Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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
FOX SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 12/28/2018

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)
FOX CORPORATION

1211 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-8706

2b Employer Identification Number (EIN) 83-1825597

2c Plan Sponsor's telephone number 212-852-7000

2d Business code (see instructions) 519100

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.	09/26/2023	THEODORE EXARHAKOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

PLAN ADMINISTRATIVE COMMITTEE
C/O FOX CORPORATION
1211 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-8706

3b Administrator's EIN: 83-1825597

3c Administrator's telephone number: 212-852-7000

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**	12359
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)**	9063
a(2) Total number of active participants at the end of the plan year	**6a(2)**	10196
b Retired or separated participants receiving benefits	**6b**	43
c Other retired or separated participants entitled to future benefits	**6c**	3488
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	13727
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f Total. Add lines **6d** and **6e**	**6f**	13730
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	13631
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	686
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:
2A 2E 2F 2G 2J 2K 2S 2T 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)	☐	0	**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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶	
FOX SAVINGS PLAN		005

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
FOX CORPORATION	83-1825597

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

AMERICAN GENERAL LIFE INSURANCE CO.

50 DANBURY ROAD
WILTON, CT 06879

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

BLACKROCK INST. TRUST CO. NA

94-3112180

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

INSIGHT INVESTMENT

50 FREMONT STREET
SUITE 3900
SAN FRANCISCO, CA 94105

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

NATIONWIDE LIFE INSURANCE CO.

31-4156830

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

PRUDENTIAL INSURANCE CO.

22-1211670

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

PRUDENTIAL TRUST CO.

23-6994310

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

TRANSAMERICA PREMIER LIFE INS. CO.

52-0419790

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

VOYA FINANCIAL

230 PARK AVENUE
NEW YORK, NY 10169

(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

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

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

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

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

FIDELITY INV. INST. OPS. CO, INC.

04-2647786

(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?
37 50 60 64 65	NONE	363685	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STRATETGIC ADVISORS, INC.

04-2654524

(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 50	NONE	31534	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
FOX SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FOX CORPORATION

D Employer Identification Number (EIN)
83-1825597

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2015 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735891-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2020 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735899-001	C	34042473

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2025 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735963-001	C	109415740

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2030 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735964-001	C	134597978

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2035 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735965-001	C	160055498

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2040 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735971-001	C	142671917

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2045 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735972-001	C	137567244

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2050 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735976-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113137923

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2055 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735978-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72915323

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2060 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 45-3799736-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30985949

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2065 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 82-6204383-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4416099

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT INCOME TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735883-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22839989

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU CORE CONSERV INT BD FD

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO

c EIN-PN 23-6994310-156	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19627956

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE BLUE CHIP GROWTH TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 80-0470272-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139382312

a Name of MTIA, CCT, PSA, or 103-12 IE: MORTGAGE-BACKED SECURITY INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 94-6581672-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11424258

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE GOVT BOND INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 94-3118548-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3374483

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE TERM CREDIT BOND INDEX

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 94-3118549-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6804586

a Name of MTIA, CCT, PSA, or 103-12 IE: COMMERCIAL MORTGAGE-BACKED SEC FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 94-3333402-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3974439

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSET-BACKED SECURITIES INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 94-3149402-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10184912

a Name of MTIA, CCT, PSA, or 103-12 IE: 1-3 YEAR GOVERNMENT BOND INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 94-6052283-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16072979

a Name of MTIA, CCT, PSA, or 103-12 IE: 1-3 YR CREDIT BOND INDEX FD NONLEND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 27-0382964-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7872295

a Name of MTIA, CCT, PSA, or 103-12 IE: 1-3 YEAR GOVT BOND INDEX FD NONLEND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 94-3272267-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3903973

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2070 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 88-6095930-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5820

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
FOX SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
FOX CORPORATION

