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. . . . . ▶ [X]

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
PARAMOUNT GLOBAL 401(K) PLAN (FKA VIACOMCBS 401(K) PLAN)

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/04/1971

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)
PARAMOUNT GLOBAL

1515 BROADWAY
NEW YORK, NY 10036

2b Employer Identification Number (EIN)
04-2949533

2c Plan Sponsor's telephone number
212-258-6000

2d Business code (see instructions)
515100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	MARK BEATTY
	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

PARAMOUNT GLOBAL (FKA VIACOMCBS) ADMINISTRATIVE COMMITTEE

1515 BROADWAY
NEW YORK, NY 10036

3b Administrator's EIN 04-2949533

3c Administrator's telephone number 212-258-6000

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 PARAMOUNT GLOBAL

c Plan Name PARAMOUNT GLOBAL 401(K) PLAN (FKA CBS INC. 401(K) PLAN)

4b EIN 04-2949533

4d PN 002

5 Total number of participants at the beginning of the plan year	**5**	37183
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)**	19592
a(2) Total number of active participants at the end of the plan year	**6a(2)**	18607
b Retired or separated participants receiving benefits	**6b**	1835
c Other retired or separated participants entitled to future benefits	**6c**	15339
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	35781
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	322
f Total. Add lines **6d** and **6e**	**6f**	36103
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	35582
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	620
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:

2E 2F 2G 2J 2K 2O 2S 2T 3F 3H 2R

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) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] 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) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] 3 **A** (Insurance Information)
- (4) [X] **C** (Service Provider Information)
- (5) [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
PARAMOUNT GLOBAL 401(K) PLAN (FKA VIACOMCBS 401(K) PLAN)

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PARAMOUNT GLOBAL

D Employer Identification Number (EIN)
04-2949533

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
35-1140070	65676	BVW0024G	10034	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	**(d)** Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ SYNTHETIC GIC

b	Balance at the end of the previous year			7b	287866481
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	5967020		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	5967020
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	293833501
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	20104826		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below) ▶	7e(4)	0		
	(5) Total deductions			7e(5)	20104826
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	273728675

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
PARAMOUNT GLOBAL 401(K) PLAN (FKA VIACOMCBS 401(K) PLAN)

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PARAMOUNT GLOBAL

D Employer Identification Number (EIN)
04-2949533

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	062413	10034	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ SYNTHETIC GIC

b	Balance at the end of the previous year			7b	242192816
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	4908142		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	4908142
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	247100958
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below) ▶ CASH	7e(4)	16020702		
	(5) Total deductions			7e(5)	16020702
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	231080256

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

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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
PARAMOUNT GLOBAL 401(K) PLAN (FKA VIACOMCBS 401(K) PLAN)

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PARAMOUNT GLOBAL

D Employer Identification Number (EIN)
04-2949533

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	MDA01263TR	10034	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ SYNTHETIC GIC

b	Balance at the end of the previous year			7b	353469996
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	7337921		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	7337921
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	360807917
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	23396379		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	23396379
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	337411538

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
PARAMOUNT GLOBAL 401(K) PLAN (FKA VIACOMCBS 401(K) PLAN)

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PARAMOUNT GLOBAL

D Employer Identification Number (EIN)
04-2949533

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

FINANCIAL ENGINES

94-3250323

(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?
26	ADVISOR	2178419	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

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 60 64 65 71	RECORDKEEPER	1256494	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

TOWERS WATSON INVESTMENT SERVICES,

52-1868818

(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?
16	CONSULTANT	162391	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(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	ACCOUNTANT/AUDITOR	146000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS

81-4017137

(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?
16	CONSULTANT	100000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARCUM LLP

11-1986323

(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	ACCOUNTANT/AUDITOR	49955	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EVESTMENT ALLIANCE LLC

90-0905513

(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?
16	CONSULTANT	14054	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CURCIO WEBB

36-4171366

(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?
16	CONSULTANT	14000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GROOM LAW GROUP, CHARTER

