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 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 single-employer plan  ☐ a DFE (specify) ___

B This return/report is:  
☐ the first return/report  ☐ the final 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)

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

Part II
Basic Plan Information

Name of plan

LOCKHEED MARTIN SEVERANCE PLAN

Three-digit plan number (PN)

585

Effective date of plan

11/01/1984

Employer Identification Number (EIN)

52-1893632

Plan Sponsor’s telephone number

863-647-0370

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.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

Date

Enter name of individual signing as employer or plan sponsor

Signature of DFE

Date

Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.
3a Plan administrator’s name and address [X] Same as Plan Sponsor

3b Administrator’s EIN

3c Administrator’s telephone number

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

4a Sponsor’s name
4b EIN
4c Plan Name
4d PN

5 Total number of participants at the beginning of the plan year

5 80077

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, 6d).

6a(1) Total number of active participants at the beginning of the plan year

6a(2) Total number of active participants at the end of the plan year

6b Retired or separated participants receiving benefits

6c Other retired or separated participants entitled to future benefits

6d Subtotal. Add lines 6a(2), 6b, and 6c

6e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6f Total. Add lines 6d and 6e

6g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

7 0

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 4l

8b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4l

9a Plan funding arrangement (check all that apply)

9b Plan benefit arrangement (check all that apply)

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)
### Part III  Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)

- Yes [ ]
- No [X]  

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

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)

- Yes [ ]
- No [X]  

**11c** 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.)

Receipt Confirmation Code __________________________