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For calendar plan year 2023 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- 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)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

<b>Part II</b>	<b>Basic Plan Information</b> enter all requested information
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<b>1a</b> Name of plan	<b>1b</b> Three-digit plan number (PN)
	<b>1c</b> Effective date of plan

**2a** \_\_\_\_\_ (employer, if for a single-employer plan)

LOCKHEED MARTIN CORPORATION

<b>3a</b>	<input type="checkbox"/> Same as Plan Sponsor	<b>3b</b>
		<b>3c</b> number
<b>4</b>	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 name, EIN, the plan name and the plan number from the last return/report:  <b>a</b> <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b>	Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b>	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a(1)</b>	Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>
<b>a(2)</b>	Total number of active participants at the end of the plan year .....	<b>6a(2)</b>
<b>b</b>	Retired or separated participants receiving benefits .....	<b>6b</b>
<b>c</b>	Other retired or separated participants entitled to future benefits .....	<b>6c</b>
<b>d</b>	Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....	<b>6d</b>
<b>e</b>	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>
<b>f</b>	Total. Add lines <b>6d</b> and <b>6e</b> . .....	<b>6f</b>
<b>g(1)</b>	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>
<b>g(2)</b>	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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-  
2520.101-  Yes  No

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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