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY/LEGAL	10948	Yes [ ] No [X]	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
METWEST TOT RTN BD I - BNY MELLON	301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AMG YACKTMAN FOCUSED N	600 STEAMBOAT RD STE 300 GREENWICH, CT 06830	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AMG YACKTMAN FUND I	600 STEAMBOAT RD STE 300 GREENWICH, CT 06830	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AEGIS VALUE FUND INC 6862 ELM ST STE 830 MCLEAN, VA 22101	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVESCO OPPENHEIMER INTL GROWTH C 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AMANA MUTUAL FUND TRUST GROWTH 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AMERICAN CENTURY SMALL CAP GRWTH I	4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AMERICAN CENTURY BALANCED INVESTOR	4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ARTISAN INTL VALUE FUND INV CL	875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BNY MELLON CORE PLUS CL A	144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BNY MELLON SMALL MIDCAP GROWTH A	144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BNY MELLON GLOBAL FIXED INCOME I	144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556	0.09%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BNY MELLON OPPORT MIDCAP VALUE A	144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BARON FIFTH AVE FUND INSTL CLASS	767 5TH AVE 49TH FL NEW YORK, NY 10153	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BARON PARTNERS FUND	767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BARON INTERNATIONAL GROWTH FUND	767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BERKSHIRE FOCUS FUND	475 MILAN DR STE 103 SAN JOSE, CA 95134	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLACKROCK MID CAP GROWTH EQUITY CL	40 EAST 52ND ST NEW YORK, NY 10022	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLACKROCK ADVANTAGE SMALL CAP CORE	40 EAST 52ND ST NEW YORK, NY 10022	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLACKROCK INFLATION PRO BOND PORT	40 EAST 52ND ST NEW YORK, NY 10022	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BRIDGEWAY SMALL CAP VALUE FUND CL	20 GREENWAY PLAZA STE 450 HOUSTON, TX 77046	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FULLER & THALER BEHV SMALL CAP EQT 411 BOREL AVE STE 300 SAN MATEO, CA 94402	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COHEN & STEERS REALTY SHARES 280 PARK AVE 10TH FL NEW YORK, NY 10017	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COLUMBIA STRATEGIC INCOME CL A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COLUMBIA DIVIDEND INCOME CL A	225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COLUMBIA BALANCED FUND CL A	225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DFA SHORT TERM GOVERNMENT PORT	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DFA US LARGE CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DELAWARE SMALL CAP VALUE CLASS A	2005 MARKET ST PHILADELPHIA, PA 19103	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DFA INTERNATIONAL VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DOUBLELINE TOTAL RT BOND FD CL N	777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DOUBLELINE CORE FIXED INCOME FD CL	777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DRIEHAUS EMERGING MARKETS	25 EAST ERIE ST CHICAGO, IL 60611	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DRIEHAUS EMERGING MKTS GROWTH INST	25 EAST ERIE ST CHICAGO, IL 60611	0.12%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
EATON VANCE FLOATING RATE HI INCOM	TWO INTERNATIONAL PLACE BOSTON, MA 02110	$16.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FPA CRESCENT FUND	11601 WILSHIRE BLVD STE 1200 LOS ANGELES, CA 90025	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FEDERATED HERMES OPPOR HIGH YLD BD	4000 ERICSSON DR WARRENDALE, PA 15086-7515	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FRANKLIN INTL GROWTH CL A	100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GABELLI GOLD FUND CLAAA	401 THEODORE FREMD. AVE. RYE, NY 10580	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GOLDMAN SACHS COMM STRATEGY INSTL	71 S. WACKER DR 4TH FL CHICAGO, IL 60606	0.07%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GS INTERNATIONAL SMALL CAP INSIGHT	71 S. WACKER DR 4TH FL CHICAGO, IL 60606	0.08%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GUGGENHEIM TOTAL RETURN BOND CL P	9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
