Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] 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

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2009

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
DISCOVERY COMMUNICATIONS, LLC

9721 SHERRILL BOULEVARD
KNOXVILLE, TN 37932

2b Employer Identification Number (EIN) 32-0204298

2c Plan Sponsor's telephone number 240-662-2224

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.	10/15/2021	KERRIE NEAL
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	839
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	433
a(2) Total number of active participants at the end of the plan year	**6a(2)**	280
b Retired or separated participants receiving benefits	**6b**	101
c Other retired or separated participants entitled to future benefits	**6c**	391
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	772
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f Total. Add lines **6d** and **6e**	**6f**	776
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DISCOVERY COMMUNICATIONS, LLC

D Employer Identification Number (EIN)
32-0204298

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	71614959
b Actuarial value	**2b**	71614959

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	96	15383505	15383505
b For terminated vested participants	310	16695765	16695765
c For active participants	433	24085772	26746306
d Total	839	56165042	58825576

4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.43 %
6 Target normal cost	**6**	923000

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

	10/14/2021
Signature of actuary	Date
MITCHELL L. BILBE, F.S.A	20-06302
Type or print name of actuary	Most recent enrollment number
RUDD AND WISDOM, INC.	512-346-1590
Firm name	Telephone number (including area code)
9500 ARBORETUM BLVD., SUITE 200 AUSTIN, TX 78759	
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 [ ]

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 (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 19.31 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3467053
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.59 %		193808
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		3660861
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	121.74 %
15	Adjusted funding target attainment percentage	15	121.74 %
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	112.14 %
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
09/14/2021	2700000				
			Totals ► 18(b)	2700000	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 contributions 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	2467705

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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 subject to 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 contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	923000
b Excess assets, if applicable, but not greater than line 31a	**31b**	923000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

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 (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2467705
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2467705
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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
DISCOVERY COMMUNICATIONS, LLC

D Employer Identification Number (EIN)
32-0204298

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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)

RUDD & WISDOM, INC.

74-1896655

(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 15 17	NONE	357534	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(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	56250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VANGUARD FIDUCIARY TRUST COMPANY

23-2186884

(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 21 64	NONE	26325	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

BAKER TILLY US, LLP

39-0859910

(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?
10	NONE	22500	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 ☐

(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

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(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:

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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
DISCOVERY COMMUNICATIONS, LLC

D Employer Identification Number (EIN)
32-0204298

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)	3800000	2700000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	510198	787531
(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)		
(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)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	67463029	68800020
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(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	71773227	72287551
	Liabilities			
g	Benefit claims payable	1g		10000
h	Operating payables	1h	18609	30935
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	520	520
k	Total liabilities (add all amounts in lines 1g through1j)	1k	19129	41455
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	71754098	72246096

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)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2700000	
	(B) Participants	2a(1)(B)		
	(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)		2700000
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)	4634478	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4634478
	(3) Rents	2b(3)		
	(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
	(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3833576
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		11168054
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10208722	
(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)		10208722
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)	402095	
(2) Contract administrator fees	2i(2)	8989	
(3) Investment advisory and management fees	2i(3)	56250	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		467334
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10676056
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		491998
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) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 39-0859910

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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.)	4a		X	

			Yes	No	Amount
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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4312319.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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
DISCOVERY COMMUNICATIONS, LLC

D Employer Identification Number (EIN)
32-0204298

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**

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): 23-2926795

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** 65

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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**

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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 line 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 lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Scripps Networks Interactive Pension Plan

Employer Identification Number: 61-1551890
Plan Number: 002

Financial Statements as of and for the Years Ended December 31, 2020 and 2019, Supplemental Schedules as of and for the Year Ended December 31, 2020, and Independent Auditor's Report

Scripps Networks Interactive Pension Plan

Table of Contents

	Page(s)
Report of Independent Auditors	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019	3
Statements of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2020 and December 31, 2019	4
Notes to Financial Statements	5 - 10
Supplemental Schedules:*	
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020	11
Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2020	12

* All other supplemental schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable, or are not required.

