

**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></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="background-color: #cccccc;"></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></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></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></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></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></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></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></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 \_\_\_\_\_

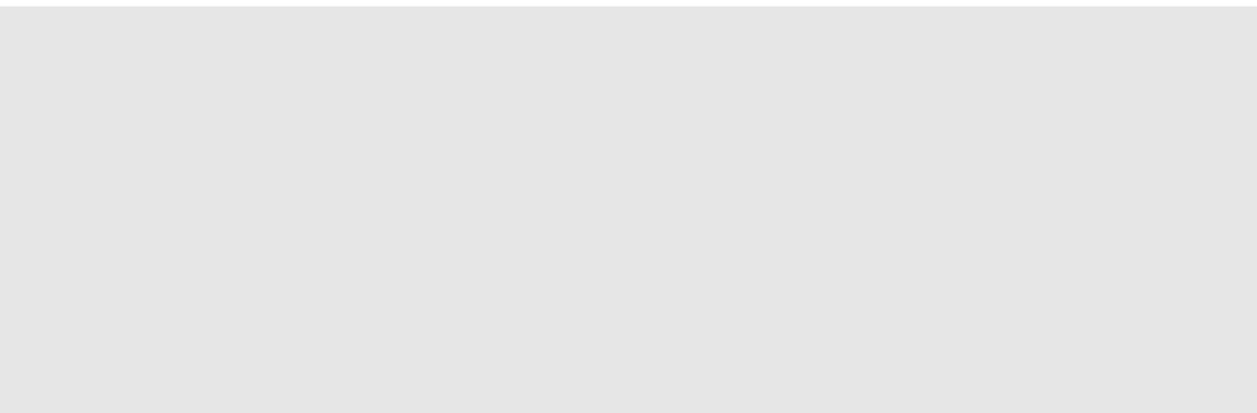
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# SCHEDULE D (Form 5500)

Department of the Treasury  
Internal Revenue Service

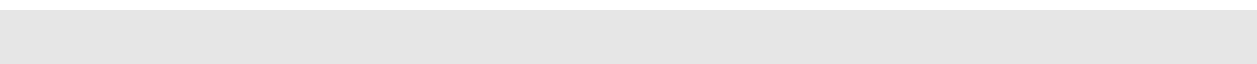
Department of Labor  
Employee Benefits Security Administration

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

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**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)	
c		2c	
d	income	2d	
	<b>Expenses</b>		
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

**SCHEDULE R  
(Form 5500)**

**Retirement Plan Information**

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**2022**

**This Form is Open to Public Inspection.**

**( File as an attachment to Form 5500.**

**A** LOCKHEED MARTIN CORPORATION OPERATIONS SUPPORT SAVINGS PLAN

**B** 033

**C** LOCKHEED MARTIN CORPORATION

52-1893632

All references to die f\*513.TT0 8 Tf 0.026 Tc 52T6i( )28(t282u5.3 576.25 11 q 553.98 70.775 40.275 15.25 re W 563.48 84.6DCID 72 18 r1)28(d)-13(-6(e)a11 ,