HARDING LOEVNER INTL EQUITY PORT I	PO BOX 4766 CHICAGO, IL 60680	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OAKMARK INTL INVESTOR CL	111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OAKMARK EQUITY & INCOME INVESTOR C	111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS HENDERSON GROWTH & INCOME T	151 DETROIT ST. DENVER, CO 80206	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS HENDERSON GLOBAL RESEACH T	151 DETROIT ST. DENVER, CO 80206	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS HENDERSON GL LIFE SCIENCES T	151 DETROIT ST. DENVER, CO 80206	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS HENDERSON FORTY T 151 DETROIT ST. DENVER, CO 80206	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JOHN HANCOCK DISCIPLINED VALUE A 601 CONGRESS ST. 9TH FL. BOSTON, MA 02210	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JOHN HANCOCK DISCIPL INED VALUE MI 601 CONGRESS ST. 9TH FL. BOSTON, MA 02210	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CLEARBRIDGE LARGE CAP GROWTH A	100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PARTNER SELECT ALT STRATEGIES INST	1290 BROADWAY STE 1100 DENVER, CO 80203	0.12%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LOOMIS SAYLES SMALL CAP VALUE RETA	399 BOYLSTON ST 8TH FL BOSTON, MA 02116	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LORD ABBETT FOCUSED SMALL CAP VALU	90 HUDSON ST 10TH FL JERSEY CITY, NJ 07302	0.45%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MFS INTERNATIONAL INTRINSIC VALUE	111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MAINSTAY MACKAY HIGHYIELD CORP BD	30 HUDSON ST 23RD FL ARLINGTON, NJ 07032	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MATTHEWS CHINA SMALLCOMPANIES INVE	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MATTHEWS CHINA FUND	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MATTHEWS INDIA FUND	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MORGAN STA INST INC.INCEPTION PORT	522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MORGAN STANLEY INSIGHT A	522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
HCM INCOME PLUS FUNDINVESTOR 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
HCM DIVIDEND SECTOR PLUS FUND INVE 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
HCM TACTICAL GROWTH FUND INVESTOR 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PARNASSUS VALUE EQUITY INVESTOR	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PARNASSUS MID CAP	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PARNASSUS CORE EQUITY INVESTOR	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PERMANENT PORTFOLIO 600 MONTGOMERY ST STE 4100 SAN FRANCISCO, CA 94111-2702	0.38%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO INCOME FUND CL A 1633 BROADWAY NEW YORK, NY 10019	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T ROWE PRICE HEALTH SCIENCES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T ROWE PRICE RET 2030 FD 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T ROWE PRICE RETIREMENT BALANCED 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PRIMECAP ODYSSEY AGGRESSIVE GRWTH 2020 E. FINANCIAL WAY STE 100 GLENDORA, CA 91741	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PRINCIPAL MID CAP FUND CLASS A	620 COOLIDGE DR STE 300 FOLSOM, CA 95630	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AKRE FOCUS FUND RETAIL	777 E. WISCONSIN AVE. 4TH FL MILWAUKEE, WI 53202	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OIL & GAS ULTRA SECTPRO FDS INVEST	7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA, MD 20814	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PGIM FLOATING RATE INCOME CL Z 655 BROAD ST NEWARK, NJ 07102	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PUTNAM LARGE CAP VALCLASS A 1 POST OFFICE SQ MAILZONE G3C BOSTON, MA 02109	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T ROWE PRICE BLUE CHIP GROWTH INC 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T.ROWE PRICE ASIA OPPORTUNITI INVE 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T ROWE PRICE OVERSEAS STOCK FUND 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T ROWE PRICE VALUE 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T ROWE PRICE ULTRA SHORT TERM BD I 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T ROWE PRICE QM US SML CAP GRWTH E 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T ROWE PRICE REAL ESTATE FUND 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GUGGENHEIM MANAGED FUTURES STRAT C	9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
STATE STREET S&P INDEX FUND	ONE LINCOLN ST. BOSTON, MA 02111-2900	0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
SHELTON SUSTAINABLE EQUITY INVESTO	P.O. BOX 87 DENVER, CO 80201-0087	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TCW CORE FIXED INCOME CLASS N	865 S FIGUERA ST 22ND FL LOS ANGELES, CA 90017	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TCW NEW AMERICAS PREMIER EQUITIES	865 S FIGUERA ST 22ND FL LOS ANGELES, CA 90017	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TEMPLETON GLOBAL BOND ADVISOR CLAS	100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	$16.00