D Employer Identification Number (EIN)
83-1825597

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	243413	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	354920	511712
(2) Participant contributions	1b(2)	450730	458098
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2992423	5147914
(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)	16596966	17467596
(9) Value of interest in common/collective trusts	1c(9)	1422550711	1185274146
(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)	621814185	541367717
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	12381371	23650047

		(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	2077384719	1773877230
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	112764	40949
i Acquisition indebtedness	1i		
j Other liabilities	1j	14760	23871
k Total liabilities (add all amounts in lines 1g through1j)	1k	127524	64820
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2077257195	1773812410

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	62734798	
(B) Participants	2a(1)(B)	102101531	
(C) Others (including rollovers)	2a(1)(C)	14732669	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		179568998
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	82201	
(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)	800703	
(F) Other	2b(1)(F)	1755392	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2638296
(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)	14035282	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		14035282
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-272711916
(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)		-114127218
c Other income	2c		86384
d Total income. Add all **income** amounts in column (b) and enter total	2d		-190510174
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	115079170	
(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)		115079170
f Corrective distributions (see instructions)	2f		44289
g Certain deemed distributions of participant loans (see instructions)	2g		4104
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	395219	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		395219
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		115522782
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-306032956
l Transfers of assets:			
(1) To this plan	2l(1)		2588171
(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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		30000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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 _____.

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
FOX SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
FOX CORPORATION

D Employer Identification Number (EIN)
83-1825597

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

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**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. 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_____

Fox Savings Plan

Financial Statements
December 31, 2022 and 2021 and for the Year Ended December 31, 2022
With Report of Independent Auditors

FOX SAVINGS PLAN

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Report of Independent Auditors

Plan Administrative Committee
Fox Savings Plan

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

We have performed audits of the financial statements of Fox Savings 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 statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying 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 accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion

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

Responsibilities of Management for 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in 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.

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- 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 audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 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

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022 (referred to as the "supplemental schedule") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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In our opinion

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

Ernst & Young LLP

September 19, 2023

A member firm of Ernst & Young Global Limited

FOX SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2022 AND 2021

	December 31	
	2022	**2021**
Assets		
Total investments at fair value	$ 1,648,549,896	$ 1,963,353,253
Synthetic guaranteed investment contracts at contract value	106,889,928	96,628,850
Receivables:		
Participant contributions	458,098	450,730
Employer contributions	511,712	354,920
Notes receivable from participants	17,467,596	16,596,966
Total receivables	18,437,406	17,402,616
Total assets	1,773,877,230	2,077,384,719
Liabilities		
Payable for securities purchased	23,871	14,760
Accrued expenses	40,949	112,764
Total liabilities	64,820	127,524
Net assets available for benefits	$ 1,773,812,410	$ 2,077,257,195

See accompanying notes to financial statements.

FOX SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2022

Additions to net assets attributed to	
Dividends and interest income	$ 15,872,875
Interest income on notes receivable from participants	800,703
Transfers due to plan merger	2,588,171
Participant contributions, including rollovers	116,834,200
Employer contributions, net of forfeitures	62,734,798
Total Additions	198,830,747
Deductions from net assets attributed to	
Net depreciation of investments	(386,752,750)
Benefits paid to participants	(115,127,563)
Administrative expenses	(395,219)
Total Deductions	(502,275,532)
Net decrease in net assets	(303,444,785)
Net assets available for benefits, beginning of year	2,077,257,195
Net assets available for benefits, end of year	$ 1,773,812,410

See accompanying notes to financial statements.

1. PLAN DESCRIPTION

The following description of the Fox Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions, a copy of which may be obtained from Fox Corporation (the "Company" or "Plan Sponsor").

General

The Plan is a defined contribution plan sponsored by the Company and covers the majority of employees of the Company and its affiliates.

The Plan meets the requirements of Section 401(k) of the Internal Revenue Code of 1986, as amended (the "Code"), which permits employees to exclude contributions to the Plan from their current taxable income, subject to certain limits. The Plan is subject to the regulations of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and the Code.