04-3321934

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

**5** Date:

<b>6a</b>	
<b>6b</b>	
<b>6c</b>	

**7**  Yes  No  N/A

**8**  Yes

Yes  No

**11 a**  Yes  No

**b**  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  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  1/1/2101  1/1/2102  1/1/2103  1/1/2104  1/1/2105  1/1/2106  1/1/2107  1/1/2108  1/1/2109  1/1/2110  1/1/2111  1/1/2112  1/1/2113  1/1/2114  1/1/2115  1/1/2116  1/1/2117  1/1/2118  1/1/2119  1/1/2120  1/1/2121  1/1/2122  1/1/2123  1/1/2124  1/1/2125  1/1/2126  1/1/2127  1/1/2128  1/1/2129  1/1/2130  1/1/2131  1/1/2132  1/1/2133  1/1/2134  1/1/2135  1/1/2136  1/1/2137  1/1/2138  1/1/2139  1/1/2140  1/1/2141  1/1/2142  1/1/2143  1/1/2144  1/1/2145  1/1/2146  1/1/2147  1/1/2148  1/1/2149  1/1/2150  1/1/2151  1/1/2152  1/1/2153  1/1/2154  1/1/2155  1/1/2156  1/1/2157  1/1/2158  1/1/2159  1/1/2160  1/1/2161  1/1/2162  1/1/2163  1/1/2164  1/1/2165  1/1/2166  1/1/2167  1/1/2168  1/1/2169  1/1/2170  1/1/2171  1/1/2172  1/1/2173  1/1/2174  1/1/2175  1/1/2176  1/1/2177  1/1/2178  1/1/2179  1/1/2180  1/1/2181  1/1/2182  1/1/2183  1/1/2184  1/1/2185  1/1/2186  1/1/2187  1/1/2188  1/1/2189  1/1/2190  1/1/2191  1/1/2192  1/1/2193  1/1/2194  1/1/2195  1/1/2196  1/1/2197  1/1/2198  1/1/2199  1/1/2200  1/1/2201  1/1/2202  1/1/2203  1/1/2204  1/1/2205  1/1/2206  1/1/2207  1/1/2208  1/1/2209  1/1/2210  1/1/2211  1/1/2212  1/1/2213  1/1/2214  1/1/2215  1/1/2216  1/1/2217  1/1/2218  1/1/2219  1/1/2220  1/1/2221  1/1/2222  1/1/2223  1/1/2224  1/1/2225  1/1/2226  1/1/2227  1/1/2228  1/1/2229  1/1/2230  1/1/2231  1/1/2232  1/1/2233  1/1/2234  1/1/2235  1/1/2236  1/1/2237  1/1/2238  1/1/2239  1/1/2240  1/1/2241  1/1/2242  1/1/2243  1/1/2244  1/1/2245  1/1/2246  1/1/2247  1/1/2248  1/1/2249  1/1/2250  1/1/2251  1/1/2252  1/1/2253  1/1/2254  1/1/2255  1/1/2256  1/1/2257  1/1/2258  1/1/2259  1/1/2260  1/1/2261  1/1/2262  1/1/2263  1/1/2264  1/1/2265  1/1/2266  1/1/2267  1/1/2268  1/1/2269  1/1/2270  1/1/2271  1/1/2272  1/1/2273  1/1/2274  1/1/2275  1/1/2276  1/1/2277  1/1/2278  1/1/2279  1/1/2280  1/1/2281  1/1/2282  1/1/2283  1/1/2284  1/1/2285  1/1/2286  1/1/2287  1/1/2288  1/1/2289  1/1/2290  1/1/2291  1/1/2292  1/1/2293  1/1/2294  1/1/2295  1/1/2296  1/1/2297  1/1/2298  1/1/2299  1/1/2300  1/1/2301  1/1/2302  1/1/2303  1/1/2304  1/1/2305  1/1/2306  1/1/2307  1/1/2308  1/1/2309  1/1/2310  1/1/2311  1/1/2312  1/1/2313  1/1/2314  1/1/2315  1/1/2316  1/1/2317  1/1/2318  1/1/2319  1/1/2320  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1/1/2421  1/1/2422  1/1/2423  1/1/2424  1/1/2425  1/1/2426  1/1/2427  1/1/2428  1/1/2429  1/1/2430  1/1/2431  1/1/2432  1/1/2433  1/1/2434  1/1/2435  1/1/2436  1/1/2437  1/1/2438  1/1/2439  1/1/2440  1/1/2441  1/1/2442  1/1/2443  1/1/2444  1/1/2445  1/1/2446  1/1/2447  1/1/2448  1/1/2449  1/1/2450  1/1/2451  1/1/2452  1/1/2453  1/1/2454  1/1/2455  1/1/2456  1/1/2457  1/1/2458  1/1/2459  1/1/2460  1/1/2461  1/1/2462  1/1/2463  1/1/2464  1/1/2465  1/1/2466  1/1/2467  1/1/2468  1/1/2469  1/1/2470  1/1/2471  1/1/2472  1/1/2473  1/1/2474  1/1/2475  1/1/2476  1/1/2477  1/1/2478  1/1/2479  1/1/2480  1/1/2481  1/1/2482  1/1/2483  1/1/2484  1/1/2485  1/1/2486  1/1/2487  1/1/2488  1/1/2489  1/1/2490  1/1/2491  1/1/2492  1/1/2493  1/1/2494  1/1/2495  1/1/2496  1/1/2497  1/1/2498  1/1/2499  1/1/2500  1/1/2501  1/1/2502  1/1/2503  1/1/2504  1/1/2505  1/1/2506  1/1/2507  1/1/2508  1/1/2509  1/1/2510  1/1/2511  1/1/2512  1/1/2513  1/1/2514  1/1/2515  1/1/2516  1/1/2517  1/1/2518  1/1/2519  1/1/2520  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**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  
OPERATIONS SUPPORT SAVINGS PLAN