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PERFORMANCE TRUST STRATEGIC BOND F	500 WEST MADISON STE 470 CHICAGO, IL 60661	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MAIRS & POWER GROWTH FUND	777 E WISCONSIN AVE FL 4 MILWAUKEE, WI 53202	0.12%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
EMERGING EUROPE FUND	3 CANAL PLAZA STE 600 PORTLAND, ME 04101	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WORLD PRECIOUS MINERALS FUND 3 CANAL PLAZA STE 600 PORTLAND, ME 04101	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
VERSUS CAPITAL MULTI MNGR REAL EST 5555 DTC PARKWAY STE 330 GREENWOOD VILLAGE, CO 80111	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ALLSPRING DIVRSFD INCME BUILD FD A 525 MARKET ST MAC A0103 122 SAN FRANCISCO, CA 94105	0.40%

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
PARAMOUNT GLOBAL 401(K) PLAN (FKA VIACOMCBS 401(K) PLAN)

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
04-2949533

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:	WASATCH CORE GROWTH		
b Name of sponsor of entity listed in (a):	SEI TRUST COMPANY		
c EIN-PN	84-2412379-134	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59800078		

a Name of MTIA, CCT, PSA, or 103-12 IE:	INVESCO INTL GROWTH TRUST I		
b Name of sponsor of entity listed in (a):	INVESCO TRUST COMPANY		
c EIN-PN	20-2583973-114	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0		

a Name of MTIA, CCT, PSA, or 103-12 IE:	CRM SM/MID CAP VAL S		
b Name of sponsor of entity listed in (a):	WILMINGTON TRUST, N.A.		
c EIN-PN	85-4059482-654	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30238544		

a Name of MTIA, CCT, PSA, or 103-12 IE:	WASATCH CORE GROWTH		
b Name of sponsor of entity listed in (a):	SEI TRUST COMPANY		
c EIN-PN	84-2433108-134	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0		

a Name of MTIA, CCT, PSA, or 103-12 IE:	BTC LPATH IDX 2050 N		
b Name of sponsor of entity listed in (a):	BLACKROCK INST. TRUST COMPANY, N. A		
c EIN-PN	82-1562543-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	231781565		

a Name of MTIA, CCT, PSA, or 103-12 IE:	BTC LPATH IDX 2060 N		
b Name of sponsor of entity listed in (a):	BLACKROCK INST. TRUST COMPANY, N. A		
c EIN-PN	82-1592041-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	47497486		

a Name of MTIA, CCT, PSA, or 103-12 IE:	BTC LPATH IDX RET N		
b Name of sponsor of entity listed in (a):	BLACKROCK INST. TRUST COMPANY, N. A		
c EIN-PN	82-1458076-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	139936345		

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPATH IDX 2040 N

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. 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)
82-1532549-001	C	251037803

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPATH IDX 2035 N

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. 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)
82-1513534-001	C	176662812

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPATH IDX 2055 N

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. 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)
82-1578259-001	C	123994346

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPATH IDX 2065 N

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. 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)
84-1845096-001	C	4205560

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPATH IDX 2045 N

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. 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)
82-1546505-001	C	222139428

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPATH IDX 2025 N

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. 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)
82-1483157-001	C	102244704

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPATH IDX 2030 N

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. 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)
82-1498398-001	C	136253874

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTL GROWTH TRUST I

b Name of sponsor of entity listed in (a): INVESCO 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)
32-6065438-001	C	28481830

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTERNATIONAL EQUITY

b Name of sponsor of entity listed in (a): RELIANCE 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)
82-6253445-011	C	28623785

a Name of MTIA, CCT, PSA, or 103-12 IE: MAWER INTL EQ CIT

b Name of sponsor of entity listed in (a): GLOBAL 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)
38-7140710-001	C	28580520

a Name of MTIA, CCT, PSA, or 103-12 IE: PZENA INTL EXP VAL

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

c EIN-PN 90-6169542-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28642451

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC EQUITY INDEX FUND CL F

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN 94-3262720-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1099845333

a Name of MTIA, CCT, PSA, or 103-12 IE: VG IS TL INTL STK MK

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

c EIN-PN 81-6317280-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 277845838

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC EXTENDED MARKET FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN 94-3199860-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 267390600

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC US DEBT INDEX FUND CL F

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN 94-3291425-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 304404760

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)

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

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

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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

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
PARAMOUNT GLOBAL 401(K) PLAN (FKA VIACOMCBS 401(K) PLAN)