Effective January 1, 2022, the Plan was amended and restated to incorporate all prior amendments and to implement a Roth contribution feature; to permit plan participants to elect Roth conversions; and to increase the annual cap on after-tax contributions from $5,000 to $10,000.

Effective April 1, 2022, the Plan was amended to include Mar Vista Entertainment, LLC as a participating employer, and to honor the service of past and current employees of Mar Vista Entertainment, LLC, to the extent such service would have been credited under the Mar Vista Entertainment LLC 401k Profit Sharing Plan and Trust.

Effective July 11, 2022, the Mar Vista Entertainment LLC 401k Profit Sharing Plan and Trust, previously sponsored by Mar Vista Entertainment, LLC, was merged into the Plan. Net assets available for benefits of such plan were not material.

Plan Administration

The Plan Administrative Committee (the "plan administrator") is a named fiduciary with responsibility for administration of the Plan, other than with respect to the management of the Plan's assets. The Investment Committee of the Fox Savings Plan is a named fiduciary with responsibility for the management of the Plan's assets, appointment of trustees, and trust administration.

Assets Held in Trust

The Plan's investments are held in the Fox Savings Plan Trust with Fidelity Management Trust Company ("Fidelity" or "Trustee"). Among other duties, Fidelity is responsible for the custody, recordkeeping and investing of Plan assets and for the payment of benefits to eligible participants. All contributions are invested by Fidelity as designated by Plan participants. Prudential Trust Company and Blackrock Institutional Trust Company, N.A are custodians of certain investments in the Stable Value Fund.

Eligibility

Employees classified as a regular full-time or regular part-time employee (i.e., classified to work at least 30 hours per week, or if he or she became eligible to participate prior to July 1, 2019, at least 17 hours per week) are eligible to participate in the Plan immediately on their hire date. Employees not classified as a regular full-time or regular part-time employee that are scheduled to complete at least 1,000 hours of service within a 12-month period

following their date of hire are eligible to participate in the Plan on their hire date immediately following completion of 1,000 or more hours within a subsequent calendar year.

Contributions and Vesting

Each year, Plan participants are entitled to contribute, subject to certain Internal Revenue Service ("IRS") regulations, pretax and Roth contributions from 1% to a maximum of 40% of their compensation, as defined, and after-tax contributions up to 40% of their compensation, as defined, not to exceed a combined deferral percentage of 40%. The Plan also permits catch-up contributions up to the IRS maximum ($6,500 in 2022). Participants' voluntary contributions and actual earnings thereon vest immediately.

Each Eligible Employee, as defined, is automatically enrolled in the Plan at a contribution rate of 3% of his or her pretax eligible earnings following 30 days after the Eligible Employee's eligibility date, unless he or she elects within the applicable time frame to not enroll in the Plan. Following the initial auto-enrollment contribution deferral rate of 3%, the contribution deferral percentage will increase 1% for each subsequent 12-month period until it reaches 10% unless the Eligible Employee opts out.

The employer match on eligible employee deferrals is 100% of the first 1% plus 50% of the next 6% of eligible compensation contributed. A participant becomes 100% vested in the employer matching contribution account at the earliest of the following dates: (1) completion of two years of vesting service, as defined, (2) death, (3) termination of employment due to total and permanent disability, (4) retirement at age 65, or (5) termination of the Plan.

