

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 6047(e), 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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ 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)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan SCRIPPS NETWORKS INTERACTIVE PENSION PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SCRIPPS NETWORKS INTERACTIVE, INC. 9721 SHERRILL BOULEVARD KNOXVILLE, TN 37932	1b Three-digit plan number (PN) ►	002	
	1c Effective date of plan	01/01/2009	
	2b Employer Identification Number (EIN)	61-1551890	
	2c Sponsor's telephone number	865-560-3404	
	2d Business code (see instructions)	515100	

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	TONYA GRAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SCRIPPS NETWORKS INTERACTIVE, INC. 9721 SHERRILL BOULEVARD KNOXVILLE, TN 37932	3b Administrator's EIN 61-1551890 3c Administrator's telephone number 865-560-3404
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1679
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1273
b Retired or separated participants receiving benefits.....	6b	42
c Other retired or separated participants entitled to future benefits.....	6c	285
d Subtotal. Add lines 6a , 6b , and 6c	6d	1600
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	1603
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	80

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SCRIPPS NETWORKS INTERACTIVE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SCRIPPS NETWORKS INTERACTIVE, INC.</u>	D Employer Identification Number (EIN) <u>61-1551890</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>36892812</u>
b	Actuarial value 2b <u>36892812</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>44</u> <u>2375133</u>
b	For terminated vested participants 3b <u>248</u> <u>6810143</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>5545868</u>
(2)	Vested benefits 3c(2) <u>23991221</u>
(3)	Total active 3c(3) <u>1387</u> <u>29537089</u>
d	Total 3d <u>1679</u> <u>38722365</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.75 %</u>
6	Target normal cost 6 <u>1530388</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/13/2011</u>
Signature of actuary <u>SUSAN L. GUZIOR, F.S.A., E.A.</u>	Date <u>11-05865</u>
Type or print name of actuary <u>TOWERS WATSON PENNSYLVANIA, INC.</u>	Most recent enrollment number <u>513-345-4229</u>
Firm name <u>255 EAST FIFTH STREET</u> <u>SUITE 2120</u> <u>CINCINNATI, OH 45202-4721</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	5428065	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	3765597	0
9	Amount remaining (Item 7 minus item 8).....	1662468	0
10	Interest on item 9 using prior year's actual return of <u>17.76</u> %	295254	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		5531219
b	Interest on (a) using prior year's effective rate of <u>7.74</u> %		428116
c	Total available at beginning of current plan year to add to prefunding balance		5959335
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	1957722	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	90.21 %
15	Adjusted funding target attainment percentage.....	15	90.21 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	94.37 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)
04/15/2011	3300000		
		Totals ▶	18(b)
		3300000	18(c)
			0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 3034183
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	1530388
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2238380	376702
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	1907090
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	1907090	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	3034183
38 Interest-adjusted excess contributions for current year (see instructions).....	38	3034183
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan SCRIPPS NETWORKS INTERACTIVE PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SCRIPPS NETWORKS INTERACTIVE, INC.		D Employer Identification Number (EIN) 61-1551890

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TOWERS WATSON PENNSYLVANIA, INC.

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	186081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

RUSSELL TRUST COMPANY

91-1116938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	151453	Yes ☒ No ☐	Yes ☒ No ☐	236	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

ACS HR SOLUTIONS, LLP

20-2185976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	139350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

THOMPSON HINE

34-0575300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	37546	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

HIGHLAND CONSULTING ASSOCIATES

34-1753575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	20827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan SCRIPPS NETWORKS INTERACTIVE PENSION PLAN		B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SCRIPPS NETWORKS INTERACTIVE, INC.		D Employer Identification Number (EIN) 61-1551890
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL REAL ESTATE EQUITY FUND		
b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY		
c EIN-PN 91-1117282-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1598268
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL SMALL CAP FUND		
b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY		
c EIN-PN 91-1117282-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3605784
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL EMERGING MARKETS FUND		
b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY		
c EIN-PN 91-1117282-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4189881
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL WORLD EQUITY FUND		
b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY		
c EIN-PN 91-1117282-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4112795
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND SERIES I		
b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY		
c EIN-PN 91-1117282-033	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7380581
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL INTERNATIONAL FUND		
b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY		
c EIN-PN 91-1117282-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7870165
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL LONG CREDIT FIXED FUND		
b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY		
c EIN-PN 26-6609096-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12394013
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2010 v.092308.1		

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL DIVERS. ALTERNATIVES FUND**b** Name of sponsor of entity listed in (a): RUSSELL CAPITAL INC.

c EIN-PN <u>98-0421615-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18976</u>
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan SCRIPPS NETWORKS INTERACTIVE PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SCRIPPS NETWORKS INTERACTIVE, INC.	D Employer Identification Number (EIN) 61-1551890	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3000000	3300000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	21341	22183
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	33743131	41151487
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	168683	18976
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	36933155	44492646

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	66575	72380
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	66575	72380

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	36866580	44420266
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3300000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3300000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5640432
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		-85092
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		50
d Total income. Add all income amounts in column (b) and enter total.....	2d		8855390

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	707548	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		707548
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	223627	
(2) Contract administrator fees	2i(2)	290803	
(3) Investment advisory and management fees	2i(3)	20827	
(4) Other	2i(4)	58899	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		594156
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1301704

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7553686
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DELOITTE & TOUCHE LLP

(2) EIN: 13-3891517

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan SCRIPPS NETWORKS INTERACTIVE PENSION PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 SCRIPPS NETWORKS INTERACTIVE, INC.		D Employer Identification Number (EIN) 61-1551890
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-1867445		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 4
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☒ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	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 for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 64% Investment-Grade Debt: 30% High-Yield Debt: 2% Real Estate: 4% Other: 0%

