categorized as Level 1 are traded on a commodity exchange and are valued at their closing prices on the last trading day of the year. Commodities categorized as Level 2 represent shares in a commingled commodity fund valued using the NAV, which is corroborated by observable market data.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes the valuation methods of the Master Trust are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

7. Parties-in-Interest Transactions

The Master Trust invests in funds managed by The Northern Trust Company, the Trustee. This is a party-in-interest transaction for which a statutory exemption exists.

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
For calendar plan year 2009 or fiscal plan year beginning <u>12/25/2009</u> and ending <u>12/24/2010</u>		

▶ 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 Retirement Plan for Certain Hourly Employees	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Lockheed Martin Corporation	D Employer Identification Number (EIN) 52-1893632	
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>12</u> Day <u>25</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	2,843,787,050	
b Actuarial value.....	2b	2,979,512,396	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	37,513	1,865,099,931
b For terminated vested participants.....	3b	21,832	467,387,524
c For active participants:			
(1) Non-vested benefits.....	3c(1)		205,968,180
(2) Vested benefits.....	3c(2)		762,393,854
(3) Total active.....	3c(3)	10,579	968,362,034
d Total.....	3d	69,924	3,300,849,489
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	6.64 %	
6 Target normal cost.....	6	58,418,078	

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>THOMAS S. STAUFFER /TSS</u> Signature of actuary	<u>09/21/2011</u> Date
<u>Thomas S. Stauffer</u> Type or print name of actuary		<u>11-06384</u> Most recent enrollment number
<u>Aon Consulting, Inc.</u> Firm name		<u>(410) 547-2800</u> Telephone number (including area code)
<u>500 EAST PRATT</u> Address of the firm		
<u>BALTIMORE MD 21202</u>		

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)	0	N/A
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	90.26 %
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

**Lockheed Martin Retirement Plan
For Certain Hourly Employees
EIN: 52-1893632/002**

Schedule SB, Line 27 – Actuarial Information based on Pre-PPA Funding Rules
(See Attached)



**Lockheed Martin Retirement Plan
For Certain Hourly Employees
EIN: 52-1893632/002**

Section 104 of ERISA and Section 6059(a) of the Internal Revenue Code require that an Enrolled Actuary's report be submitted for each defined benefit plan, as part of the annual return/report Form 5500, for each plan year beginning on or after January 1, 1976.

This letter, together with the accompanying Schedule B (Form 5500) and supporting attachments, constitutes the Enrolled Actuary's report for the Plan Year ending December 24, 2010. We have prepared the Schedule B based on plan, contribution and participant information furnished by the Plan Sponsor and based on our understanding of the current minimum funding requirements under ERISA, the Internal Revenue Code and regulations thereunder.

The current liability information, as reported in Items 1(d) and 2(b) of the Schedule B, and the Additional Required Funding Charge (if any), as determined in Item (12), were prepared based on the IRS guidance that has been published to date concerning Section 412(1) of the Internal Revenue Code. If any guidance that is published in the future conflicts with the methods used to prepare this Schedule B, we reserve the right to modify and/or adjust this information and the minimum funding requirements to follow such guidance.

Sincerely,

THOMAS S. STAUFFER / TSS

Thomas S. Stauffer
Vice President

TSS

Enclosure

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**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 12/25/2009 and ending 12/24/2010

▶ 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 RETIREMENT PLAN FOR CERTAIN HOUR		B Three-digit plan number ... ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ LOCKHEED MARTIN CORPORATION		D Employer Identification Number 52-1893632
E Type of plan: (1) ☐ Multiemployer (2) ☒ Single-employer (3) ☐ Multiple-employer	F 100 or fewer participants in prior plan year ☐	

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month 12 Day 25 Year 2009

b Assets:

(1) Current value of assets	b(1)	2856595732
(2) Actuarial value of assets for funding standard account	b(2)	3290196853
c (1) Accrued liability for plans using immediate gain methods	c(1)	2800950759
(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).

**SIGN
HERE**

THOMAS S. STAUFFER / TSS

Signature of actuary

THOMAS S. STAUFFER

Type or print name of actuary

AON CONSULTING, INC.