In addition, the Company makes a 2% non-elective contribution of eligible compensation for those eligible employees of the Plan. Eligibility to receive the 2% non-elective contribution extends to participants that: (a) were hired or rehired on or after January 1, 2008, (b) transferred to the Company (or a participating employer) from an affiliate of the Company (including from outside the U.S.) that does not maintain or contribute to an employer-sponsored defined benefit plan, or (c) transferred to the Company (or a participating employer) from an affiliate of the Company (including from outside the U.S.) that maintains or contributes to an employer-sponsored defined benefit plan, in which the participant was not an active participant immediately prior to his or her transfer. Employees who are actively accruing a benefit on their behalf to any defined benefit pension plan are not eligible to receive a 2% non-elective contribution. Employees hired prior to January 1, 2008 and have a defined benefit pension benefit which was frozen as of December 31, 2013 are eligible to receive a 3% non-elective contribution rather than the 2% non-elective contribution. A participant becomes 100% vested in the Employer Non-Elective Contribution account at the earliest of the following dates: (1) completion of three years of vesting service, as defined, (2) death, (3) termination of employment due to total and permanent disability, (4) retirement at age 65, or (5) termination of the Plan.

Participant Accounts

A separate account is maintained by the Trustee for each participant to record his or her pretax, Roth and after-tax contributions, the employer's matching and non-elective contributions and Plan earnings.

Forfeitures
Forfeitures (normally unvested interests of terminated participants' Company matching and non-elective contribution accounts) are allocated to reduce future Company contributions. The total unallocated forfeitures that can be used to reduce future Company contributions at December 31, 2022 and 2021 were approximately $787,000 and $819,000, respectively. Forfeitures of approximately $2,212,000 were used to offset 2022 employer contributions.

Notes Receivable from Participants
Participants may borrow from the Plan a minimum of $1,000 and a maximum amount not to exceed the lesser of $50,000 or 50% of the participant's vested account balance. The loans are payable over a period not to exceed five years or, if the proceeds are used to purchase the participant's principal residence, the fixed rate loans are payable over a period not to exceed 20 years, and bear interest at prime plus 1%. The loans are secured by the pledge of the participant's interest in the Plan. For active participants, principal and interest are paid ratably through payroll deductions. Terminated participants have the option to continue repayment through automatic debits from their personal bank accounts. Outstanding unpaid loan balances will be treated as taxable distributions to the participants who have triggered a distributable event, as defined. Participants may prepay their loans at any time without penalty.

Payment of Benefits
Plan participants or beneficiaries are eligible to receive a benefit payment equal to their vested account balances upon termination of employment, retirement, death, or permanent disability, as stipulated in the plan document. Such benefits shall be made in a lump-sum payment, a qualified rollover to an individual retirement account or another employer's tax qualified retirement plan or an installment payment for retirees, subject to certain restrictions as defined in the plan document.

Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the plan document.

Administrative Expenses
Certain expenses incurred by the Plan are paid by the Company.

Investment Options
Upon enrollment in the Plan, a participant may direct employee and employer contributions in 1% increments among various investment options offered by the Plan. Additionally, participants may redirect their investment balances among these various investment options.

Plan Termination
Although it has not expressed any intent to do so, the Company may terminate the Plan at any time, subject to the provisions set forth in ERISA. In the event of plan termination, the accounts of all participants affected shall become fully vested and non-forfeitable.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements of the Plan are prepared under the accrual basis of accounting 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 that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Notes Receivable from Participants
Loans are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value except for the Synthetic Guaranteed Investment Contracts ("GICs"), which are valued at contract value (see Note 5). Fair value is defined as the price 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 a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned on an accrual basis. Dividends are recorded on the ex-dividend dates. All realized and unrealized gains and losses in the fair value of investments are shown on the accompanying statement of changes in net assets available for benefits as net depreciation in fair value of investments.

3. INFORMATION CERTIFIED BY THE TRUSTEE AND CUSTODIANS

Certain investment information disclosed in the accompanying financial statements and supplemental schedule, including investments, amounts due to broker for securities purchased, notes receivable from participants, net depreciation in fair value of investments, interest income on notes receivable from participants, and dividend and interest income, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Plan's trustee and custodians.