- 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 item 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

INDEPENDENT AUDITORS' REPORT

To the Pension Committee of the
Scripps Networks Interactive Pension Plan
Cincinnati, Ohio

We were engaged to audit the financial statements of the Scripps Networks Interactive Pension Plan (the "Plan") as of December 31, 2010 and 2009, and for the years then ended, and the supplemental schedules as of December 31, 2010, and for the year then ended, listed in the table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Russell Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee that the information as of and for the years ended December 31, 2010 and 2009, provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte & Touche LLP

October 14, 2011

Scripps Networks Interactive Pension Plan

EIN 61-1551890/002

Schedule SB, line 22 – Description of Weighted Average Retirement Age

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 62 is the arithmetic average of the expected retirement age of all such participants on January 1, 2010.

Scripps Networks Interactive Pension Plan

EIN 61-1551890/002

Schedule SB, Part V – Statement of Plan Provisions

The following plan provisions are effective January 1, 2010.

Covered Employees	All employees of adopting companies
Participation Date	<p>Completion of 1,000 hours in first anniversary year or any subsequent plan year calendar. The plan was closed to new entrants as of January 1, 2010.</p> <p>The employee's initial computation period and hours of service shall include employment and hours of service determined under the Scripps Pension Plan as of December 31, 2008.</p>
Definitions	
Vesting service	<p>Elapsed time from the later of January 1, 2009 and date of hire through termination.</p> <p>Vesting service shall include the employee's vesting service as determined under the Scripps Pension Plan as of December 31, 2008</p>
Pension service	<p>Elapsed time from the later of January 1, 2009 and date of hire through the earlier of termination or December 31, 2009.</p> <p>Pension service shall include the employee's pension service determined under the Scripps Pension Plan as of December 31, 2008</p>
Pensionable pay	<p>Annual W-2 compensation plus elective deferrals adjusted for timing of bonus. For years 2010 and later, bonuses will be included in year paid instead of year earned.</p> <p>For periods prior to January 1, 2009, annual compensation shall include the employee's annual compensation determined under the Scripps Pension Plan as of December 31, 2008.</p>
Average earnings	The average of the highest five consecutive calendar years of Pensionable Pay during the 11-year period ending on the earlier of the participant's termination date or December 31, 2019.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.
Monthly pension benefit	<p>Equal to the greater of (1) and (2):</p> <p>(1) Equal to the sum of the following:</p> <ul style="list-style-type: none">■ The maximum of 1/12 of 1.0% of Average Earnings not in excess of Covered Compensation times Pension Service or \$5.50 times years of Pension Service.■ 1/12 of 1.25% of Average Earnings in excess of Covered Compensation times years of Pension Service.

Scripps Networks Interactive Pension Plan

EIN 61-1551890/002

Schedule SB, Part V – Statement of Plan Provisions

(2) The accrued benefit, determined as of December 31, 2009.

Monthly preretirement death benefit	100% of the monthly pension benefit as of the date of death, reduced for the 100% joint and survivor election and reduced for payment as early as the participant's 55 th birthday.
-------------------------------------	--

Eligibility for Benefits

Normal retirement	Retirement on NRD.
-------------------	--------------------

Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of Vesting Service.
------------------	--

Postponed retirement	Retirement after NRD.
----------------------	-----------------------

Vested termination	Termination for reasons other than death or retirement after completing five years of Vesting Service.
--------------------	--

Disability	On Long-Term Disability (LTD) on or before December 31, 2009
------------	--

Preretirement death benefit	Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.
-----------------------------	--

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
-------------------	---

Early retirement	Monthly pension benefit determined as of Early Retirement Date, reduced by 0.4167% for each month of payment before age 62.
------------------	---

Postponed retirement	Monthly pension benefit determined as of actual retirement date for employees younger than age 70-1/2; for participants over age 70-1/2, benefits are actuarially increased to reflect the time and period after age 70-1/2.
----------------------	--

Vested termination	Monthly pension benefit determined as of termination date, reduced 0.50% for each month if the payment before 65.
--------------------	---

Disablement	If on LTD prior to December 31, 2009, a participant continues to accrue pension under this plan until normal retirement or recovery if earlier. Otherwise, if prior to age 65 and not eligible for Social Security Disability, the participant is entitled to the greater of 1/12 of 1.25% of his or her final average earnings times years of credited service or \$5.50 times years of credited service. If eligible for Social Security Disability, the participant receives his or her accrued monthly pension benefit unreduced for early commencement.
-------------	--

Preretirement death	Monthly preretirement death benefit payable to a surviving spouse on behalf of an active employee or a terminated vested employee is reduced as stated above for employee's early retirement benefit.
---------------------	---

Scripps Networks Interactive Pension Plan

EIN 61-1551890/002

Schedule SB, Part V – Statement of Plan Provisions

Other Plan Provisions

Postretirement death benefit	A lump sum equal to 3/12 of final average earnings limited to a maximum of \$10,000 and a minimum of \$2,500. The participant must be retired and have not received a lump sum payment of benefits. Only participants retiring prior to January 1, 2010 are eligible to receive this benefit.
Forms of payment	<p>Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 100% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.</p> <p>Optional forms are 50% and 100% joint and survivor annuity, 5-year or 10-year certain and life annuity, lump sum, and a life annuity</p>
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Changes

The following plan changes were reflected for the January 1, 2010 valuation:

- The Plan is closed to new entrants as of January 1, 2010
- Pension service is frozen as of December 31, 2009
- Pensionable earnings are frozen as of December 31, 2009
- Long Term Disability Retirement benefit is eliminated for participants becoming disabled after December 31, 2009
- Post-Retirement Death Benefit is eliminated for retirements after December 31, 2009

Lump-sum optional form reflected in the valuation assumptions

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Scripps Networks Interactive Pension Plan

EIN 61-1551890/002

Schedule SB, line 24 – Description of Assumption Changes

Aspect of the Valuation	Old	New
Expenses included in Funding Target Normal Cost	\$109,000	\$300,000
Form of Payment	Grandfathered participants: 100% elect lump sum Not grandfathered: Single: 100% elect life annuity Married: 50% elect life annuity 50% elect 100% joint & survivor annuity	100% elect lump sum

Scripps Networks Interactive Pension Plan
EIN 61-1551890/002

Schedule SB, line 25 – Change in Method

In accordance with 1.430(d)-1(g)(3)(ii)(A), automatic approval has been granted for the first plan year for which all provisions of 1.430(d)-1, 1.430(f)-1, 1.430(g)-1, 1.430(i)-1, and 1.436-1 are reflected of any changes to funding methods permitted by the Pension Protection Act. 2010 is the first plan year for which all of these provisions were reflected, and thus all funding method changes are automatically approved.

Scripps Networks Interactive Pension Plan

EIN 61-1551890/002

Schedule SB, line 32 – Schedule of Amortization Bases

	Date of Base Creation	Initial Amount	Amortization Installment	Remaining Period	PV of Future Installments
Shortfall Amortization Bases					
2010 Shortfall	1/1/2010	2,238,380	376,702	7	2,238,380
Total Shortfall Amortization Installments			376,702		2,238,380
Waiver Amortization Bases					
Total Waiver Amortization Installments			0		0
Total Amortization Installments			376,702		2,238,380
Total Amortization Installments reflecting minimum of 0 on Total Shortfall Installments			376,702		

Scripps Networks Interactive Pension Plan

EIN 61-1551890/002

Schedule SB, line 26 – Schedule of Active Participant Data

		Schedule of Active Participant Data									
		Total Years of Credited Service									
Attained Age		<1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
<25	Count	1	33	0	0	0	0	0	0	0	0
	Average Earnings		45,920								
25 to 29	Count	3	177	23	0	0	0	0	0	0	0
	Average Earnings		59,415	89,114							
30 to 34	Count	3	143	85	14	0	0	0	0	0	0
	Average Earnings		85,523	84,860							
35 to 39	Count	3	136	98	49	4	0	0	0	0	0
	Average Earnings		100,733	103,132	101,101						
40 to 44	Count	2	78	91	35	9	2	0	0	0	0
	Average Earnings		108,993	115,421	119,132						
45 to 49	Count	1	58	56	39	13	1	1	2	0	0
	Average Earnings		104,867	124,221	99,885						
50 to 54	Count	0	36	46	21	12	4	0	0	0	0
	Average Earnings		107,294	149,821	98,707						
55 to 59	Count	0	13	22	20	8	0	2	1	0	0
	Average Earnings			129,618	85,362						
60 to 64	Count	0	8	11	8	3	1	0	0	0	1
	Average Earnings										
65 to 69	Count	0	2	2	2	1	0	0	0	0	0
	Average Earnings										
70 & up	Count	0	0	1	2	0	0	0	0	0	0
	Average Earnings										

Scripps Networks Interactive Pension Plan

EIN 61-1551890/002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Contributions

Economic Assumptions

Interest rate basis:

▶ Applicable month	September 2009
▶ Yield curve basis	Segment Rates
▶ Transition from current liability rates	No

Funding interest rates:

▶ First segment rate	5.03%
▶ Second segment rate	6.73%
▶ Third segment rate	6.82%
▶ Effective interest rate	6.75%

Annual rates of increase

▶ Salaries: (average)	4.13%
▶ Future Social Security wage bases	4.25%
▶ Statutory limits on compensation and benefits	N/A

Demographic and Other Assumptions

Mortality

Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2025 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2017 using Scale AA)

Scripps Networks Interactive Pension Plan

EIN 61-1551890/002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Termination: Rates varying by age and service; representation rates are shown below:

<i>During First Five Years of Service</i>				<i>Thereafter</i>	
<u>Years of Service</u>	<u>Age 25</u>	<u>Age 40</u>	<u>Age 55</u>	<u>Age</u>	<u>Rate</u>
0	25.0%	23.0%	20.0%	25	25.0%
1	25.0%	23.0%	20.0%	30	17.0%
2	25.0%	23.0%	20.0%	35	11.0%
3	25.0%	20.0%	15.0%	40	8.0%
4	25.0%	19.0%	14.0%	45	6.0%
				50	5.0%
				55	5.0%

Scripps Networks Interactive Pension Plan

EIN 61-1551890/002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Rates of Retirement:

It is assumed that normal and early retirements will occur in accordance with the following rates

<u>Age</u>	<u>Percentage of Eligible Participants at Indicated Age Assumed to Retire <u>in</u> <u>the next year</u></u>
55	6.0%
56	6.0%
57	6.0%
58	6.0%
59	6.0%
60	6.0%
61	10.0%
62	25.0%
63	20.0%
64	20.0%
65	35.0%
66	25.0%
67	25.0%
68	25.0%
69	25.0%
70	100.0%

Rates of salary increases:

The assumption for the increases in wages and salaries varies by age. Rates at sample ages are as follows:

<u>Age</u>	<u>Rate</u>
25	12.0%
30	8.0%
35	6.0%
40	5.5%
45	5.0%
50+	3.0%

Scripps Networks Interactive Pension Plan

EIN 61-1551890/002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Benefit commencement date:

▶ Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained early retirement
▶ Deferred vested benefit	Upon termination of employment
▶ Retirement benefit	Upon termination of employment
Form of payment	100% elect lump sum
Percent married	80% of males; 60% of females
Spouse age	Female (male) spouses assumed to be three years younger (older) than male (female) participants
Covered pay	<p>If a participant is bonus eligible, covered pay is assumed to be the base rate of pay as of the first day of the plan year plus target bonus.</p> <p>If a participant is not eligible for a bonus, covered pay is assumed to be the greater of:</p> <ul style="list-style-type: none">▶ Actual pension compensation during previous year increased with the average salary scale assumption.▶ Base rate of pay as of the first day of the plan year.
Administrative expense	2010 expenses assumed to be \$300,000, based on 2009 actual expenses paid from the trust.
Loadings	None
Methods	
▶ Valuation date	First day of plan year
▶ Funding target	Present value of accrued benefits
▶ Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the year.
▶ Actuarial value of assets	The fair market value of assets on the valuation date plus contributions receivable.
Benefits Not Valued	All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with Scripps Networks Interactive, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Scripps Networks Interactive Pension Plan

EIN 61-1551890/002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Data Sources

Towers Watson used asset data supplied by the trustee. Scripps Networks Interactive, Inc. furnished participant data as of the valuation date. Scripps Networks also provided the dates and amounts of the 2009 contributions that will be paid in 2010. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the company, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Change in Assumptions and Methods Since Prior Valuation

Contributions The funding interest rate was changed from the full corporate bond yield curve as of November 2008 to the September 2009 segment rates.

The required mortality table used to calculate the funding target and target normal cost was updated to the 2010 PPA prescribed funding mortality.

Optional form of payment assumed to be a lump sum for 100% of participants.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
► Round off amounts to nearest dollar.	
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan Scripps Networks Interactive Pension Plan	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Scripps Networks Interactive, Inc.	D Employer Identification Number (EIN) 61-1551890
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value	2a		36,892,812
b Actuarial value	2b		36,892,812
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	44	2,375,133
b For terminated vested participants	3b	248	6,810,143
c For active participants:			
(1) Non-vested benefits	3c(1)		5,545,868
(2) Vested benefits	3c(2)		23,991,221
(3) Total active	3c(3)	1,387	29,537,089
d Total	3d	1,679	38,722,365
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		6.75 %
6 Target normal cost	6		1,530,388

Statement by Enrolled Actuary <small>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.</small>			
SIGN HERE	Susan L. Guzor Signature of actuary	10/13/2011 Date	
	SUSAN L. GUZIOR, F.S.A., E.A. Type or print name of actuary	11-05865 Most recent enrollment number	
	TOWERS WATSON PENNSYLVANIA, INC. Firm name	(513) 345-4229 Telephone number (including area code)	
	255 EAST FIFTH STREET SUITE 2120 CINCINNATI OH 45202-4721 Address of the firm		

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	5,428,065	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	3,765,597	0
9 Amount remaining (Item 7 minus item 8)	1,662,468	0
10 Interest on item 9 using prior year's actual return of <u>17.76%</u>	295,254	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		5,531,219
b Interest on (a) using prior year's effective rate of <u>7.74%</u>		428,116
c Total available at beginning of current plan year to add to prefunding balance		5,959,335
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	1,957,722	0

Part III Funding percentages		
14 Funding target attainment percentage	14	90.21 %
15 Adjusted funding target attainment percentage	15	90.21 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.37 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2011	3,300,000				
Totals ▶			18(b)	3,300,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,034,183
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	1,530,388
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,238,380	376,702
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	1,907,090
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	1,907,090	0
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	3,034,183
38 Interest-adjusted excess contributions for current year (see instructions)	38	3,034,183
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

Employer Identification Number: 61-1551890

Plan Number: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2010

Issuer	Description of Investment	Cost	Current Value
Commingled Trust Funds:			
Russell Trust Company	605,462 shares, Russell 1000 Index Fund — Series I*	\$ 5,456,340	\$ 7,380,581
Russell Trust Company	52,458 shares, Russell Emerging Markets Fund*	3,670,635	4,189,881
Russell Trust Company	173,466 shares, Russell International Fund*	6,035,668	7,870,165
Russell Trust Company	108,087 shares, Russell Small Cap Fund*	2,536,650	3,605,784
Russell Trust Company	417,967 shares, Russell World Equity Fund*	3,563,690	4,112,795
Russell Trust Company	783,935 shares, Russell Long Credit Fixed Fund*	<u>11,227,126</u>	<u>12,394,013</u>
	Total commingled trust funds	<u>32,490,109</u>	<u>39,553,219</u>
Alternative Investments:			
Russell Trust Company	6,467 shares, Russell Real Estate Equity Fund*	1,974,685	1,598,268
Russell Trust Company	1,443 shares, Russell Diversified Alternatives Fund*	<u>137,172</u>	<u>18,976</u>
	Total alternative investments	<u>2,111,857</u>	<u>1,617,244</u>
Total Investments		<u>\$ 34,601,966</u>	<u>\$ 41,170,463</u>

* Represents a party-in-interest investment.