Firm name

500 EAST PRATT

BALTIMORE

MD

21202

Address of the firm

9/10/2011

Date

G 11-06384

Most recent enrollment number

410-547-2800

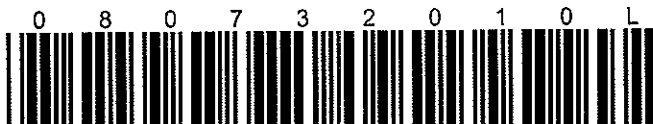
Telephone number (including area code)

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)	3243275691
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	57959735
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	3243275691
(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)	224056966

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)		2a	2851053159	
b "RPA '94" current liability:		(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments		37513	1825104328	1825104328
(2) For terminated vested participants		21832	462671260	462671260
(3) For active participants		10579	751399370	955500103
(4) Total		69924	3039174958	3243275691
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
12/16/2010	146500000				
12/31/2010	28000000				
06/28/2011	7811000				
07/15/2011	14258000				
09/14/2011	20802000				
3 Totals ▶ (b)				217371000	(c)
					0

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	4a	85.7 %
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
0	0	0	0



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:

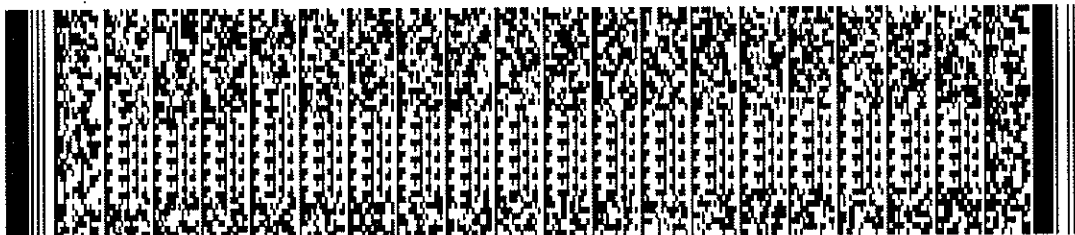
a Interest rate for "RPA '94" current liability	6a	6.82 %	☐ N/A																				
b Weighted average retirement age	6b	63	☐ N/A																				
c Rates specified in insurance or annuity contracts ... ☐ N/A	<table border="1"> <tr> <th colspan="2">Pre-retirement</th> <th colspan="2">Post-retirement</th> </tr> <tr> <td>6c</td> <td>Yes ☐ No ☒</td> <td>Yes ☐ No ☒</td> <td>☐ N/A</td> </tr> </table>			Pre-retirement		Post-retirement		6c	Yes ☐ No ☒	Yes ☐ No ☒	☐ N/A												
Pre-retirement		Post-retirement																					
6c	Yes ☐ No ☒	Yes ☐ No ☒	☐ N/A																				
d Mortality table code for valuation purposes:																							
(1) Males	d(1)	A	A																				
(2) Females	d(2)	A	A																				
e Valuation liability interest rate ☐ N/A	6e	8.50 %	8.50 % ☐ N/A																				
f Expense loading ☐ N/A	6f	90.6 %	% ☒ N/A																				
g Annual withdrawal rates:	<table border="1"> <tr> <th colspan="2">Male</th> <th colspan="2">Female</th> </tr> <tr> <th>Rate Code</th> <th></th> <th>Rate Code</th> <th></th> </tr> <tr> <td>g(1)</td> <td>S 21.74 %</td> <td>S</td> <td>21.74 %</td> </tr> <tr> <td>g(2)</td> <td>S 15.91 %</td> <td>S</td> <td>15.91 %</td> </tr> <tr> <td>g(3)</td> <td>S 13.52 %</td> <td>S</td> <td>13.52 %</td> </tr> </table>			Male		Female		Rate Code		Rate Code		g(1)	S 21.74 %	S	21.74 %	g(2)	S 15.91 %	S	15.91 %	g(3)	S 13.52 %	S	13.52 %
Male		Female																					
Rate Code		Rate Code																					
g(1)	S 21.74 %	S	21.74 %																				
g(2)	S 15.91 %	S	15.91 %																				
g(3)	S 13.52 %	S	13.52 %																				
h Salary scale ☒ N/A	6h	%	% ☒ N/A																				
i Estimated investment return on actuarial value of assets for year ending on the valuation date	6i	16.2 %																					
j Estimated investment return on current value of assets for year ending on the valuation date ..	6j	18.8 %																					

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	308402776	72130933

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	32930087
c Amortization charges as of valuation date:		
(1) All bases except funding waivers. ▶ (\$ 740836168)	c(1)	193805291
(2) Funding waivers ▶ (\$ 0)	c(2)	0
d Interest as applicable on lines 9a, 9b, and 9c.	9d	19272507
e Additional interest charge due to late quarterly contributions, if applicable.	9e	0
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	246007885