4. FAIR VALUE MEASUREMENTS

In accordance with ASC 820, *Fair Value Measurement,* investments are categorized based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities
- Level 2: Not traded on an active market, but significant observable inputs are readily available
- Level 3: Significant unobservable inputs

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Mutual funds are valued at the quoted closing price reported on the active market in which they are traded. Common collective trusts are valued using the net asset value, which is determined daily, published and is the basis for current transactions with the fund's investment manager or issuer. The short-term investment fund is valued at cost plus interest earned, which approximates fair value.

Investments Measured at Fair Value

	December 31, 2022			
	Level 1	Level 2	Level 3	Total
Common collective trusts	$ 1,102,034,265	$ –	$ –	$ 1,102,034,265
Mutual funds	541,367,717	–	–	541,367,717
Short-term investment fund	5,147,914	–	–	5,147,914
Total assets at fair value	$ 1,648,549,896	$ –	$ –	$ 1,648,549,896

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Common collective trusts	$ 1,338,546,645	$ –	$ –	$ 1,338,546,645
Mutual funds	621,814,185	–	–	621,814,185
Short-term investment fund	2,992,423	–	–	2,992,423
Total assets at fair value	$ 1,963,353,253	$ –	$ –	$ 1,963,353,253

5. STABLE VALUE FUND

For the years ended December 31, 2022 and 2021, the Plan's investment options included the Standish Income Fund, which holds GICs. The GICS meet the fully benefit-responsive investment contract ("FBRIC") criteria and therefore are reported at contract value. Contract value is the relevant measure for FBRICs because it is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the investment manager, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The contract value of these investments was $106,889,928 as of December 31, 2022 and $96,628,850 as of December 31, 2021.

Generally, fixed maturity GICs consist of an asset or collection of assets that are owned by the Plan and a benefit-responsive, book-value wrap contract purchased for the portfolio. The wrap contract provides book-value accounting for the assets and assures that benefit-responsive payments will be made at book value for participant-directed withdrawals.

Constant duration GICs consist of a portfolio of securities owned by the Plan, and a benefit-responsive, book-value wrap contract purchased for the portfolio. The wrap contract amortizes gains and losses of the underlying securities over the portfolio duration and assures that benefit-responsive payments will be made at book value for participant-directed withdrawals.

Certain events could limit the ability of the Standish Income Fund to transact withdrawals and transfers at contract value. Such events include the following:

- Company-initiated events, including events within the control of the Plan or Plan Sponsor that would have a material and adverse effect on the Standish Income Fund.
- Company communications designed to induce participants to transfer from the Standish Income Fund.
- Competing fund transfer or violation of equity wash or equivalent rules in place.
- Changes of qualification status of the Plan.

The plan administrator does not believe that the occurrence of any of the above events is probable.

In general, issuers may terminate the contract and settle at other than contract value if the qualification status of the employer or Plan changes, a breach of material obligations under the contract and misrepresentation by the contract holder occurs, or there is a failure of the underlying portfolio to conform to the pre-established investment guidelines.

6. RISKS AND UNCERTAINTIES

The Plan's exposure to credit loss in the event of non-performance of investments is limited to the carrying value of such instruments. The Plan's concentration of credit risk and market risk is dictated by the Plan's provisions, as well as those of ERISA and the participants' investment preferences.

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risk in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

7. PARTY-IN-INTEREST TRANSACTIONS

The Plan's sales and purchases of investments in mutual funds managed by affiliates of the Trustee are considered to be party-in-interest transactions. These investments amounted to approximately $344,606,000 and $400,796,000 as of December 31, 2022 and 2021, respectively. Fees paid by the Plan Sponsor to the Trustee for the year ended December 31, 2022 were not significant.

8. TAX STATUS

The Plan has received a determination letter from the IRS, dated April 7, 2020, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. Subsequently, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, as amended, is qualified and the related trust is tax-exempt.

GAAP requires the plan administrator to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 19, 2023, the date the accompanying financial statements were available to be issued.