See accompanying Independent Auditors' Report.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

Employer Identification Number: 61-1551890

Plan Number: 002

**FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS (PAGE 1 OF 2)
FOR THE YEAR ENDED DECEMBER 31, 2010**

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Net Gain
SINGLE TRANSACTIONS:				
Russell Equity I Fund*	\$ 1,750,311	\$ 2,313,336	\$ 1,750,311	\$ 563,025
Russell Long Duration Fixed Income Fund*	2,259,911	3,032,381	2,259,911	772,470
Russell Long Duration Fixed Income Fund*	2,270,397	3,013,811	2,270,397	743,414
Russell Long Credit Fixed Fund*	3,000,000		3,000,000	
SERIES OF TRANSACTIONS:				
Russell Short-Term Investment Fund*	\$ 3,199,948	\$ 3,199,948	\$ 3,199,948	\$ -
Number of transactions	4	5		
Russell Emerging Markets Fund*	3,735,412	69,594	64,777	4,817
Number of transactions	2	13		
Russell Equity I Fund*	10,064	4,742,162	3,753,842	988,320
Number of transactions	2	32		
Russell 1000 Index Fund — Series I*	2,449,898	359,978	266,060	93,918
Number of transactions	2	1		
Russell International Fund*	2,855,788	203,541	160,231	43,310
Number of transactions	8	18		
Russell Concentrated Equity Fund*	7,105	3,203,302	2,486,633	716,669
Number of transactions	3	35		

* Represents a party-in-interest investment.

(Continued)

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

Employer Identification Number: 61-1551890

Plan Number: 002

**FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS (PAGE 2 OF 2)
FOR THE YEAR ENDED DECEMBER 31, 2010**

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Net Gain
SERIES OF TRANSACTIONS (Continued):				
Russell World Equity Fund*	\$ 3,727,535	\$ 184,683	\$ 163,845	\$ 20,838
Number of transactions	3	17		
Russell Long Duration Fixed Income Fund*		6,046,192	4,530,309	1,515,883
Number of transactions		2		
Russell Long Credit Fixed Fund*	6,422,994			
Number of transactions	4			
Russell Large Cap Structured Equity Fund*	8,558	4,008,105	3,251,630	756,475
Number of transactions	3	32		

* Represents a party-in-interest investment.

See accompanying Independent Auditors' Report.

(Concluded)

Scripps Networks Interactive Pension Plan

Employer Identification Number: 61-1551890
Plan Number: 002

Financial Statements as of and for the
Years Ended December 31, 2010 and 2009,
Supplemental Schedules as of and for
the Year Ended December 31, 2010, and
Independent Auditors' Report

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009	2
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2010 and 2009	3
Notes to Financial Statements	4–12
SUPPLEMENTAL SCHEDULES:	13
Form 5500, Schedule H, Part IV, Line 4i — Schedule of Assets (Held at End of Year) as of December 31, 2010	14
Form 5500, Schedule H, Part IV, Line 4j — Schedule of Reportable Transactions for the Year Ended December 31, 2010	15–16
NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

To the Pension Committee of the
Scripps Networks Interactive Pension Plan
Cincinnati, Ohio

We were engaged to audit the financial statements of the Scripps Networks Interactive Pension Plan (the "Plan") as of December 31, 2010 and 2009, and for the years then ended, and the supplemental schedules as of December 31, 2010, and for the year then ended, listed in the table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Russell Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee that the information as of and for the years ended December 31, 2010 and 2009, provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte & Touche LLP

October 14, 2011

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS:		
Investments — at fair value:		
Commingled trust funds	\$ 39,553,219	\$ 33,040,851
Alternative investments	<u>1,617,244</u>	<u>870,963</u>
Total investments	<u>41,170,463</u>	<u>33,911,814</u>
Receivables:		
Employer contributions	3,300,000	3,000,000
Receivable for investments sold	<u>22,183</u>	<u>21,341</u>
Total receivables	<u>3,322,183</u>	<u>3,021,341</u>
Total assets	<u>44,492,646</u>	<u>36,933,155</u>
LIABILITIES — Accrued administrative expenses	<u>72,380</u>	<u>66,575</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 44,420,266</u>	<u>\$ 36,866,580</u>

See notes to financial statements.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS:		
Employer contributions	\$ 3,300,000	\$ 6,000,000
Transfer of assets from The Scripps Pension Plan — E.W. Scripps Company (Note 1)		26,441,883
Income (loss) from investments — net appreciation (depreciation) in fair value of investments:		
Commingled trust funds	5,371,015	5,706,546
Alternative investments	184,325	(607,903)
Other income	50	
Total additions	<u>8,855,390</u>	<u>37,540,526</u>
DEDUCTIONS:		
Benefit payments to participants or their beneficiaries	707,548	225,220
Administrative expenses	<u>594,156</u>	<u>448,726</u>
Total deductions	<u>1,301,704</u>	<u>673,946</u>
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	7,553,686	36,866,580
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>36,866,580</u>	
End of year	<u>\$44,420,266</u>	<u>\$36,866,580</u>

See notes to financial statements.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

1. DESCRIPTION OF THE PLAN

The following is a general description of the Scripps Networks Interactive Pension Plan (the “Plan”). Participants should refer to the Plan document for more complete information.