Credits to funding standard account:

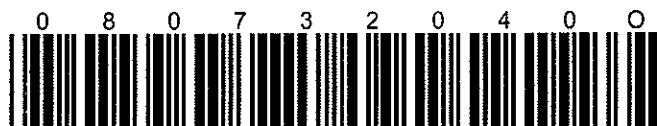
h Prior year credit balance, if any.	9h	661433354
i Employer contributions. Total from column (b) of line 3.	9i	217371000
j Amortization credits as of valuation date. ▶ (\$ 0)	9j	0
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j.	9k	56740689
l Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL). l(1) 693009538		
(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	935545043
o Credit balance: If line 9n is greater than line 9g, enter the difference.	9o	689537158
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.

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

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

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

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

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

- g**
- Outstanding balance of unfunded old liability

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

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

- j**
- Unfunded old liability amount

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

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

- m**
- Unpredictable contingent event amount:

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

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

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

- (4) Amortization of all unpredictable contingent event liabilities

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

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

- 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

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

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

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

12a	101.4 %
12b	
12c	
12d	%
12e	
12f	
12g	
12h	
12i	
12j	
12k	
12l	
m(1)	
m(2)	%
m(3)	
m(4)	
m(5)	
m(6)	
12n	
12o	
12p	
12q	0



**LOCKHEED MARTIN RETIREMENT PLAN
FOR CERTAIN HOURLY EMPLOYEES
EIN: 52-1893632/002**

Schedule B, line 6 – Summary of Plan Provisions

Effective Date of Plan:	December 31, 1942.
Most Recent Collective Bargaining Agreements:	April 2009 for Fort Worth. March 2008 for Non-Fort Worth.
Eligibility:	All employees are eligible on their date of employment.
Normal Retirement -	
Eligibility Retirement:	Age 65.
Benefit:	(a) Fort Worth \$79 (\$68 prior to most recent Collective Bargaining Agreement) multiplied by years of Credited Service, plus an additional \$29 (\$26 prior to most recent Collective Bargaining Agreement) multiplied by years of Bridged Service. (b) Non-Fort Worth \$77 multiplied by years of Credited Service, plus an additional \$29 multiplied by years of Bridged Service.
Early Retirement -	
Eligibility Requirement:	Age 55 and 10 years of Credited, Continuous or Vesting Service.
Benefit:	The accrued Normal Retirement Benefit, reduced by the lesser of: (a) 2.5% (3.0% for Fort Worth) for each year payment commences prior to age 65. (b) 2.5% for each point under 85 (3.0% for Fort Worth). The points earned equals the sum of the participant's age (in years and months) and Credited Service since the last break-in-service. Unreduced benefit calculated as in Normal Retirement for Fort Worth participants at least age 62 with 10 years of Continuous Service.

**LOCKHEED MARTIN RETIREMENT PLAN
FOR CERTAIN HOURLY EMPLOYEES
EIN: 52-1893632/002**

Schedule B, line 6 – Summary of Plan Provisions
(continued)

Total and Permanent Disability
Retirement -

Eligibility Requirement:	Total and Permanent Disability for at least 6 months and 10 years of Continuous Service as of the date of disability.
Benefit:	The monthly benefit computed as in Normal Retirement based on Credited Service to the date of disability. For non-Fort Worth participants, this benefit is reduced by the excess of the sum of Workers' Compensation or disability benefits over 60% of monthly pay at the time of disability; benefit is unreduced for Fort Worth participants. This benefit is payable while the participant is disabled until age 65. At age 65, the Normal Retirement Benefit is payable.

Disability Supplement -

Eligibility Requirement:	Non-Fort Worth early retirees under Total and Permanent Disability.
Benefit:	\$5 multiplied by years of Credited Service to a maximum of \$125. The temporary benefit is payable until age 65.

Preretirement Surviving
Spouse's Benefit -

Eligibility Requirement:	Vested.
Benefit:	The spouse will receive a benefit as if the participant retired the day prior to his death and elected a 100% Joint and Survivor Annuity. The benefit is deferred to what would have been the participant's earliest Retirement Date under the Plan.

**LOCKHEED MARTIN RETIREMENT PLAN
FOR CERTAIN HOURLY EMPLOYEES
EIN: 52-1893632/002**

Schedule B, line 6 – Summary of Plan Provisions
(continued)

Postretirement Surviving
Spouse's Benefit:

For non-Fort Worth participants who retire from active status, a Lump Sum determined as follows:

Age at Death	Benefit \$
55 - 59	2,000
60 - 64	1,500
65 or Older	1,000

For non-Fort Worth participants on Disability Retirement, a Lump Sum of \$1,000. The Lump Sum Benefit is reduced by death benefits from other Company insurance and Retirement Plans.