Effective January 1, 2023, the Plan was amended so that once an individual participates in the Plan, they are immediately eligible to resume participation upon rehire as an eligible employee and further if a termination and rehire occur during the same computation period, hours worked in that computation period are aggregated for purposes of determining eligibility to participate; to adopt a provision of the Setting Every Community Up for Retirement Enhancement Act so that non-regular employees will be eligible to participate in the Plan immediately following the completion of 500 hours of service rather than the previously required 1,000 hours; and to include the USFL League, LLC ("USFL") as a participating employer but excluding game day and union employees of the USFL.

Supplemental Schedule

FOX SAVINGS PLAN

EIN# 83-1825597 PLAN #005

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS HELD AS OF DECEMBER 31, 2022

Identity of Issue	Description of Investment	Current Value
Short-Term Investments		
*Fidelity	Short-term investment fund; 3.85% yield	$ 5,147,914
Standish Income Fund:		
Synthetic GICs		
Voya Retirement Insurance & Annuity Co.		
(MCA-800259) 2.06% yield:		
Blackrock	1-3 Year Credit Bond Index Non-Lendable Fund, 309,192 units	3,925,755
Blackrock	1-3 Year Government Bond Index Fund, 44,311 units	5,358,113
Blackrock	Asset-Backed Securities Index Fund, 93,713 units	3,395,258
Blackrock	Commercial Mortgage-Backed Securities Index Fund, 44,411 units	1,324,925
Blackrock	Intermediate Term Credit Bond Index, 58,639 units	3,393,310
Blackrock	Mortgage-Backed Securities Index Fund, 76,447 units	3,808,408
Wrapper		1,619,004
		22,824,773
Transamerica Premier Life		
(MDA01348TR) 2.19% yield:		
Blackrock	1-3 Year Credit Bond Index Non-Lendable Fund, 310,829 units	3,946,540
Blackrock	Asset-Backed Security Index Fund, 94,209 units	3,413,234
Blackrock	Commercial Mortgage-Backed Securities Index Fund, 44,646 units	1,331,940
Blackrock	Intermediate Term Credit Bond Index Fund, 58,950 units	3,411,276
Blackrock	1-3 Year Government Bond Index Fund, 44,545 units	5,386,482
Blackrock	Mortgage-Backed Securities Index Fund, 76,851 units	3,828,572
Wrapper		1,546,505
		22,864,549
Prudential Trust Company:		
(GA 64202) 2.01% yield:		
Prudential	Core Conservative Intermediate Bond Fund; 1,470,660 units	19,627,956
Wrapper		2,152,055
		21,780,011
Nationwide Life Insurance Company		
(STA_NFX_IP_1218); 1.85% yield:		
Blackrock	1-3 Year Government Bond Index Non-Lendable Fund, 307,477 units	3,903,973
Blackrock	Asset-Backed Security Index Fund, 93,193 units	3,376,420
Blackrock	Commercial Mortgage-Backed Security Fund, 44,165 units	1,317,574
Blackrock	1-3 Year Government Bond Index Fund, 44,065 units	5,328,384
Blackrock	Intermediate Government Bond Index Fund, 58,314 units	3,374,483
Blackrock	Mortgage-Backed Security Index Fund, 76,022 units	3,787,278
Wrapper		1,745,342
		22,833,454