Independent Auditors' Report

To the Retirement Plan Committee of
Scripps Networks Interactive Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Scripps Networks Interactive Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits, as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. 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 a certification from the trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Baker Tilly US, LLP trading as Baker Tilly is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities.

Other Matter

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2020 and Schedule H, Line 4j, Schedule of Reportable Transactions for the year ended December 31, 2020, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly US, LLP

Tysons, Virginia
October 13, 2021

Scripps Networks Interactive Pension Plan
Statements of Net Assets Available for Benefits

	As of December 31,	
	2020	2019
Assets		
Investments, at fair value - mutual funds	$ 68,800,021	$ 67,463,029
Employer contribution receivable	2,700,000	3,800,000
Cash - noninterest bearing	787,530	510,198
Total assets	72,287,551	71,773,227
Liabilities		
Accrued administrative expenses	41,455	19,129
Total Liabilities	41,455	19,129
Net assets available for benefits	$ 72,246,096	$ 71,754,098

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

Scripps Networks Interactive Pension Plan
Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2020	2019
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair values of investments	$ 3,833,576	$ 9,138,693
Interest and dividends	4,634,478	2,974,106
Total investment income	8,468,054	12,112,799
Contributions:		
Employer	2,700,000	3,800,000
Total contributions	2,700,000	3,800,000
Total additions	11,168,054	15,912,799
Deductions from net assets attributed to:		
Benefit payments	10,208,722	12,808,781
Plan expenses	467,334	847,257
Total deductions	10,676,056	13,656,038
Net increase	491,998	2,256,761
Net assets available for benefits:		
Beginning of year	71,754,098	69,497,337
End of year	$ 72,246,096	$ 71,754,098

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

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 Discovery, Inc. (the "Company") and various employers affiliated with the Company. The Company acquired Scripps Networks Interactive, Inc. on March 6, 2018. The Plan became effective January 1, 2009. Vanguard Fiduciary Trust Company 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).

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.

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 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.

2. SUMMARY OF SIGNIFICANT 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").

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 and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for description of valuation methods.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties

The Plan invests in mutual funds that 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. As of December 31, 2020 and 2019, two investments within the Plan each represented 10% or more of the Plan's net assets available for benefits and together represented 66% and 64% of net assets available for benefits, respectively.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

For cash management purposes, the Plan concentrates its cash holdings in a single account at Vanguard. The balance in this account may exceed the federally insured limit of $250,000 by the Federal Deposit Insurance Corporation in case of bank failure. At December 31, 2020, the Plan had $787,530 on deposit with Vanguard.

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.

Plan Expenses

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

3. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information as of December 31, 2020 and 2019, 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 a certification from the trustee that such information prepared by the trustee is complete and accurate.

	As of December 31,	
	2020	2019
Statements of net assets available for benefits		
Investments, at fair value - mutual funds	$ 68,800,021	$ 67,463,029
Cash - noninterest bearing	$ 787,530	$ 510,198
Statements of changes in net assets available for benefits		
Net appreciation (depreciation) in the fair value of mutual funds	$ 3,833,576	$ 9,138,693
Interest and dividend income	$ 4,634,478	$ 2,974,106

As elected by the plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

4. FAIR VALUE MEASUREMENTS

Fair value is defined as the amount that would be received for selling an asset or paid to transfer a liability in an orderly transaction between market participants. Investments held by the Plan are stated at fair value. Fair value measurements are classified according to the fair value hierarchy in the following three categories.

Level 1 – Quoted prices for identical instruments in active markets.

Level 2 – Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs and significant value drivers are observable in active markets.

Level 3 – Valuations derived from techniques in which one or more significant inputs are unobservable.

Asset Valuation Techniques

Valuation technologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Mutual Funds

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables present the Plan's financial assets carried at fair value on a recurring basis, by level, within the fair value hierarchy.

	As of December 31, 2020			
	Total	Level 1	Level 2	Level 3
Investments at fair value - Mutual funds	$ 68,800,021	$ 68,800,021	$ —	$ —
Total fair value of investments	$ 68,800,021	$ 68,800,021	$ —	$ —

	As of December 31, 2019			
	Total	Level 1	Level 2	Level 3
Investments at fair value - Mutual funds	$ 67,463,029	$ 67,463,029	$ —	$ —
Total fair value of investments	$ 67,463,029	$ 67,463,029	$ —	$ —

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5. 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 years ended December 31, 2020 and 2019.

6. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which 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. Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. 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.

The actuarial present value of accumulated plan benefits as of December 31, 2020 and 2019, and change in the actuarial present value of accumulated plan benefits for the years ended December 31, 2020, are as follows:

	As of December 31,	
	2020	2019
Actuarial present value of accumulated vested benefits		
Participants and beneficiaries currently receiving payments	$ 13,359,061	$ 12,562,155
Other participants	40,426,646	38,484,650
Total vested	53,785,707	51,046,805
Actuarial present value of accumulated unvested benefits - active participants	1,349,000	2,069,832
Total actuarial present value of accumulated plan benefits	$ 55,134,707	$ 53,116,637

	As of December 31, 2020
Actuarial present value of accumulated benefits - beginning of year	$ 53,116,637
Increases (decreases) due to:	
Change in actuarial assumptions	6,699,292
Interest	3,600,921
Benefits accumulated, net	1,926,579
Benefit payments to participants or their beneficiaries	(10,208,722)
Actuarial present value of accumulated unvested benefits - active participants	$ 55,134,707

The significant actuarial assumptions used in the valuations as of December 31, 2020, were:

a. Mortality—Pri-2012 projected using Scale MP-2020 mortality improvement rates
b. Average retirement age—65 years
c. Investment return rate—7.50% per annum
d. Mortality was updated to reflect expected improvement in mortality experience.

The significant actuarial assumptions used in the valuations as of December 31, 2019, were:

a. Mortality—Pri-2012 projected using Scale MP-2019 mortality improvement rates
b. Average retirement age—65 years
c. Investment return rate—7.50% per annum
d. Mortality was updated to reflect expected improvement in mortality experience.

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. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain investments of the Plan are 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 to the trustee were approximately $26,000 and $27,000 for the years ended December 31, 2020 and 2019, respectively.

8. FEDERAL TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated November 13, 2017, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, Plan management believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be 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 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, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2016.

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 there under 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. SUBSEQUENT EVENTS

No subsequent events were identified through October 13, 2021 the date these financial statements were available to be issued.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2020 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

A. Actuarial Methods

1. Actuarial Funding Method

The Accrued Benefit actuarial funding method is used in developing the contribution requirements of the plan. The actuarial funding method is the procedure by which the actuary annually identifies a series of annual contributions which, along with current assets and future investment earnings, will fund the expected plan benefits. The normal cost for the plan is the sum of the individually determined normal cost for each active participant. Each active participant's normal cost is determined as the present value of benefits that the participant is expected to accrue during the year of valuation.

The plan's current accrued liability is the sum of the individually determined accrued liability for each active participant plus the present value of future benefits for all retirees and vested terminated participants. Each active participant's accrued liability is the present value of all benefits which have accrued as of the valuation date.

The unfunded accrued liability is the amount by which the accrued liability exceeds the current plan assets. The unfunded accrued liability is recalculated each time a valuation is performed and is amortized in level dollar annual contributions in accordance with IRS guidelines.

2. Plan Value of Assets

Assets are valued at fair market value as determined by the plan trustee, including the present value[1] of any receivable contributions made for a prior plan year which were not recognized by the plan trustee as of the asset valuation date.

[1] Present value is determined using the effective interest rate for the preceding plan year.

B. Actuarial Assumptions

1. Mortality: The active, vested terminated and retired participants of the plan are expected to exhibit mortality in accordance with the following published mortality tables:

   a. For purposes of IRC §430 and IRC §436:
      i. Healthy Lives Mortality: Separate Annuitant/Non-Annuitant Static Tables under Regulation 1.430(h)(3)-1 in effect for 2020 plan years
      ii. Post-disability Mortality: Separate Annuitant/Non-Annuitant Static Tables under Regulation 1.430(h)(3)-1 in effect for 2020 plan years

   No additional future mortality improvement has been assumed other than that used to develop the IRS prescribed mortality table identified above. The IRS prescribed mortality table identified above incorporates mortality improvement beyond the valuation year using Projection Scale MP-2018 projected for a period of years as described in Regulation 1.430(h)(3)-1(c)(3)(ii).