General — The Plan is a defined benefit pension plan maintained by Scripps Networks Interactive, Inc. (the “Company” or “Scripps”) and various employers affiliated with the Company. The Plan became effective January 1, 2009. Russell Trust Company (the “Trustee”) serves as the trustee of the Plan and manages the Plan’s investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On July 1, 2008, The E.W. Scripps Company (“E.W.”) separated into two independent, publicly traded companies (the “Separation”) through the spin-off of Scripps to the E.W. shareholders. In connection with the Separation, E.W. and Scripps entered into an Employee Matters Agreement. The Employee Matters Agreement provided for the allocation of the liabilities and responsibilities relating to employee benefit plans and programs, including the treatment of retirement and welfare benefit obligations between E.W. and Scripps. The agreement also provided that Scripps employees would continue to participate in certain of the E.W. benefit plans during a transition period through December 31, 2008. As such, during 2009, the actuarially determined values of assets and liabilities of Scripps employees were transferred to the Plan from The Scripps Pension Plan – E.W. Scripps Company. The total amount of assets transferred to the Plan effective January 1, 2009 was \$26,441,883.

Pension Benefits — Normal retirement occurs upon attainment of age 65; however, early retirement may be elected if certain conditions are met. Vesting occurs after five years of credited service or upon normal retirement. The amount of monthly benefits is a function of participants’ compensation, years of credited service, and in some circumstances, age. Retirement benefits are reduced one-half of one percent for each month participants are under age 65 at the time benefits commence. For participants who are considered to be early retirees (age 55 and 10 years of credited service), retirement benefits are reduced 5% for each year the participant is under age 62 at the time benefits commence. Participants who become permanently and totally disabled after completing 15 years of credited service are entitled to accrued benefits, with no reduction for commencement prior to normal retirement age, if they are not eligible for, or if they elect not to receive, disability benefits under a separately funded long-term disability income plan provided by the Company. The surviving spouses of participants may be entitled to death benefits under certain conditions. Contributions by participants are not required or permitted.

As discussed in Note 10, the Plan was frozen effective December 31, 2009.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investments — The Plan's investments are presented at fair value, which has been determined based on the fair value of the underlying investments within the funds. The fair value of the underlying investments within the Plan's commingled trust funds has been determined based primarily on quoted market prices. The fair value of the underlying investments within the Plan's alternative investment funds has been estimated primarily by the funds' investment managers based on the net asset value of the underlying investments as determined by the general partner or manager of the underlying investments. The Plan's alternative investments represent investments in the Russell Diversified Alternatives Fund, a hedge fund that invests in other hedge funds, and the Russell Real Estate Equity Fund, a fund that invests in other real estate funds. The total estimated fair value of the Plan's investment in the Russell Diversified Alternatives Fund and the Russell Real Estate Equity Fund was \$1,617,244 as of December 31, 2010. Purchases and sales of securities are recorded on a trade-date basis.

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan invests in commingled trust funds and alternative investments, which have underlying investments including corporate debt instruments, mutual funds, hedge funds, real estate funds, and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Expenses — Administrative expenses of the Plan are paid by the Plan as provided in the Plan document.

Administration — The Company is responsible for the administration of the Plan. The Company provides the Plan with certain accounting and administrative services for which no fees are charged.

Payment of Benefits — Benefit payments to participants or their beneficiaries are recorded upon distribution.

Subsequent Events — The Plan has evaluated subsequent events through October 14, 2011, the date these financial statements were available to be issued. Based on this evaluation, no adjustment or disclosure in the financial statements was required.

New Accounting Standards

ASU No. 2010-06 — In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures*, which amends ASC 820, *Fair Value Measurements and Disclosures*, adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan prospectively adopted the new guidance in 2010, except for the Level 3 reconciliation disclosures, which are required in 2011. The adoption in 2010 did not

materially affect, and the future adoption is not expected to materially affect, the Plan's financial statements.

ASU No. 2011-04 — In May 2011, the FASB issued ASU No. 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*, which amends ASC 820. ASU 2011-04 also requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and Level 2. In addition, the ASU provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurements. The ASU requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. The new guidance is effective for reporting periods beginning after December 15, 2011. The adoption will not have a material effect on the statement of net assets available for benefits and statement of changes in net assets available for benefits. Plan management has not determined the impact on the disclosures in the financial statements.

3. FAIR VALUE MEASUREMENTS

ASC 820 provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's policy is to recognize significant transfers between levels at the actual date of the event.

The following tables set forth by level within the fair value hierarchy the Plan's investments measured at fair value on a recurring basis at December 31, 2010 and 2009.

	Fair Value Measurements at December 31, 2010		
	Level 1	Level 2	Level 3
Russell 1000 Index Fund — Series I *	\$ -	\$ 7,380,581	\$ -
Russell Emerging Markets Fund *		4,189,881	
Russell International Fund *		7,870,165	
Russell Small Cap Fund *		3,605,784	
Russell World Equity Fund *		4,112,795	
Russell Long Credit Fixed Fund*		12,394,013	
Russell Real Estate Equity Fund *			1,598,268
Russell Diversified Alternatives Fund *			18,976
Total	<u>\$ -</u>	<u>\$39,553,219</u>	<u>\$1,617,244</u>

*Represents a party-in-interest investment.

Fair Value Measurements at December 31, 2009			
	Level 1	Level 2	Level 3
Russell 1000 Index Fund — Series I *	\$ -	\$ 4,132,602	\$ -
Russell Large Cap Structured Equity Fund *		4,074,596	
Russell International Fund *		4,436,113	
Russell Small Cap Fund *		1,755,277	
Russell Real Estate Securities Fund *		349,543	
Russell Equity I Fund *		4,823,853	
Russell Concentrated Equity Fund *		3,231,831	
Russell Long Duration Fixed Income Fund *		5,087,404	
Russell Long Credit Fixed Fund*		5,149,632	
Russell Real Estate Equity Fund *			702,280
Russell Diversified Alternatives Fund *			168,683
Total	<u>\$ -</u>	<u>\$33,040,851</u>	<u>\$ 870,963</u>

*Represents a party-in-interest investment.