Identity of Issue	Description of Investment	Current Value
Synthetic GICs (continued)		
American General Life Insurance Company (18020) 1.55% yield:		
Cash		$ 512,519
Commercial mortgage backed securities:		
JPMDB 2016-C2 A2	Series 2016-C2; Class A2; 1/17/2023; 2.66%	3,902
CNH 2022-B A3	Series 2022-B; Class A3; 6/15/2026; 3.89%	108,486
CNH 2022-C A2	Series 2022-C; Class A2; 11/15/2024; 5.42%	107,415
DBJPM 2017-C6 A4	Series 2017-C6; Class A4; 5/10/2027; 3.07%	304,439
BBCMS 2019-C4 A1	Series 2019-C4; Class A1; 5/15/2024; 2.00%	31,230
BBCMS 2022-C18 A2	Series 2022-C18; Class A2; 11/15/2027; 5.50%	304,331
BMARK 2019-B10 A2	Series 2019-B10; Class A2; 3/15/2024; 3.61%	585,243
BMO 2022-C3 A2	Series 2022-C3; Class A2; 8/16/2027; 5.50%	164,811
CD 2016-CD1 ASB	Series 2016-CD1; Class ASB; 7/10/2026; 2.62%	364,372
CD 2016-CD2 A3	Series 2016-CD2; Class A3; 10/13/2026; 3.25%	243,094
AEPTC 2019-1 A1	Series 2019-1; Class A1; 2/3/2025; 2.06%	156,618
AEPWV 2013-1 A1	Series 2013-1; Class A1; 2/1/2023; 2.01%	24,587
AMXCA 2022-2 A	Series 2022-2; Class A; 5/15/2025; 3.39%	510,766
GMCAR 2022-2 A3	Series 2022-2; Class A3; 2/16/2027; 3.10%	266,777
DCENT 2021-A1 A1	Series 2021-A1; Class A1; 9/15/2026; 0.58%	348,993
DCENT 2022-A3 A3	Series 2022-A3; Class A3; 7/15/2027; 3.56%	340,589
GNR 2017-99 DE	Series 2017-99; Class DE; 4/20/2027; 2.50%	264,424
MBART 2022-1 A3	Series 2022-1; Class A3; 5/15/2026; 5.21%	248,846
JDOT 2020-B A3	Series 2020-B; Class A3; 1/16/2024; 0.51%	149,560
JDOT 2021-B A3	Series 2021-B; Class A3; 3/17/2025; 0.52%	522,120
JDOT 2022-B A3	Series 2022-B; Class A3; 2/17/2026; 3.74%	125,270
NAROT 2020-A A3	Series 2020-A; Class A3; 9/15/2023; 1.38%	157,446
NAROT 2022-A A3	Series 2022-A; Class A3; 8/15/2025; 1.86%	314,394
NAROT 2022-B A3	Series 2022-B; Class A3; 2/17/2026; 4.46%	133,254
NALT 2021-A A3	Series 2021-A; Class A3; 11/15/2023; 0.52%	278,475
PSNH 2018-1 A1	Series 2018-1; Class A1; 2/1/2024; 3.09%	49,997

