

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

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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p>	<p>3b Administrator's EIN</p> <hr/> <p>3c Administrator's telephone number</p>		
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <hr/> <p>4d PN</p>		
<p>5 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;">5</td> <td style="width: 90%;"></td> </tr> </table>	5	
5			
<p>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, and 6d).</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> </table>		
<p>a(1) 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;">6a(1)</td> <td style="width: 90%;"></td> </tr> </table>	6a(1)	
6a(1)			
<p>a(2) 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;">6a(2)</td> <td style="width: 90%;"></td> </tr> </table>	6a(2)	
6a(2)			
<p>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;">6b</td> <td style="width: 90%;"></td> </tr> </table>	6b	
6b			
<p>c 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;">6c</td> <td style="width: 90%;"></td> </tr> </table>	6c	
6c			
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6d</td> <td style="width: 90%;"></td> </tr> </table>	6d	
6d			
<p>e 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;">6e</td> <td style="width: 90%;"></td> </tr> </table>	6e	
6e			
<p>f Total. Add lines 6d and 6e.....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6f</td> <td style="width: 90%;"></td> </tr> </table>	6f	
6f			
<p>g</p>			

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

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

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 _____

SCHEDULE D (Form 5500)

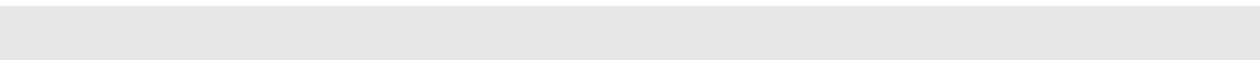
Department of the Treasury
Internal Revenue Service

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)
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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c EIN-PN

d Entity code

e

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

SCHEDULE H
(Form 5500)

Financial Information

C		D

Part I Asset x ~~Asset~~ 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)	
c		2c	
d	income	2d	
	Expenses		
e			
(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

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 1/1/2023 1/1/2024 1/1/2025 1/1/2026 1/1/2027 1/1/2028 1/1/2029 1/1/2030 1/1/2031 1/1/2032 1/1/2033 1/1/2034 1/1/2035 1/1/2036 1/1/2037 1/1/2038 1/1/2039 1/1/2040 1/1/2041 1/1/2042 1/1/2043 1/1/2044 1/1/2045 1/1/2046 1/1/2047 1/1/2048 1/1/2049 1/1/2050 1/1/2051 1/1/2052 1/1/2053 1/1/2054 1/1/2055 1/1/2056 1/1/2057 1/1/2058 1/1/2059 1/1/2060 1/1/2061 1/1/2062 1/1/2063 1/1/2064 1/1/2065 1/1/2066 1/1/2067 1/1/2068 1/1/2069 1/1/2070 1/1/2071 1/1/2072 1/1/2073 1/1/2074 1/1/2075 1/1/2076 1/1/2077 1/1/2078 1/1/2079 1/1/2080 1/1/2081 1/1/2082 1/1/2083 1/1/2084 1/1/2085 1/1/2086 1/1/2087 1/1/2088 1/1/2089 1/1/2090 1/1/2091 1/1/2092 1/1/2093 1/1/2094 1/1/2095 1/1/2096 1/1/2097 1/1/2098 1/1/2099 1/1/2100

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.

14a	
14b	

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.....

16a	
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

- 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
CAPITAL ACCUMULATION PLAN
FOR HOURLY EMPLOYEES

Financial Statements as of December 31, 2022 and 2021,
and for the Year Ended December 31, 2022 with Independent Auditor's Report

Lockheed Martin Corporation
Capital Accumulation Plan for Hourly Employees
Financial Statements

Year ended December 31, 2022

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<u>Independent Auditor's Report</u>	<u>1</u>
Financial Statements:	
<u>Statement of Net Assets Available for Benefits as of December 31, 2022 and 2021</u>	<u>4</u>
<u>Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2022</u>	<u>5</u>
<u>Notes to Financial Statements</u>	<u>6</u>



INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Plan participants
Lockheed Martin Corporation Capital Accumulation
Plan for Hourly Employees

We have audited the financial statements of the Lockheed Martin Corporation Capital Accumulation 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 changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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We are required to communicate with those charged with governance regarding, among other matters, the planned scope

Lockheed Martin Corporation Capital Accumulation Plan for Hourly Employees
Statement of Changes in Net Assets Available for Benefits
(in thousands)

Lockheed Martin Corporation Capital Accumulation Plan for Hourly Employees
Notes to Financial Statements

1. Description of the Plan

The following description of the Lockheed Martin Corporation Capital Accumulation Plan for Hourly Employees (the Plan) provides only general information about the Plan. For more information, see the Plan's Summary Plan Description and the Plan's Trust Agreement.

Lockheed Martin Corporation Capital Accumulation Plan for Hourly Employees
Notes to Financial Statements (continued)

Subsequent Events

The Plan has evaluated subsequent events through June

Lockheed Martin Corporation Capital Accumulation Plan for Hourly Employees
Notes to Financial Statements (continued)

- (a) Includes 103-12 investment entities.
- (b) Includes auto loans, bank loans, collateralized mortgage obligations, government agencies and credit card loans.
- (c) The Plan's reported total investments at fair value as of December 31, 2022 and 2021 has a variance of \$(0.2 million) and \$(0.1 million), respectively, to the reported Interest in Lockheed Martin Corporation Defined Contribution Plans Master Trust of

Lockheed Martin Corporation Capital Accumulation Plan for Hourly Employees
Notes to Financial Statements (continued)

were no such advances payable to the Corporation. Occasionally, the Master Trust invests in derivative financial instruments for liquidity or asset allocation purposes. As of December 31, 2022 and 2021, there were no material investments in derivatives.

Fair Value of Assets

Lockheed Martin Corporation Capital Accumulation Plan for Hourly Employees
Notes to Financial Statements (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, 2021 (in thousands):

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Cash and cash equivalents and short-term investment fund	\$ 38,133	\$ 786,458	\$ 824,591

Lockheed Martin Corporation Capital Accumulation Plan for Hourly Employees

Lockheed Martin Corporation Capital Accumulation Plan for Hourly Employees
Notes to Financial Statements (continued)

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.