2. Withdrawal: The active participants are assumed to terminate their employment for causes other than death, disability or retirement in accordance with annual rates as illustrated below.

Attained Age	Terminations per 1,000 Participants
25 and under	100
30	80
35	75
40	70
45	70
50	65
55 and above	65

Rationale: This assumption is based upon the actuary's review of recent termination experience in this plan, adjusted for the actuary's future expectations. The experience study was completed in May 2016.

3. Interest Rates:

	For purposes of:	
	Minimum Required Contribution under IRC §430 and IRC §436 reflecting the provisions of BBA, HTFA and MAP-21	Maximum Tax Deductible Contribution under IRC §404
1st Segment Rate	3.64%	2.79%
2nd Segment Rate	5.21%	3.92%
3rd Segment Rate	5.94%	4.38%

The segment rates used in this valuation are consistent with the plan sponsor's election to:

- use the segment rates under IRC Section 430(h)(2)(C) for purposes of determining the Funding Target and Target Normal Cost; and
- use September as the applicable month for the segment rates.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2020 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

4. Earnings Progression: N/A (all plan benefits frozen effective December 31, 2019)

5. Retirement Age: A participant is assumed to retire in accordance with the annual rates as illustrated below. Any participant who has attained his expected retirement age and is still working is assumed to retire immediately.

Attained Age	Retirements per 1,000 Eligible Participants
55 - 61	90
62 - 64	200
65	400
66 - 69	250
70	1,000

Rationale: This assumption is based upon the actuary's review of recent retirement experience, adjusted for the actuary's future expectations. The experience study was completed in May 2016.

6. Social Security Taxable Wage Base Increase: N/A (all plan benefits frozen effective December 31, 2019)

7. Disability: None

8. Expenses: Target Normal Cost is required to be loaded with plan-related expenses expected to be paid from plan assets during the year.

   For the valuation year, the plan-related expense load is determined to be equal to the plan-related expenses paid on a cash basis from plan assets during the prior calendar year rounded to the nearest $1,000.

9. Recognition of IRC Sections 401(a)(17) and 415(b) Limitations: The limitations under IRC Sections 401(a)(17) and 415(b) have been reflected in the determination of plan costs.

10. Marital Status: 80% of male participants and 60% of female participants are assumed to be married at the time of separation from service. Female spouses are assumed to be three years younger than their male counterparts.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2020 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

11. Additional At-Risk Assumptions [Treas. Reg. §1.430(i)-1(c)(3)(ii) and (iii)]:

    i. All *participants* who are not otherwise assumed to retire as of the valuation date but who will be eligible to commence an immediate distribution during the plan year and the ten succeeding plan years are assumed to retire at the earliest retirement date (i.e., the earliest date on which a participant can commence receiving an immediate distribution *of a fully vested benefit*) under the plan but not before the end of the plan year for which the At-Risk Funding Target and At-Risk Target Normal Cost are being determined.

    ii. All *participants* are assumed to elect the optional form of benefit available under the plan at the assumed retirement age (determined after application of (i) above) which results in the highest present value of benefits.

12. Form of Payment: Upon separation from service for causes other than death, 100% of active participants are assumed to elect the lump sum form of payment.

    Surviving spouses of employees who separate from service due to death are assumed to commence payment in the form of a life annuity at the later of the participant's death or the participant's age 55.

    Current deferred vested participants are assumed to elect a lump sum at normal retirement age.

    In accordance with Treas. Reg. §1.430(d)-1(f)(4)(iii), future lump sum payments are estimated assuming current applicable mortality rates are unchanged in the future and using the valuation interest rates (see Item B.3.).