Identity of Issue	Description of Investment	Current Value
Synthetic GICs (continued)		
Government backed securities:		
FHR 4091 KC	Series 4091; Class KC; 2/18/2025; 3.00%	$ 177,016
FHR 4169 HM	Series 4169; Class HM; 2/16/2027; 1.75%	212,740
FHR 4166 PB	Series 4166; Class PB; 11/17/2025; 1.75%	312,925
FHR 4444 CH	Series 4444; Class CH; 2/15/2023; 3.00%	15,585
FHR 4569 A	Series 4569; Class A; 8/15/2025; 2.50%	252,705
FHR 5094 DA	Series 5094; Class DA; 10/25/2030; 1.00%	220,099
FHR 4427 MA	Series 4427; Class MA; 8/17/2026; 3.00%	316,936
FHR 4569 VH	Series 4569; Class VH; 9/16/2041; 3.50%	263,438
FHR 4481 B	Series 4481; Class B; 7/17/2028; 3.00%	584,458
FNR 2013-81 KA	Series 2013-81; Class KA; 6/25/2027; 2.75%	231,663
FNR 2015-33 AC	Series 2015-33; Class AC; 11/27/2023; 3.00%	70,202
FNR 2017-43 A	Series 2017-43; Class A; 12/26/2023; 3.50%	150,142
FNR 2012-100 A	Series 2012-100; Class A; 7/26/2027; 1.50%	309,119
FNR 2021-54 CA	Series 2021-54; Class CA; 6/25/2029; 2.50%	315,692
FNR 2021-73 EB	Series 2021-73; Class EB; 11/27/2028; 2.50%	302,719
FNR 2021-91 DA	Series 2021-91; Class DA; 12/25/2037; 2.50%	329,226
GN 784237	Series 784237; Class GN; 6/17/2024; 4.50%	30,219
GNR 2020-74 DC	Series 2020-74; Class DC; 10/20/2027; 1.00%	213,849
GNR 2020-78 HL	Series 2020-78; Class HL; 5/16/2028; 1.00%	205,853
GNR 2021-8 TP	Series 2021-8; Class TP; 5/21/2029; 2.50%	196,534
GNR 2021-137 KA	Series 2021-137; Class KA; 4/20/2029; 2.50%	379,842
GNR 2022-112 MA	Series 2022-112; Class MA; 2/22/2027; 4.00%	542,991
GNR 2022-180 DA	Series 2022-180; Class DA; 3/20/2030; 5.00%	605,110
U.S. Treasury	Series 2025-T; 7/31/2025; 0.25%	316,445
U.S. Treasury	Series 2024-T; 9/16/2024; 0.38%	938,317
U.S. Treasury	Series 2025-T; 5/15/2025; 2.75%	492,964
U.S. Treasury	Series 2025-T; 10/15/2025; 4.25%	1,264,194
Wrapper		714,200
		16,587,141
Total Synthetic GICs		$ 106,889,928

FOX SAVINGS PLAN

EIN 83-1825597 PLAN #005

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS HELD AS OF DECEMBER 31, 2022

Identity of Issue	Description of Investment	Current Value
Mutual Funds		
Dodge & Cox	Stock Fund, 458,039 shares	$ 98,812,684
MetWest	Total Return Fund Inst Class, 5,362,507 shares	45,474,055
MFS Investment Management	International Diversification Fund Class R6, 2,846,969 shares	57,622,654
*Fidelity	US Bond Index, 1,677,810 shares	17,080,107
*Fidelity	500 Index IPR, 1,844,996 shares	245,605,855
*Fidelity	Global exUS Index Inst, 1,910,144 shares	23,972,301
*Fidelity	Mid Cap Index, 1,129,754 shares	29,283,225
*Fidelity	Small Cap Index, 1,083,725 shares	23,516,836
Total mutual funds		541,367,717
Collective Trusts		
Vanguard	Target Retirement Income Trust Plus, 481,146 units	22,839,989
Vanguard	Target 2020 Trust Plus, 560,278 units	34,042,473
Vanguard	Target 2025 Trust Plus, 1,686,432 units	109,415,740
Vanguard	Target 2030 Trust Plus, 1,955,797 units	134,597,978
Vanguard	Target 2035 Trust Plus, 2,188,045 units	160,055,498
Vanguard	Target 2040 Trust Plus, 1,860,857 units	142,671,917
Vanguard	Target 2045 Trust Plus, 1,749,107 units	137,567,244
Vanguard	Target 2050 Trust Plus, 1,434,668 units	113,137,923
Vanguard	Target 2055 Trust Plus, 925,791 units	72,915,323
Vanguard	Target 2060 Trust Plus, 653,161 units	30,985,949
Vanguard	Target 2065 Trust Plus, 150,720 units	4,416,099
Vanguard	Target 2070 Trust Plus, 328 units	5,820
T. Rowe Price	Blue Chip Growth Trust (Class T4), 2,922,061 units	139,382,312
Total collective trusts		1,102,034,265
Total investments		$ 1,755,439,824
*Participant loans	Interest rates ranging from 3.25% to 9.50% and maturities through December 2042	$ 17,467,596

* Represents a party-in-interest as defined by ERISA.

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)