

**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

**2022**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2022 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 attach a list of participating employer information in accordance with the form instructions.)  a single-employer 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**—enter all requested information

<b>1a</b> Name of plan	<b>1b</b> Three-digit plan number (PN) (
	<b>1c</b> Effective date of plan
<b>2a</b> 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)	<b>2b</b> Employer Identification Number (EIN)

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p>	<p><b>3b</b> Administrator's EIN</p> <hr/> <p><b>3c</b> Administrator's telephone number</p>		
<p><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 plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <hr/> <p><b>4d</b> PN</p>		
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>5</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>5</b>	
<b>5</b>			
<p><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>).</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> </table>		
<p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(1)</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6a(1)</b>	
<b>6a(1)</b>			
<p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(2)</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6a(2)</b>	
<b>6a(2)</b>			
<p><b>b</b> Retired or separated participants receiving benefits .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6b</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6b</b>	
<b>6b</b>			
<p><b>c</b> Other retired or separated participants entitled to future benefits.....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6c</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6c</b>	
<b>6c</b>			
<p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6d</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6d</b>	
<b>6d</b>			
<p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6e</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6e</b>	
<b>6e</b>			
<p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6f</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6f</b>	
<b>6f</b>			
<p><b>g</b></p>			

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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 2520.101-2.) .....  Yes  No

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

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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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# SCHEDULE D (Form 5500)

Department of the Treasury  
Internal Revenue Service

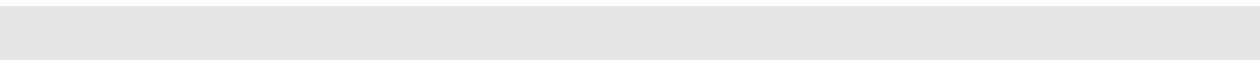
Department of Labor  
Employee Benefits Security Administration

am



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
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<b>b</b> Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

**c** EIN-PN

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e**

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

**SCHEDULE H**  
**(Form 5500)**

**Financial Information**

\_\_\_\_\_  
\_\_\_\_\_

<b>C</b>	<b>D</b>	

**Part I** Asset x ~~set~~ Pla v ) s

- (3)
- c**
- (1)
- (2)
- (3)
- (A)
- (B)
- (4)
- (A)
- (B)
- (5)
- (6)
- (7)

1b(2)		
1b(3)		
1c(1)		
1c(2)		
1c(3)(A)		
1c(3)(B)		
1c(4)(A)		
1c(4)(B)		
1c(5)		
1c(6)		
1c(7)		

1d



		(a)	(b)
(6)		2b(6)	
(7)		2b(7)	
(8)		2b(8)	
(9)		2b(9)	
(10)		2b(10)	
<b>c</b>		2c	
<b>d</b>	income	2d	
	<b>Expenses</b>		
<b>e</b>			
(1)		2e(1)	
(2)		2e(2)	
(3)		2e(3)	
(4)			

Yes

No

Amount

b

d

e

f

	Yes	No	Amount
4c			
4d			
4e			

	Yes	No	Amount
4h			

4h

LOCKHEED MARTIN CORPORATION BASIC BENEFIT PLAN FOR HOURLY EMPLOYEES

021

LOCKHEED MARTIN CORPORATION

52-1893632

All references to die f\*513.TT0 8 Tf 0.026 Tc 52T6i( )28(t282u.5 576.25 11 q 553.98 70.775 40.275 15.25 re W 563.48 84.6DCID 72 18 r1)28(d)-13-(6(e)aj11 ,

04-3321934

4 If the plan is a defined benefit plan, go to line 8. Yes No N/A

5 Date: 12/31/2022

Table with 3 columns: Question, Answer, and sub-sections (6a, 6b, 6c).

6a, 6b, 6c If you completed line 6c, skip lines 8 and 9. Yes No N/A

8 Yes

Yes No

11 a b Yes Yes No

12 Yes No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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. Other ( )  1/1/2022, 2/1/2022, 3/1/2022, 4/1/2022, 5/1/2022, 6/1/2022, 7/1/2022, 8/1/2022, 9/1/2022, 10/1/2022, 11/1/2022, 12/1/2022, or other ( )  2.