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2020 SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Age/Service Table for Actives as of January 1, 2020

	Current Years of Credited Service (Benefits)														*Percent*
Current Age	*x < 1*	*1 <= x < 2*	*2 <= x < 3*	*3 <= x < 4*	*4 <= x < 5*	*5 <= x < 10*	*10 <= x < 15*	*15 <= x < 20*	*20 <= x < 25*	*25 <= x < 30*	*30 <= x < 35*	*35 <= x < 40*	*40 <= x*	*Total*	*of Total*
x < 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
25 <= x < 30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
30 <= x < 35	0	3	1	0	0	0	0	0	0	0	0	0	0	4	0.92%
35 <= x < 40	1	14	9	17	12	12	0	0	0	0	0	0	0	65	15.01%
40 <= x < 45	0	5	11	8	19	35	7	0	0	0	0	0	0	85	19.63%
45 <= x < 50	1	11	7	11	10	45	24	1	0	0	0	0	0	110	25.41%
50 <= x < 55	2	3	6	6	5	42	12	7	1	0	0	0	0	84	19.40%
55 <= x < 60	0	2	4	4	9	22	12	4	0	0	0	0	0	57	13.16%
60 <= x < 65	0	3	1	2	1	8	3	2	0	1	0	0	0	21	4.85%
x >= 65	0	0	1	3	0	3	0	0	0	0	0	0	0	7	1.62%
Service Totals	4	41	40	51	56	167	58	14	1	1	0	0	0	433	100.00%
Percent of Total	0.92%	9.47%	9.24%	11.78%	12.93%	38.57%	13.40%	3.23%	0.23%	0.23%	0.00%	0.00%	0.00%	100.00%	

Average Attained Age: 48.33

Average Credited Service (Benefits): 6.49

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2020 SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

(1) Attained Age at Retirement	(2) LX	(3) Retirement Rate	(4) (2)*(3)	(5) (2)-(4)	(6) (1)*(2)*(3)
55	10,000.00	9.0%	900.00	9,100.00	49,500.00
56	9,100.00	9.0%	819.00	8,281.00	45,864.00
57	8,281.00	9.0%	745.29	7,535.71	42,481.53
58	7,535.71	9.0%	678.21	6,857.50	39,336.41
59	6,857.50	9.0%	617.18	6,240.32	36,413.33
60	6,240.32	9.0%	561.63	5,678.69	33,697.73
61	5,678.69	9.0%	511.08	5,167.61	31,176.01
62	5,167.61	20.0%	1,033.52	4,134.09	64,078.36
63	4,134.09	20.0%	826.82	3,307.27	52,089.53
64	3,307.27	20.0%	661.45	2,645.82	42,333.06
65	2,645.82	40.0%	1,058.33	1,587.49	68,791.32
66	1,587.49	25.0%	396.87	1,190.62	26,193.59
67	1,190.62	25.0%	297.66	892.96	19,942.89
68	892.96	25.0%	223.24	669.72	15,180.32
69	669.72	25.0%	167.43	502.29	11,552.67
70	502.29	100.0%	502.29	0.00	35,160.30
SUM			**10,000.00**		**613,791.05**

Weighted Average Retirement Age = $\frac{613,791.05}{10,000.00}$ = 61.38*

* Nearest age is 61

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2020 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

A. Identifying Data

1. Plan name: Scripps Networks Interactive Pension Plan
2. Type of plan: Defined benefit
3. Plan sponsor: Discovery Communications, LLC (formerly Scripps Networks Interactive, Inc. prior to acquisition by Discovery, Inc. on March 5, 2018)
4. Plan Year: January 1 - December 31
5. EIN/PN: 32-0204298/002
6. Employer: Discovery Communications, LLC (formerly Scripps Networks Interactive, Inc. prior to acquisition by Discovery, Inc. on March 5, 2018)
7. Participating Employers
   a. Great American Country, Inc.[1]
   b. Scripps Networks, LLC
   c. Scripps Networks Interactive, Inc.
   d. FumMachineworks, Inc.[2]
   e. The Edward W. Scripps Trust[3]
   f. Miramar Services, Inc.[3]

B. Participation

No person who has not otherwise become a participant on or before December 31, 2009 shall become a participant of the Plan

C. Contributions

1. Participant: none
2. Employer: all amounts necessary to adequately finance plan benefits

D. Eligibility for Retirement

1. Normal Retirement: age 65
2. Early Retirement: age 55 plus 10 years of Credited Service (Vesting)
3. Disability Retirement: None after December 31, 2009

