

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>SCRIPPS NETWORKS INTERACTIVE PENSION PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
1c	Effective date of plan <u>01/01/2009</u>
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) <u>DISCOVERY COMMUNICATIONS, LLC</u> <u>9721 SHERRILL BOULEVARD</u> <u>KNOXVILLE, TN 37932</u>
2b	Employer Identification Number (EIN) <u>32-0204298</u>
2c	Plan Sponsor's telephone number <u>240-662-2224</u>
2d	Business code (see instructions) <u>515100</u>

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.	10/14/2022	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	776
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)	280
a(2) Total number of active participants at the end of the plan year		6a(2)	269
b Retired or separated participants receiving benefits.....		6b	100
c Other retired or separated participants entitled to future benefits		6c	311
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	680
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	4
f Total. Add lines 6d and 6e		6f	684
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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan <u>SCRIPPS NETWORKS INTERACTIVE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DISCOVERY COMMUNICATIONS, LLC</u>	D Employer Identification Number (EIN) <u>32-0204298</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>72147797</u>
b Actuarial value	2b <u>72147797</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>104</u> (2) Vested Funding Target <u>16895551</u> (3) Total Funding Target <u>16895551</u>
b For terminated vested participants.....	<u>392</u> <u>23256152</u> <u>23256152</u>
c For active participants	<u>280</u> <u>16064500</u> <u>17881838</u>
d Total.....	<u>776</u> <u>56216203</u> <u>58033541</u>
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 <u>5.00</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>455000</u>
c Total (line 6a + line 6b)	6c <u>455000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/17/2022</u> Date
Signature of actuary		
<u>MITCHELL L. BILBE, F.S.A</u> Type or print name of actuary		<u>20-06302</u> Most recent enrollment number
<u>RUDD AND WISDOM, INC.</u> Firm name		<u>512-346-1590</u> Telephone number (including area code)
<u>9500 ARBORETUM BLVD., SUITE 200</u> <u>AUSTIN, TX 78759</u> Address of the firm		

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2021
v. 201209

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 <u>13.26</u> %	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)		2467705
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 <u>5.43</u> %		133996
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		2601701
d Portion of (c) to be added to prefunding balance		
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	124.32 %
15 Adjusted funding target attainment percentage	15	124.32 %
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	121.74 %
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
Totals ▶			18(b)	0	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	0

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: 3.32 %	2nd segment: 4.79 %	3rd segment: 5.47 %	☐ 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	0
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 6c)	31a	455000	
b Excess assets, if applicable, but not greater than line 31a	31b	455000	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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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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	306640	Yes ☐ No ☒	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	46350	Yes ☐ No ☒	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	25335	Yes ☐ No ☒	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	22000	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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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
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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)	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)	787531	3205274
(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)	68800020	59330537
(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	72287551 62535811
Liabilities			
g	Benefit claims payable	1g	10000 6300
h	Operating payables	1h	30935 141377
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	520 520
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	41455 148197
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	72246096 62387614

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(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)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2872283 2872283
(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)	
(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)	

		(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)		-1249971
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1622312
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11080468	
(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)		11080468
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)	344808	
(2) Contract administrator fees.....	2i(2)	9168	
(3) Investment advisory and management fees.....	2i(3)	46350	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		400326
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11480794
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-9858482
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) ☐ 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) ☒ 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:

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.).....

	Yes	No	Amount
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?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 439709 _____.			

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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 89

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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☒ No ☐ N/A
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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

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, 2021 and 2020, Supplemental Schedules as of and for the Year Ended December 31, 2021, and Independent Auditor's Report

Scripps Networks Interactive Pension Plan

Table of Contents

	<u>Page(s)</u>
Independent Auditors' Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020	4
Statements of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2021 and December 31, 2020	5
Notes to Financial Statements	6
Supplemental Schedules:*	
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021	12
Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2021	13

* 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.