Postretirement Surviving Spouse's Benefits are not payable to Fort Worth employees or vested terminations.

Termination -

Eligibility
Requirement:

For non-Fort Worth participants, 5 years of Vesting or Continuous Service. For Fort Worth participants, 5 years of Continuous Service, age 55, or the 5th anniversary of date of hire.

Benefit:

- (a) A deferred monthly benefit computed as in Normal Retirement, payable at age 65.

**LOCKHEED MARTIN RETIREMENT PLAN
FOR CERTAIN HOURLY EMPLOYEES**
EIN: 52-1893632/002

Schedule B, line 6 – Summary of Plan Provisions
(continued)

Termination (continued) -

Benefit (continued):

- (b) Vested terminations with at least 10 years of Credited, Continuous or Vesting Service (5 years of Continuous Service for Fort Worth employees) may elect a monthly benefit computed as in Normal Retirement, reduced for payment commencing prior to age 65 in accordance with the following:

Age at Retirement	PERCENT REDUCTION	
	Non-Fort Worth %	Fort Worth %
64	11.8	10.5
63	20.8	19.7
62	29.2	27.7
61	36.6	34.8
60	43.1	41.1
59	48.8	46.7
58	53.9	51.6
57	58.4	56.0
56	62.4	60.0
55	66.0	63.5

- (c) For non-Fort Worth participants who terminate due to layoff and have 25 or more years of Credited, Continuous or Vesting Service, a monthly benefit computed as in Normal Retirement, reduced 2.5% for each point under 85.

Normal Form of
Benefit Payment:

Married Participants -

A reduced 50% Joint and Survivor Annuity.

Unmarried Participants -

Single Life Annuity.

**LOCKHEED MARTIN RETIREMENT PLAN
FOR CERTAIN HOURLY EMPLOYEES
EIN: 52-1893632/002**

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

Mortality: The RP-2000 Combined Healthy Blue Collar Mortality Table projected to 2010 with Scale AA.

For Current Liability, the RP-2000 Annuitant/Non-Annuitant Male/Female Mortality Tables, projected to the Valuation year.

Valuation Interest: It has been assumed for calculation purposes that the Fund will experience an investment return at the rate of 8.50% compounded annually.

Current Liability Interest: The 24-month average, third PPA Segment rate for September 2009 is 6.82%.

Turnover: The 2003 SOA Select and Ultimate Table. Sample rates are as follows:

AGE	YEARS OF SERVICE			
	0 - 1 %	2 - 4 %	5 - 9 %	10+ %
20	17.99	14.19	N/A	N/A
25	21.74	17.14	12.96	N/A
30	18.61	13.58	8.39	4.84
35	16.78	11.02	7.15	5.02
40	15.91	10.35	6.01	4.15
45	15.48	9.47	5.82	3.73
50	15.60	8.90	5.32	3.49
55	13.52	7.82	2.59	0.88
60	13.63	7.84	2.12	0.20
65	0.00	0.00	0.00	0.00

Layoff: 15% of terminations for participants under age 53 with at least 25 years of Service are assumed to be due to layoff.

**LOCKHEED MARTIN RETIREMENT PLAN
FOR CERTAIN HOURLY EMPLOYEES
EIN: 52-1893632/002**

Schedule B, line 6 - Statement of Actuarial Assumptions/Methods
(continued)

Disability:

Rates vary by age; sample rates are as follows:

Age	Rate of Disability %
20	.03
30	.04
40	.07
50	.18
60	.90

Retirement Age:

Rates vary by age; sample rates are as follows:

Age	Rate of Retirement %
55	5
56	5
57	5
58	5
59	5
60	10
61	10
62	15

Age	Rate of Retirement %
63	15
64	15
65	25
66	25
67	25
68	25
69	25
70	100

Marriage:

It has been assumed that 80% of the male participants and 50% of the female participants are married, and the female spouse is 3 years younger.

Expenses and
Contingencies:

Estimated 2010 expenses of \$15,650,721 have been included in the Normal Cost.

Assets:

4-year phase in of asset gains and losses

Calculation Method:

Calculations have been made in accordance with what is generally referred to as the Entry Age Normal Method. A description of this method may be found on the following page.