E. Retirement Benefit Monthly Amounts

1. Normal Retirement:
   The sum of (i) and (ii) but not less than (iii):
   (i) 1.0% of Average Monthly Compensation up to Covered Compensation times Years of Credited Service (Benefits) but not less than $5.50 times Years of Credited Service (Benefits)
   (ii) 1.25% of Average Monthly Compensation in excess of Covered Compensation times Years of Credited Service (Benefits)
   (iii) the Accrued Benefit determined as of December 31, 2009[4]

[1] Merged into Scripps Networks, LLC on December 31, 2012.
[2] Dissolved.
[3] Ceased to be a participating employer as of March 14, 2013 pursuant to plan amendment adopted July 10, 2013.
[4] Additional minimum benefits may apply for SNI Participants or Trust Participants per Article 16 of the plan document.

2. Late Retirement:
   Same formula as Normal Retirement and payments shall automatically commence at Normal Retirement Age unless the participant is given a Suspension of Benefits Notice.

3. Early Retirement:
   Amount equal to Normal Retirement Benefit accrued at Early Retirement date reduced 0.4167% for every month Early Retirement precedes age 62.

   If the participant terminates prior to eligibility for Early Retirement, the amount equal to the accrued Normal Retirement Benefit reduced by 0.5% per month for each month benefit commencement precedes age 65 up to 120 months.

4. Disability:
   For terminations due to disability after December 31, 2009, the same benefit as if the participant terminated for reasons other than disability.

F. Normal Form of Monthly Payment

Life Only annuity; Joint and 100% Survivor Annuity is the automatic form of payment for married participants.

G. Optional Forms of Payment

Other optional forms of payment are available, subject to applicable spousal consent requirements. Optional forms of payment include:

Lump Sum[1, 2]
5-year certain and life
10-year certain and life
Joint and 50% Contingent Annuity
Joint and 100% Survivor Annuity

[1] Prior to June 10, 2013: Available without limitation if terminated after December 31, 2009. If terminated before January 1, 2010, limited to $10,000 until age 55 then available without limitation.
After June 10, 2013: Available without limitation to all current and future deferred vested participants.

[2] If the participant has attained age 55 but not 65 as of the Annuity Starting Date, the lump sum is equal to the greater of the present value of the immediate subsidized early retirement benefit or the present value of the deferred normal retirement benefit. Otherwise, the lump sum is equal to the present value of the deferred normal retirement benefit (or the present value of the late retirement benefit if paid at a Late Retirement Date).

H. Vested Termination Benefits

1. Benefit: entitlement to vested percentage of Accrued Normal Retirement Benefit

2. Vesting Schedule:

Years of Vesting Service	Vesting Percent
Less than 5	0%
5 or more	100%

3. Accrued Normal Retirement Benefit: the monthly benefit that a participant has accrued before reaching Normal Retirement age payable in the Normal Form of payment beginning at Normal Retirement age; the amount of the accrued benefit is determined when a participant terminates his employment and is calculated like the Normal Retirement benefit but using only Years of Credited Service (Benefits) and compensation credited at date of termination.

I. Plan Provisions for Compliance with Benefit Restrictions under IRC §436

1. Limitations on Benefit Accruals:

   a. Benefit accruals are frozen if Plan's AFTAP falls below 60%, as required by PPA.

   b. Benefit accruals restart automatically when the Plan's AFTAP increases above 60%.

   c. Benefit accruals that otherwise would have been earned when the Plan's AFTAP was below 60% are not restored automatically when the Plan's AFTAP increases sufficiently.

2. Shutdown or Other Unpredictable Contingent Event Benefits:

   IRC Section 436(b) does not apply because the plan does not and shall not provide any: (a) special benefits in the event the employer shuts down a business segment ("shutdown benefits") or (b) other unpredictable contingent event benefits.

3. Limitations on Prohibited Payments:

   a. The election of certain payment forms that include a prohibited payment are prohibited when the Plan's AFTAP falls below 60%. The Plan does not allow special optional payment forms in this situation.

   b. The Plan restricts the availability of certain payment forms that include a prohibited payment when the Plan's AFTAP is between 60% and 80%. The Plan does not allow special optional payment forms in this situation.