Report of Independent Auditors

To the Retirement Plan Committee of
Scripps Networks Interactive Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of Scripps Networks Interactive Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for 2021 the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

Other Matter - 2021 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j, Schedule of Reportable Transactions as of and for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter - Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 13, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly US, LLP

Tysons, Virginia
October 11, 2022

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

	As of December 31,	
	2021	2020
Assets		
Investments, at fair value - mutual funds	\$ 62,208,766	\$ 68,800,021
Employer contribution receivable	—	2,700,000
Cash and cash equivalents	320,078	787,530
Accrued income	6,967	—
Total assets	62,535,811	\$72,287,551
Liabilities		
Accrued administrative expenses	148,197	41,455
Total liabilities	148,197	41,455
Net assets available for benefits	<u>\$ 62,387,614</u>	<u>\$ 72,246,096</u>

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

	Year Ended December 31,	
	2021	2020
Additions to net assets attributed to:		
Investment income:		
Net (depreciation) appreciation in fair values of investments	\$ (1,249,970)	\$ 3,833,576
Interest and dividends	2,872,283	4,634,478
Total investment income	1,622,313	8,468,054
Employer contributions	—	2,700,000
Total additions	1,622,313	11,168,054
Deductions from net assets attributed to:		
Benefit payments	11,080,469	10,208,722
Plan expenses	400,326	467,334
Total deductions	11,480,795	10,676,056
Net (decrease) increase	(9,858,482)	491,998
Net assets available for benefits:		
Beginning of year	72,246,096	71,754,098
End of year	<u>\$ 62,387,614</u>	<u>\$ 72,246,096</u>

Scripps Networks Interactive Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

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 Warner Bros. 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 ("Vanguard") 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 be 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.

Scripps Networks Interactive Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

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 (depreciation) appreciation 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, 2021 and 2020, three and two investments, respectively, within the Plan each representing 10% or more of the Plan's net assets available for benefits and together represented 58% and 66% 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, 2021, the Plan had \$320,078 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.

Scripps Networks Interactive Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

3. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the information as of December 31, 2021 and 2020, 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,	
	2021	2020
Statements of net assets available for benefits		
Investments, at fair value - mutual funds	\$ 62,208,766	\$ 68,800,022
Cash and cash equivalents	\$ 320,078	\$ 787,530
Accrued income	\$ 6,967	\$ —
Statements of changes in net assets available for benefits		
Net (depreciation) appreciation in the fair value of mutual funds	\$ (1,249,970)	\$ 3,833,576
Interest and dividend income	\$ 2,872,283	\$ 4,634,478

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, 2021 and 2020.

Money Market Fund

The money market fund is valued at the quoted net asset value of shares held by the Plan at year-end.

Scripps Networks Interactive Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Mutual Funds

Mutual funds are 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, 2021				
	Total	Level 1	Level 2	Level 3
Investments at fair value				
Mutual funds	\$ 59,323,570	\$ 59,323,570	\$ —	\$ —
Money market fund	\$ 2,885,196	\$ 2,885,196	\$ —	\$ —
Total fair value of investments	<u>\$ 62,208,766</u>	<u>\$ 62,208,766</u>	<u>\$ —</u>	<u>\$ —</u>

As of December 31, 2020				
	Total	Level 1	Level 2	Level 3
Investments at fair value- Mutual funds	\$ 68,800,022	\$ 68,800,022	\$ —	\$ —
Total fair value of investments	<u>\$ 68,800,022</u>	<u>\$ 68,800,022</u>	<u>\$ —</u>	<u>\$ —</u>

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, 2021 and 2020.

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.

Scripps Networks Interactive Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

The actuarial present value of accumulated plan benefits as of December 31, 2021 and 2020, and change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2021, are as follows:

	As of December 31,	
	2021	2020
Actuarial present value of accumulated vested benefits		
Participants and beneficiaries currently receiving payments	\$ 13,339,313	\$ 13,359,061
Other participants	38,074,834	40,426,646
Total vested	51,414,147	53,785,707
Actuarial present value of accumulated unvested benefits - active participants	1,328,456	1,349,000
Total actuarial present value of accumulated plan benefits	\$ 52,742,603	\$ 55,134,707

	2021
Total actuarial present value of accumulated plan benefits - beginning of year	\$ 55,134,707
Increases (decreases) due to:	
Change in actuarial assumptions	2,739,998
Interest	3,719,585
Benefits accumulated, net	2,228,782
Benefit payments to participants or their beneficiaries	(11,080,469)
Total actuarial present value of accumulated plan benefits - end of year	\$ 52,742,603

The significant actuarial assumptions used in the valuations as of December 31, 2021, were:

- a. Mortality - Pri-2012 projected using Scale MP-2021 mortality improvement rates
- b. Average retirement age – 62 ½ 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, 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 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.