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





## INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Plan participants  
Lockheed Martin Corporation Operations Support Savings Plan

We have audited the financial statements of the Lockheed Martin Corporation Operations Support Savings Plan (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,

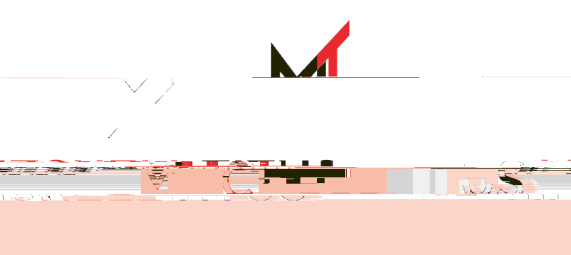
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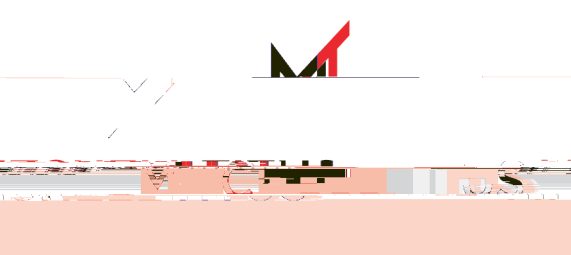


Management is also responsible for maintaining a current plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- E0 Tw3r4,m



Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.



**Lockheed Martin Corporation**

**Lockheed Martin Corporation  
Operations Support Savings Plan  
Notes to Financial Statements**

**1. Description of the Plan**

The following description of the Lockheed Martin Corporation Operations Support Savings Plan (the Plan) provides only general information about the Plan's provisions. Participants should refer to the Plan document and Summary Plan Description for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan covering full-time employees and eligible part-time employees of certain business units of Lockheed Martin Corporation (Lockheed Martin or the Corporation) and employees of certain collectively bargained groups. Employees in participating business units who are scheduled to work 20 hours or more per week are immediately eligible to

**Lockheed Martin Corporation**  
**Operations Support Savings Plan**  
**Notes to Financial Statements (continued)**

**Payment of Benefits**

On termination of service due to death, disability or retirement, a participant or beneficiary may elect to receive his or her account