4. Limitations on Plan Amendments Increasing Benefit Liabilities:

   The plan prevents certain Plan Amendments that would increase liabilities from taking effect if the Plan's AFTAP would be under 80% after the amendment unless additional funding is made in an amount equal to the lesser of: (i) the amount necessary to ensure the Plan's AFTAP is 80% after the amendment, or (ii) the amount of the increase in the Plan's Funding Target Liability due to the amendment (note that this option (ii) is not available if the Plan's AFTAP is presumed to be less than 60%).

J. Pre-retirement Death Benefits

If the participant has a spouse at the time of his death, payment of benefit which is equal to the benefit that would have been payable to the spouse if the participant had commenced a Joint and 100% Survivor Annuity form of benefit immediately prior to his death. If the participant does not have a spouse at the time of his death, no benefit is payable.

K. Post-retirement Death Benefits

1. For pre-January 1, 2010 terminations only, and only if the employee was age 55 with at least 10 years of Credited Service (Vesting) at the time of termination:

   a one-time lump sum death benefit equal to three times Average Monthly Compensation, but not more than $10,000 and not less than $2,500.

2. For all other benefits, no death benefit is payable other than the continuance of benefit payments to a surviving spouse or beneficiary if provided under the optional form of payment elected at the time of retirement.

L. Basis of Actuarial Equivalence

For purposes of monthly annuity options, determined in accordance with the tables provided in Appendix A to the Plan document.

For purposes of lump sums, determined in accordance with the applicable mortality table under IRC §417(e)(3) and the Segment Rates in effect for the month of September preceding the plan year.

M. Covered Compensation

Equal to the 35-year average of the Social Security Taxable Wage Base, with such 35-year period consisting of complete calendar years which immediately precede the first day of the month after the earliest of the following dates: (i) December 31, 2019, (ii) the date a Participant retires or terminates, or (iii) the date a Participant ceases to be an Eligible Employee.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2020 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

N. Average Monthly Compensation

Average of Annual Compensation over highest five consecutive calendar years in last 11, divided by 12. Compensation for calendar years after December 31, 2019 will not be considered in the determination of Average Monthly Compensation.

O. TEFRA Top Heavy Provisions

1. Minimum Accrued Benefit: 2% of average monthly compensation per each year plan is top heavy up to 10 years
2. Minimum Vesting Schedule: 20% after two years, increasing 20% per year until 100% after six years

P. Year of Credited Service (Vesting)

Elapsed time where 365 days equals a whole year and 30-day periods are deemed to be a month in the case of measuring a partial year and partial months.

Q. Year of Credited Service (Benefits)

Elapsed time where 365 days equals a whole year and 30-day periods are deemed to be a month in the case of measuring a partial year and partial months. Years of Credited Service (Benefits) are frozen effective December 31, 2009.

R. Annual Compensation

W-2 compensation received during a calendar year including deferrals under IRC §401(k), 125 and 132(f)(4) and including bonuses as follows*:

1. for plan years prior to January 1, 2010:

    a. if paid no later than March 15 following the calendar years in which earned, a bonus is included in Annual Compensation for the year in which earned.

    b. if paid later than the March 15, but before the end of the calendar year, following the calendar year in which earned, a bonus is included in Annual Compensation for the year in which paid.

    c. if paid after the end of the calendar year following the calendar year in which earned, a bonus shall not be counted as Annual Compensation for any year.

* During the transition from the pre-2010 to the post-2009 definition of Annual Compensation, a Bonus earned in 2009 and paid no later than March 15, 2010 shall be included as Annual Compensation for both 2009 and 2010.

2. for plan years after December 31, 2009:

   a. if paid before the end of the calendar year following the calendar year in which earned, a bonus is included in Annual Compensation for the year in which paid.

   b. if paid after the end of the calendar year following the calendar year in which earned, a bonus shall not be counted as Annual Compensation for any year.