Scripps Networks Interactive Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

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 for each of the years ended December 31, 2021 and 2020.

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, 2021 and 2020, 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 2017.

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 11, 2022 the date these financial statements were available to be issued.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2021 SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Age and Service Table for Actives as of January 1, 2021

Current Age	Current Years of Credited Service (Benefits)														Percent
	$x < 1$	$1 \leq x < 2$	$2 \leq x < 3$	$3 \leq x < 4$	$4 \leq x < 5$	$5 \leq x < 10$	$10 \leq x < 15$	$15 \leq x < 20$	$20 \leq x < 25$	$25 \leq x < 30$	$30 \leq x < 35$	$35 \leq x < 40$	$40 \leq x$	Total	of Total
$x < 25$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
$25 \leq x < 30$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
$30 \leq x < 35$	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0.36%
$35 \leq x < 40$	0	8	8	8	4	8	0	0	0	0	0	0	0	36	12.86%
$40 \leq x < 45$	1	3	9	6	11	19	1	0	0	0	0	0	0	50	17.86%
$45 \leq x < 50$	1	6	3	5	8	32	17	0	0	0	0	0	0	72	25.71%
$50 \leq x < 55$	1	4	4	7	5	30	10	4	1	0	0	0	0	66	23.57%
$55 \leq x < 60$	1	2	3	4	7	14	4	1	0	0	0	0	0	36	12.86%
$60 \leq x < 65$	0	3	1	1	1	8	0	3	0	0	0	0	0	17	6.07%
$x \geq 65$	0	0	0	1	0	1	0	0	0	0	0	0	0	2	0.71%
Service Totals	4	27	28	32	36	112	32	8	1	0	0	0	0	280	100.00%
Percent of Total	1.42%	9.64%	10.00%	11.43%	12.86%	40.00%	11.43%	2.86%	0.36%	0.00%	0.00%	0.00%	0.00%	100.00%	

Average Attained Age: 48.74

Average Credited Service (Benefits): 6.22

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2021 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 value¹ 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 2021 plan years
- ii. Post-disability Mortality: Separate Annuitant/Non-Annuitant Static Tables under Regulation 1.430(h)(3)-1 in effect for 2021 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-2019 projected for a period of years as described in Regulation 1.430(h)(3)-1(c)(3)(ii).

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN**EIN/PN: 32-0204298/002****2021 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS**

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
1 st Segment Rate	3.32%	2.22%
2 nd Segment Rate	4.79%	3.38%
3 rd Segment Rate	5.47%	3.92%

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.

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

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2021 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

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.
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.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2021 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

- 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 who terminated employment more than one year prior to the valuation date are assumed to elect a lump sum at normal retirement age. For current deferred vested participants who terminated employment in the year preceding the valuation date: (a) 50% are assumed to elect a lump sum at the valuation date and (b) 50% 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.).

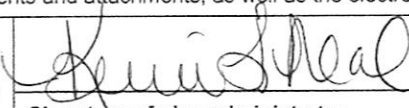
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021
A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. _____ ▶ ☐
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. _____ ▶ ☐

Part II Basic Plan Information—enter all requested information	
1a Name of plan 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		10/14/2022	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 201209

Scripps Networks Interactive Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions (For the Year Ended)
December 31, 2021
EIN: #61-1551890, Plan #002