**LOCKHEED MARTIN RETIREMENT PLAN
FOR CERTAIN HOURLY EMPLOYEES
EIN: 52-1893632/002**

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

DESCRIPTION OF THE ENTRY AGE NORMAL COST METHOD

In the initial calculation under the Entry Age Normal Cost Method, the Actuarial Present Value of Projected Benefits and the Actuarial Present Value of Future Normal Costs are obtained assuming the Plan has always been in existence and using the Participants' entry ages. The Actuarial Present Value of Future Normal Costs is divided by a temporary annuity to determine the Normal Cost. The Actuarial Present Value of Projected Benefits less the Actuarial Present Value of Future Normal Costs and assets yields the Initial Unfunded Actuarial Accrued Liability, which is amortized over a period of thirty years.

In the second and subsequent years, the Normal Cost and Unfunded Actuarial Accrued Liability are calculated as above. An "*Expected*" Unfunded Actuarial Accrued Liability is also calculated as the prior year's Unfunded Actuarial Accrued Liability, less any contribution in excess of the Normal Cost, plus interest at the valuation rate. The "*Expected*" and Actual Unfunded Actuarial Accrued Liabilities are compared to determine the gain or loss for a particular year. The gain or loss is then amortized over five years from its occurrence.

The total annual cost for the Plan, then, is equal to the Normal Cost plus an amount necessary to amortize the Unfunded Actuarial Accrued Liability over the remaining periods of amortization.

**LOCKHEED MARTIN RETIREMENT PLAN
FOR CERTAIN HOURLY EMPLOYEES
EIN/PN: 52-1893632/002**

Schedule B, line 6b – Description of Weighted Average Retirement Age

Weighted Average Retirement Age

<u>Age</u>	<u>Retirement Rate</u>	<u>Retirement Probability</u>	<u>Weighted Age</u>
55	0.05	0.0500	2.75
56	0.05	0.0475	2.66
57	0.05	0.0451	2.57
58	0.05	0.0429	2.49
59	0.05	0.0407	2.40
60	0.10	0.0774	4.64
61	0.10	0.0696	4.25
62	0.15	0.0940	5.83
63	0.15	0.0799	5.03
64	0.15	0.0679	4.35
65	0.25	0.0962	6.25
66	0.25	0.0722	4.76
67	0.25	0.0541	3.63
68	0.25	0.0406	2.76
69	0.25	0.0304	2.10
70	1.00	0.0913	6.39
Totals:		1.0000	62.86

Weighted Age Rounded to the Nearest Age: 63

**LOCKHEED MARTIN RETIREMENT PLAN
FOR CERTAIN HOURLY EMPLOYEES
EIN/PN: 52-1893632/002**

Schedule B, line 8c -- Schedule of Active Participant Data

Age as of 12/25/2009	YEARS OF SERVICE										Total
	00-00	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40+	
15 - 19	6	1	--	--	--	--	--	--	--	--	7
20 - 24	101	139	3	--	--	--	--	--	--	--	243
25 - 29	154	285	98	--	--	--	--	--	--	--	537
30 - 34	117	218	178	8	--	--	--	--	--	--	521
35 - 39	104	215	217	16	2	1	--	--	--	--	555
40 - 44	123	260	311	55	42	24	1	--	--	--	816
45 - 49	129	310	424	141	165	224	147	23	--	--	1,563
50 - 54	83	290	399	162	216	378	502	290	3	--	2,323
55 - 59	42	138	270	134	209	321	485	379	40	3	2,021
60 - 64	15	62	170	81	124	186	367	329	52	37	1,423
65 - 69	3	14	53	37	43	65	100	114	29	52	510
70+	--	2	5	3	9	5	17	13	3	3	60
TOTALS	877	1,934	2,128	637	810	1,204	1,619	1,148	127	95	10,579

**LOCKHEED MARTIN RETIREMENT PLAN
FOR CERTAIN HOURLY EMPLOYEES**
EIN: 52-1893632/002

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

Date Established	Source of Amortization Bases	Amortization Period		Amount		Amortization Payment \$
		Initial	Remaining	Initial \$	Remaining \$	
12/25/2008	Actuarial Loss	5	4	520,230,479	432,433,392	121,674,358
12/25/2009	Actuarial Loss	5	5	308,402,776	308,402,776	72,130,933
TOTAL				828,633,255	740,836,168	193,805,291

* All bases established prior to 2008/2009 are assumed fully amortized in accordance with IRC Section 412(c)(6)(B).