S. Provisions of Special Early Retirement Window

1. Eligibility for Window

   a. must have been a participant who was employed with SNI or Affiliate on September 30, 2014;

   b. must have attained by September 30, 2015 at least 55 years of age and, if employment continued through September 30, 2015, at least 10 years of Credited Service (Vesting);

   c. must have not been employed in the Talent Framework as level B8 or above;

   d. must have not been employed as a senior vice president in Human Resources; and

   e. must have not been employed pursuant to an individual employment contract.

2. Increased Benefits

   The accrued benefit of eligible participants who satisfy the window requirements and conditions shall be determined with an additional 3 years of Credited Service (Benefits).

   All other provisions of the plan shall apply as written.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2020 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

3. Election and Retirement

Eligible participants must have satisfied each of the following requirements to receive the increased benefits provided under the window:

a. must have elected between October 6, 2014 and October 27, 2014 to participate in the window or must have been designated for involuntary termination on or before December 31, 2014 and have been involuntarily terminated on or before September 30, 2015;

b. must have timely executed a release of claims and must have not revoked such release; and

c. must have terminated employment on the date specified by SNI provided such date was:

(i) no earlier than December 31, 2014,
(ii) no later than September 30, 2015, and
(iii) on or after the participant had attained age 55 and completed at least 10 years of Credited Service (Vesting).

Scripps Networks Interactive Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2020
EIN: #61-1551890, Plan #002

(a)	(b) Issuer	(c) Description of investment	(d) Cost	(e) Current Value
	PIMCO Long-Term Credit Fund	Registered Investment Companies	$ 20,409,147	$ 24,051,837
*	Vanguard Long-Term Investment Grade Fund	Registered Investment Companies	19,713,968	23,439,829
	Metwest TTL Return	Registered Investment Companies	4,531,646	4,877,723
	PIMCO Total Return Fund	Registered Investment Companies	4,778,795	5,077,858
*	Vanguard Institutional Index Fund	Registered Investment Companies	4,217,834	6,245,006
	Dodge & Cox International Stock Fund	Registered Investment Companies	4,683,255	5,107,768
			$ 58,334,645	$ 68,800,021

* Denotes a party-in-interest.

The accompanying notes are an integral part of this schedule.

Scripps Networks Interactive Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions (For the Year Ended) December 31, 2020
EIN: #61-1551890, Plan #002

(a) Identity of Party Involved (b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
SERIES OF TRANSACTIONS:					
PIMCO Long-Term Credit Fund	$1,235,000		$1,235,000	$1,235,000	
PIMCO Long-Term Credit Fund		$3,552,595	$3,078,230	$3,552,595	$474,365
Number of transactions – 35					
Vanguard Long-Term Investment Grade Fund	$1,235,000		$1,235,000	$1,235,000	
Vanguard Long-Term Investment Grade Fund		$3,552,595	$2,967,663	$3,552,595	$584,932
Number of transactions – 35					

The accompanying notes are an integral part of this schedule.

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Discovery Communications, LLC

D Employer Identification Number (EIN)
32-0204298

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2020

2 Assets:

a Market value	**2a**	71,614,959
b Actuarial value	**2b**	71,614,959

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	96	15,383,505	15,383,505
b For terminated vested participants	310	16,695,765	16,695,765
c For active participants	433	24,085,772	26,746,306
d Total	839	56,165,042	58,825,576

4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.43 %
6 Target normal cost	**6**	923,000

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

Mitchell L. Bilbe, F.S.A.
Signature of actuary

Oct. 14, 2021
Date

Mitchell L. Bilbe, F.S.A
Type or print name of actuary

20-06302
Most recent enrollment number

Rudd and Wisdom, Inc.
Firm name

(512)346-1590
Telephone number (including area code)

9500 Arboretum Blvd., Suite 200
Austin TX 78759
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 [ ]

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 (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 19.31%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3467053
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.59%		193808
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		3660861
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	121.74%
15	Adjusted funding target attainment percentage	15	121.74%
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	112.14%
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
09/14/2021	2,700,000						
			Totals ►	18(b)	2,700,000	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 contributions 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	2,467,705

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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 subject to 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 contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	923,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	923,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

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 (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,467,705
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2,467,705
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011