Form 5500

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2021

This Form is Open to Public Inspection

Part I  Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II  Basic Plan Information—enter all requested information

1a Name of plan
LOCKHEED MARTIN CORPORATION VOLUNTARY SEPARATION INCENTIVE PROGRAM FOR CERTAIN REPRESENTED EMPLOYEES

1b Three-digit plan number (PN)
513

1c Effective date of plan
01/01/2012

2a Plan sponsor’s name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
LOCKHEED MARTIN CORPORATION

6801 ROCKLEDGE DRIVE, CCT-115
BETHESDA, MD 20817

2b Employer Identification Number (EIN)
52-1893632

2c Plan Sponsor’s telephone number
863-647-0370

2d Business code (see instructions)
339900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE  Filed with authorized/valid electronic signature.  07/27/2022  ROBERT MUENINGHOFF

Signature of plan administrator  Date  Enter name of individual signing as plan administrator

SIGN HERE

Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of DFE  Date  Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.
### 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

### 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

### 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

### General Schedules

- **(1)** H (Financial Information)
- **(2)** I (Financial Information – Small Plan)
- **(3)** A (Insurance Information)
- **(4)** C (Service Provider Information)
- **(5)** D (DFE/Participating Plan Information)
- **(6)** G (Financial Transaction Schedules)
### Part III  Form M-1 Compliance Information (to be completed by welfare benefit plans)

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>11a</td>
<td>If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)</td>
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<td>☐ Yes ☒ No</td>
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If “Yes” is checked, complete lines 11b and 11c.

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<tr>
<td>11b</td>
<td>Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)</td>
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<td>☔ Yes ☐ No</td>
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<tr>
<td>11c</td>
<td>Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)</td>
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<td>Receipt Confirmation Code______________________</td>
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