**Lockheed Martin Corporation**  
**Operations Support Savings Plan**  
**Notes to Financial Statements (continued)**

**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):

	December 31, 2022		December 31, 2021	
	Master Trust Balance	Plan's Interest in Master Trust Balance	Master Trust Balance	Plan's Interest in Master Trust Balance
Cash and cash equivalents and short-term investment fund	\$ 817,314	\$ 8,700	\$ 824,591	\$ 9,590
Common and preferred stocks	5,208,438	51,475	6,154,403	68,051
Common stocks - Lockheed Martin	13,317,355	89,092	10,259,261	68,912
Common/collective trusts <sup>(a)</sup>	20,308,032	151,297	25,704,614	200,269
Registered investment companies (mutual funds)	283,602	3,905	336,097	4,837
Corporate debt securities	537,006	6,814	599,328	8,255
U.S. Government securities	379,361	3,927	591,752	6,111
Other investments <sup>(b)</sup>	162,738	1,954	134,725	1,790
Self-directed brokerage account	1,661,060	4,088	2,154,935	6,461
Total investments at fair value <sup>(c)(d)</sup>	42,674,906	321,252	46,759,706	374,276
Fully benefit-responsive investment contracts at contract value	5,131,364	39,921	4,465,339	34,823
Plus:				
Due from broker for securities sold				

**Lockheed Martin Corporation  
Operations Support Savings Plan**



**Lockheed Martin Corporation**  
**Operations Support Savings Plan**  
**Notes to Financial Statements (continued)**

- Level 2 – Observable inputs, other than Level 1 prices, such as quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, and amounts derived from valuation models where all significant inputs are observable in active markets; and
- Level 3 – Unobservable inputs where valuation models are supported by little or no market activity that one or more significant inputs are unobservable and require us to develop relevant assumptions.

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, 2022 (in thousands):

	<b>Level 1</b>	<b>Level 2</b>	<b>Total</b>
	\$ 49,414	\$ 767,900	\$ 817,314
Common and preferred stocks	5,207,312	1,126	5,208,438
Common stocks - Lockheed Martin	13,317,355	—	
Common/collective trusts <sup>(a)</sup>	—	20,308,032	20,308,032
Registered inv378.76 6 13.44 ret49-6.90 (2)6.90 ( )] TJ ET EMC /P <</MCID116 399.70 (o)-4.90 (t)-4.40 (a)-7 (l)1.80 1430			

**Lockheed Martin Corporation**  
**Operations Support Savings Plan**  
**Notes to Financial Statements (continued)**

**Valuation Techniques**

Cash equivalents and short-term investment fund categorized as Level 1 are mostly comprised of short-term money-market instruments and are valued at cost, which approximates fair value. Cash equivalents and short-term investment fund categorized as Level 2 are short-term government securities consisting of U.S. Treasuries and U.S. agency issues.

Common and preferred stocks categorized as Level 1 are traded on active national and international exchanges and are valued at closing prices on the last trading day of the year. For Common and preferred stocks not traded on an active exchange, or if the closing price is not available, the Trustee obtains indicative quotes from a pricing vendor, broker or investment manager. These stocks are categorized as Level 2 if the custodian obtains corroborated quotes from a pricing vendor.

Common/collective trusts (CCTs) and registered investment companies (e.g., mutual funds, exchange-traded funds (ETFs), etc.) are investment vehicles valued using the Net Asset Value (NAV) provided by the fund managers. The NAV is the total value of the fund divided by the number of shares outstanding and is based on the fair value of underlying investments held by the CCTs. CCTs are traded at NAV, determined daily or monthly. CCTs are categorized as Level 2 because the NAVs, although readily determinable, are not published on an active exchange nor publicly available. Registered investment companies are traded at NAV, determined and published daily, and are categorized as Level 1.

**Lockheed Martin Corporation**  
**Operations Support Savings Plan**  
**Notes to Financial Statements (continued)**

**5. Income Tax Status**

# Supplemental Schedule

Lockheed Martin Corporation Operations Support Savings Plan

Employer Identification Number 52-1893632, Plan Number 033

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2022

(in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Notes receivable from participants			

Lockheed Martin Corporation Operations Support Savings Plan

Employer Identification Number 52-1893632, Plan Number 033

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2022

(in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Notes receivable from participants	Interest rates ranging from 4.25% to 9.75%; varying maturities	\$ —	\$ 1,734

\* Party-in-interest for which a statutory exemption exists.