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

- a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants:  last contributing employer  alternative  reasonable approximation (see instructions for required attachment).....
- b** The plan year immediately preceding the current plan year.  Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....
- c** The second preceding plan year.

<b>14a</b>	
<b>14b</b>	

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

<b>16a</b>	
<b>16b</b>	

**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**

- 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 line 19(b)?  
 Effective duration  Macaulay duration  Modified duration  Other (specify):

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No
- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation \_\_\_\_\_

LOCKHEED MARTIN CORPORATION  
BASIC BENEFIT PLAN FOR HOURLY EMPLOYEES

Financial Statements as of December 31, 2022 and 2021,





## INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Plan participants  
Lockheed Martin Corporation Basic Benefit  
Plan for Hourly Employees

We have audited the financial statements of the Lockheed Martin Corporation Basic Benefit Plan for Hourly Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changeteye4loaS(A)2 ( )

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Washington, DC 20006  
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F +1 202 465 3149  
[mitchelltitus.com](http://mitchelltitus.com)









**Lockheed Martin Corporation Basic Benefit Plan for Hourly Employees**  
**Statement of Changes in Net Assets Available for Benefits**  
**(in thousands)**

	<b>Year Ended</b> <b>December 31, 2022</b>
Net assets available for benefits at beginning of year	\$ 58,823
Additions to net assets:	
Employer contributions	2,313
Deductions from net assets:	
Interest in net investment loss from participation in Lockheed Martin Corporation Defined Contribution Plans Master Trust	3,187
Distributions and withdrawals	4,727
Administrative expenses	60
Total deductions	7,974
Change in net assets	(5,661)
Net assets available for benefits at end of year	\$ 53,162

The accompanying notes are an integral part of these financial statements.



**Lockheed Martin Corporation Basic Benefit Plan for Hourly Employees**  
**Notes to Financial Statements (continued)**

**Plan Termination**

Although it has not expressed any intent to do so, the Board of Directors of Lockheed Martin has the right to amend, suspend or terminate the Plan at any time, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In the event of Plan termination, participants will receive a payment equal to the total value of their accounts.

**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 in the prior year have been rounded in a format to conform to the current year presentation.

**Use of Estimates**

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Payment of Benefits**

Benefits are recorded when paid.

**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 participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

**Investment Valuation and Income R5DC BCIDanlableretme V fori3.40 (t)1.80 ouu1.60 (ie)-1.80 6-6 (r53.40 (u)-5 (c)-2.70 (h)-6.10 (**

**Lockheed Martin Corporation Basic Benefit Plan for Hourly Employees**  
**Notes to Financial Statements (continued)**

**Subsequent Events**

The Plan has evaluated subsequent events through June 27, 2023, the date the financial statements were available to be issued. Other than the change above, no other material subsequent events have occurred since December 31, 2022 that required recognition or disclosure in these financial statements.

**3. Master Trust**

**General**

The Plan's interest in the Master Trust is stated at the value of the underlying net assets in the Master Trust. The realized and unrealized gains and losses and investment income of the Master Trust are allocated among the participating plans included therein proportionally based on each plan's earnings, which include unrealized gains and losses, investment income and plan expenses.

The following table presents the Plan's interest in the Master Trust balance as of December 31, 2022 and 2021 (in thousands):

	<b>December 31, 2022</b>		<b>December 31, 2021</b>
	<b>Master Trust Balance</b>	<b>Plan's Interest in Master Trust Balance</b>	<b>Master Trust Balance</b>
			<b>Plan's Interest in Master Trust Balance</b>





**Lockheed Martin Corporation Basic Benefit Plan for Hourly Employees**  
**Notes to Financial Statements (continued)**

**Lockheed Martin Corporation Basic Benefit Plan for Hourly Employees  
Notes to Financial Statements (continued)**

**Lockheed Martin Corporation Basic Benefit Plan for Hourly Employees**  
**Notes to Financial Statements (continued)**

participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result

**Lockheed Martin Corporation Basic Benefit Plan for Hourly Employees**  
**Notes to Financial Statements (continued)**

than the amounts reported on Form 5500 for the year ended December 31, 2022. 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. Interest in the net investment loss in the Master Trust reported in the financial statements also differed from the related amount per the Form 5500 as a result of the difference between fair value and contract value of fully benefit-responsive investment contracts.