For the year ended December 31, 2010, there were no significant transfers in or out of Levels 1, 2, or 3.

The following tables present a reconciliation of the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) for the years ended December 31, 2010 and 2009:

	Russell Real Estate Equity Fund*	Russell Diversified Alternatives Fund*	Total
Balance — January 1, 2010	\$ 702,280	\$ 168,683	\$ 870,963
Total gains (losses) (realized and unrealized) included in change in net assets	269,417	(85,092)	184,325
Net investment	<u>626,571</u>	<u>(64,615)</u>	<u>561,956</u>
Balance — December 31, 2010	<u>\$1,598,268</u>	<u>\$ 18,976</u>	<u>\$1,617,244</u>
Change in unrealized gains or losses related to assets still held at December 31, 2010	<u>\$ 269,417</u>	<u>\$ (59,109)</u>	<u>\$ 210,308</u>

*Represents a party-in-interest investment.

	Russell Real Estate Equity Fund*	Russell Diversified Alternatives Fund*	Total
Balance — January 1, 2009	\$ -	\$ -	\$ -
Transfer from The Scripps Pension Plan — E.W. Scripps Company (Note 1)	1,224,685	431,814	1,656,499
Total losses (realized and unrealized) included in change in net assets	(522,405)	(85,498)	(607,903)
Net sales	<u> </u>	<u>(177,633)</u>	<u>(177,633)</u>
Balance — December 31, 2009	<u>\$ 702,280</u>	<u>\$ 168,683</u>	<u>\$ 870,963</u>
Change in unrealized gains or losses related to assets still held at December 31, 2009	<u>\$ (522,405)</u>	<u>\$ (59,087)</u>	<u>\$ (581,492)</u>

*Represents a party-in-interest investment.

4. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the year ended December 31, 2010.

5. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The following is a summary of the unaudited information as of December 31, 2010 and 2009, and for the years then ended, included in the Plan's financial statements and supplemental schedules that was prepared by the Trustee or derived from information prepared by the Trustee. The Plan administrator has obtained certifications from the Trustee that such information prepared by the Trustee is complete and accurate.

	2010	2009
Statement of net assets available for benefits:		
Investments — at fair value:		
Commingled trust funds	\$39,553,219	\$33,040,851
Alternative investments	1,617,244	870,963
Receivable for investments sold	22,183	21,341
Statement of changes in net assets available for benefits:		
Net appreciation in the fair value of commingled trust funds	5,371,015	5,706,546
Net appreciation in the fair value of alternative investments	184,325	(607,903)
Other income	50	

All investment balances and information included in the supplemental schedules and all investment balances in Note 3.

The Plan's investments, which represented five percent or more of net assets available for benefits as of December 31, 2010 and 2009, are as follows:

	2010	2009
Russell 1000 Index Fund — Series I*	\$ 7,380,581	\$ 4,132,602
Russell Concentrated Equity Fund*	<5%	3,231,831
Russell Emerging Markets Fund*	4,189,881	<5%
Russell Equity I Fund*	<5%	4,823,853
Russell International Fund*	7,870,165	4,436,113
Russell Large Cap Structured Equity Fund*	<5%	4,074,596
Russell Long Credit Fixed Fund*	12,394,013	5,149,632
Russell Long Duration Fixed Income Fund*	<5%	5,087,404
Russell Small Cap Fund*	3,605,784	<5%
Russell World Equity Fund*	4,112,795	<5%

* Represents a party-in-interest investment.

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2010	2009
Commingled Trust Funds:		
Russell 1000 Index Fund — Series I *	\$ 1,158,058	\$ 714,211
Russell Concentrated Equity Fund *	(35,634)	713,711
Russell Emerging Markets Fund *	524,063	
Russell Equity I Fund *	(91,755)	997,142
Russell International Fund *	781,804	1,043,888
Russell Large Cap Structured Equity Fund*	(75,048)	713,926
Russell Long Credit Fixed Fund*	821,388	345,501
Russell Long Duration Fixed Income Fund*	958,788	695,012
Russell Real Estate Securities Fund *	(113,501)	104,499
Russell Small Cap Fund *	872,909	378,656
Russell World Equity Fund *	<u>569,943</u>	<u> </u>
Total Commingled Trust Funds	<u>5,371,015</u>	<u>5,706,546</u>
Alternative Investments:		
Russell Real Estate Equity Fund*	269,417	(522,405)
Russell Diversified Alternatives Fund*	<u>(85,092)</u>	<u>(85,498)</u>
Total Alternative Investments	<u>184,325</u>	<u>(607,903)</u>
Total	<u>\$5,555,340</u>	<u>\$5,098,643</u>

* Represents a party-in-interest investment.

6. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted. During 2009, certain amendments to the Plan were adopted, which decreased the accumulated plan benefits by \$2,927,521 (see Note 10).