(a) Identity of Party Involved	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
(b) Description of Asset					
SERIES OF TRANSACTIONS:					
PIMCO Long-Term Credit Fund		\$23,166,532	\$20,803,085	\$23,166,532	\$2,363,447
Number of transactions – 18					
Fidelity 500 Index	\$21,514,000		\$21,514,000	\$21,514,000	
Fidelity 500 Index		\$939,827	\$882,664	\$939,827	\$57,163
Number of transactions – 20					
Vanguard Long-Term Investment Grade Fund		\$22,274,802	\$20,075,808	\$22,274,802	\$2,198,994
Number of transactions – 23					
Vanguard Total International Stock Index Admiral	\$6,924,163		\$6,924,163	\$6,924,163	
Vanguard Total International Stock Index Admiral		\$330,772	\$343,758	\$330,772	\$(12,986)
Number of transactions – 20					
American Funds EuroPacific Fund CL R-6	\$6,840,500		\$6,840,500	\$6,840,500	
American Funds EuroPacific Fund CL R-6		\$292,108	\$307,989	\$292,108	\$(15,881)
Number of transactions – 18					
Blackrock MIDCAP Growth EQ	\$5,464,000		\$5,464,000	\$5,464,000	
Blackrock MIDCAP Growth EQ		\$1,577,805	\$1,573,846	\$1,577,805	\$3,959
Number of transactions – 18					
MFS MID CAP Value Fund Class I	\$4,234,000		\$4,234,000	\$4,234,000	
MFS MID CAP Value Fund Class I		\$177,805	\$174,577	\$177,805	\$3,228
Number of transactions – 16					
Vanguard Institutional Index Fund		\$7,083,182	\$4,309,886	\$7,083,182	\$2,773,296
Number of transactions – 19					
Single Transactions:					
Fidelity 500 Index	\$6,860,000		\$6,860,000	\$6,860,000	
Fidelity 500 Index	\$7,115,000		\$7,115,000	\$7,115,000	
Fidelity 500 Index	\$6,000,000		\$6,000,000	\$6,000,000	
PIMCO Long-Term Credit Fund		\$6,860,000	\$6,292,748	\$6,860,000	\$567,252
PIMCO Long-Term Credit Fund		\$6,680,000	\$6,017,488	\$6,680,000	\$662,512
PIMCO Long-Term Credit Fund		\$6,907,411	\$6,022,962	\$6,907,411	\$884,449
Vanguard Long-Term Investment Grade Fund		\$6,380,000	\$5,781,435	\$6,380,000	\$598,565
Vanguard Long-Term Investment Grade Fund		\$6,605,681	\$5,757,747	\$6,605,681	\$847,934

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **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: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	72,147,797	
b Actuarial value	2b	72,147,797	
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	104	16,895,551	16,895,551
b For terminated vested participants	392	23,256,152	23,256,152
c For active participants	280	16,064,500	17,881,838
d Total	776	56,216,203	58,033,541
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	5.00%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	455,000	
c Total (line 6a + line 6b)	6c	455,000	

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 Signature of actuary	<u>Oct. 17, 2022</u> Date
	MITCHELL L. BILBE, F.S.A. Type or print name of actuary	2006302 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 ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2021
v. 201209

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2021 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

2021 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 Trust³
 - 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, 2009⁴

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.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2021 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

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).

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2021 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

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.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2021 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

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

2021 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.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2021 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

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.

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

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2021 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

- 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, 2021
EIN: #61-1551890, Plan #002

(a)	(b) Issuer	(c) Description of investment	(d) Cost	(e) Current Value
	Fidelity 500 Index	Registered Investment Companies	\$ 20,837,770	\$ 23,135,972
*	Vanguard Total International Stock Index Admiral	Registered Investment Companies	6,746,257	6,531,244
	American Funds EuroPacific Fund CL R-6	Registered Investment Companies	6,958,448	6,353,623
	MFS MID CAP Value Fund Class I	Registered Investment Companies	4,301,809	4,416,751
	Blackrock MIDCAP Growth EQ	Registered Investment Companies	4,049,915	4,114,589
	Dodge & Cox International Stock Fund	Registered Investment Companies	3,579,504	3,727,535
	PIMCO Total Return Fund	Registered Investment Companies	3,624,159	3,719,961
	Metwest TTL Return	Registered Investment Companies	3,536,416	3,700,628
*	Vanguard Federal Money Market	Registered Investment Companies	2,885,196	2,885,196
	Goldman Sachs Small CAP Value Fund CL R6	Registered Investment Companies	2,102,074	1,872,521
	Principal Small CAP Growth Fund I R6	Registered Investment Companies	1,958,048	1,750,746
			<u>\$ 60,579,596</u>	<u>\$62,208,766</u>

* Denotes a party-in-interest.

The accompanying notes are an integral part of this schedule.

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2021 SCHEDULE SB, LINE 24 – CHANGE IN ACTUARIAL ASSUMPTIONS.

This valuation reflects different non-prescribed actuarial funding assumptions (e.g., demographic assumptions) from those recognized in the prior valuation prepared for the plan.

Assumption	Prior Year	Current Year
Form of Payment for Current Deferred Vested Participants who Terminated in the Previous Year	100% elect lump sum at normal retirement age	50% elect lump sum at normal retirement age and 50% elect lump sum at valuation date