The actuarial present value of accumulated plan benefits as of December 31, 2010 and 2009, and change in the actuarial present value of accumulated plan benefits for the years ended December 31, 2010 and 2009, are as follows:

	As of December 31,	
	2010	2009
Actuarial present value of accumulated vested benefits:		
Participants and beneficiaries currently receiving payments	\$ 2,601,784	\$ 2,212,791
Other participants	<u>32,774,090</u>	<u>26,730,186</u>
Total vested	35,375,874	28,942,977
Actuarial present value of accumulated unvested benefits — active participants	<u>4,287,340</u>	<u>4,896,829</u>
	For The Year Ended December 31,	
	2010	2009
Actuarial present value of accumulated benefits — beginning of year	\$33,839,806	\$29,825,812
Increases (decreases) due to:		
Change in assumptions	2,554,819	527,892
Interest	2,511,932	2,228,643
Benefits accumulated — net	1,464,205	4,410,200
Benefits payments to participants or their beneficiaries	(707,548)	(225,220)
Plan amendments (Note 10)	<u>(2,927,521)</u>	<u>(2,927,521)</u>
Actuarial present value of accumulated benefits — end of year	<u>\$39,663,214</u>	<u>\$33,839,806</u>

The significant actuarial assumptions used in the valuations as of December 31, 2010, were:

- a. Mortality — 2011 Internal Revenue Service prescribed funding mortality
- b. Average retirement age — 62 years
- c. Investment return rate — 7.5% per annum
- d. Termination rates, retirement rates, and the salary scale were updated, and disability decrements were eliminated, to better reflect actual experience and future expectations.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain investments of the Plan are shares of commingled trust funds and alternative investments managed by the Trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were approximately \$151,000 and \$121,000 for the years ended December 31, 2010 and 2009, respectively.

8. FEDERAL INCOME TAX STATUS

The Company has applied for, but not yet received, determination that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. As the plan became effective January 1, 2009, no statutes of limitations have expired.

9. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive the benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

10. PLAN AMENDMENT

Effective December 31, 2009 ("Freeze Date"), the Plan was amended to freeze participants' Plan benefits. Upon freezing the Plan, participants' years of benefit service will no longer increase, however, compensation earned prior to December 31, 2019, will be considered for calculation of the retirement benefit provided by the Plan. An employee of Scripps must have earned one year of eligibility service (as defined) before December 31, 2009, to become an active Plan participant. New employees since the Freeze Date shall not be eligible to participate in the Plan.

* * * * *

SUPPLEMENTAL SCHEDULES

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

Employer Identification Number: 61-1551890

Plan Number: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2010

Issuer	Description of Investment	Cost	Current Value
Commingled Trust Funds:			
Russell Trust Company	605,462 shares, Russell 1000 Index Fund — Series I*	\$ 5,456,340	\$ 7,380,581
Russell Trust Company	52,458 shares, Russell Emerging Markets Fund*	3,670,635	4,189,881
Russell Trust Company	173,466 shares, Russell International Fund*	6,035,668	7,870,165
Russell Trust Company	108,087 shares, Russell Small Cap Fund*	2,536,650	3,605,784
Russell Trust Company	417,967 shares, Russell World Equity Fund*	3,563,690	4,112,795
Russell Trust Company	783,935 shares, Russell Long Credit Fixed Fund*	<u>11,227,126</u>	<u>12,394,013</u>
	Total commingled trust funds	<u>32,490,109</u>	<u>39,553,219</u>
Alternative Investments:			
Russell Trust Company	6,467 shares, Russell Real Estate Equity Fund*	1,974,685	1,598,268
Russell Trust Company	1,443 shares, Russell Diversified Alternatives Fund*	<u>137,172</u>	<u>18,976</u>
	Total alternative investments	<u>2,111,857</u>	<u>1,617,244</u>
Total Investments		<u>\$ 34,601,966</u>	<u>\$ 41,170,463</u>

* Represents a party-in-interest investment.

See accompanying Independent Auditors' Report.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

Employer Identification Number: 61-1551890

Plan Number: 002

**FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS (PAGE 1 OF 2)
FOR THE YEAR ENDED DECEMBER 31, 2010**

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Net Gain
SINGLE TRANSACTIONS:				
Russell Equity I Fund*	\$ 1,750,311	\$ 2,313,336	\$ 1,750,311	\$ 563,025
Russell Long Duration Fixed Income Fund*	2,259,911	3,032,381	2,259,911	772,470
Russell Long Duration Fixed Income Fund*	2,270,397	3,013,811	2,270,397	743,414
Russell Long Credit Fixed Fund*	3,000,000		3,000,000	
SERIES OF TRANSACTIONS:				
Russell Short-Term Investment Fund*	\$ 3,199,948	\$ 3,199,948	\$ 3,199,948	\$ -
Number of transactions	4	5		
Russell Emerging Markets Fund*	3,735,412	69,594	64,777	4,817
Number of transactions	2	13		
Russell Equity I Fund*	10,064	4,742,162	3,753,842	988,320
Number of transactions	2	32		
Russell 1000 Index Fund — Series I*	2,449,898	359,978	266,060	93,918
Number of transactions	2	1		
Russell International Fund*	2,855,788	203,541	160,231	43,310
Number of transactions	8	18		
Russell Concentrated Equity Fund*	7,105	3,203,302	2,486,633	716,669
Number of transactions	3	35		

* Represents a party-in-interest investment.

(Continued)

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

Employer Identification Number: 61-1551890

Plan Number: 002

**FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS (PAGE 2 OF 2)
FOR THE YEAR ENDED DECEMBER 31, 2010**

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Net Gain
SERIES OF TRANSACTIONS (Continued):				
Russell World Equity Fund*	\$ 3,727,535	\$ 184,683	\$ 163,845	\$ 20,838
Number of transactions	3	17		
Russell Long Duration Fixed Income Fund*		6,046,192	4,530,309	1,515,883
Number of transactions		2		
Russell Long Credit Fixed Fund*	6,422,994			
Number of transactions	4			
Russell Large Cap Structured Equity Fund*	8,558	4,008,105	3,251,630	756,475
Number of transactions	3	32		

* Represents a party-in-interest investment.

See accompanying Independent Auditors' Report.

(Concluded)