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PARAMOUNT GLOBAL

D Employer Identification Number (EIN)
04-2949533

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	5561546	8343998
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	33322790	39123911
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	4702687	8601497
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	51876760	41727030
(2) U.S. Government securities	1c(2)	0	137461
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	80964	61535
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	37667	64758
(B) Common	1c(4)(B)	803722718	561630620
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	31130037	33296311
(9) Value of interest in common/collective trusts	1c(9)	4355955603	3589607662
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	106658204	88146559
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	970786571	923878194
(15) Other	1c(15)	361220	1116567

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	144092824	86554262
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	6508289591	5382290365
Liabilities			
g Benefit claims payable	1g	1361341	2243247
h Operating payables	1h	2079982	1278742
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	5985171	11016120
k Total liabilities (add all amounts in lines 1g through1j)	1k	9426494	14538109
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6498863097	5367752256

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)	134967306	
(B) Participants	2a(1)(B)	189332920	
(C) Others (including rollovers)	2a(1)(C)	25878973	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		350179199
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	565914	
(B) U.S. Government securities	2b(1)(B)	115	
(C) Corporate debt instruments	2b(1)(C)	3873	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1517764	
(F) Other	2b(1)(F)	9	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2087675
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	2868	
(B) Common stock	2b(2)(B)	13333437	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1651678	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		14987983
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	236394549	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	289538165	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-53143616
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-192854333	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-192854333

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-779518226
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-26358604
c Other income	2c		20894487
d Total income. Add all **income** amounts in column (b) and enter total	2d		-663725435
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	460462614	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		460462614
f Corrective distributions (see instructions)	2f		66022
g Certain deemed distributions of participant loans (see instructions)	2g		106353
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	3218040	
(4) Other	2i(4)	3532377	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6750417
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		467385406
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1131110841
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

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
PARAMOUNT GLOBAL 401(K) PLAN (FKA VIACOMCBS 401(K) PLAN)

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PARAMOUNT GLOBAL

D Employer Identification Number (EIN)
04-2949533

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): 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_____

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 11-K

(Mark One)

☒ **Annual Report Pursuant to Section 15(d) of the Securities Exchange Act of 1934**
For the fiscal year ended December 31, 2022

OR

☐ **Transition Report Pursuant to Section 15(d) of the Securities Exchange Act of 1934**

Commission file number 001-09553

PARAMOUNT GLOBAL 401(k) PLAN

(Full title of the plan)

PARAMOUNT GLOBAL

(Name of issuer of the securities held pursuant to the plan)

1515 Broadway
New York, New York 10036

(Address of principal executive office)

PARAMOUNT GLOBAL 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2022 AND 2021

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted as not applicable or not required.

Signature

Exhibit:

23.1 Consent of Independent Registered Public Accounting Firm



Report of Independent Auditors

To the Paramount Global Administrative Committee of Paramount Global 401(k) Plan

Opinion

We have audited the accompanying financial statements of Paramount Global 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

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 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 Financial Statements

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 US 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 US 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.

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2022 and Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 has been subjected to the 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 US GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PricewaterhouseCoopers LLP

New York, New York
June 15, 2023

PARAMOUNT GLOBAL 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(In thousands)

	At December 31,	
	2022	**2021**
Assets		
Investments, at fair value	$ 4,375,590	$ 5,467,127
Synthetic guaranteed investment contracts, at contract value	923,878	970,787
Receivables:		
Notes receivable from participants	35,128	32,841
Employer contributions	39,124	33,323
Interest and dividends	3,838	3,250
Due from broker for securities sold	4,315	1,311
Total assets	5,381,873	6,508,639
Liabilities		
Accrued expenses	1,279	2,080
Due to broker for securities purchased	11,010	5,985
Total liabilities	12,289	8,065
Net assets available for benefits	$ 5,369,584	$ 6,500,574

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

PARAMOUNT GLOBAL 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(In thousands)

		Year Ended December 31, 2022
Additions to net assets attributed to:		
Investment income:		
Interest	$	7,109
Dividends		6,654
Interest income on notes receivable from participants		1,600
Contributions:		
Employee		189,333
Employer		134,967
Rollover		25,879
Total additions		365,542
Deductions from net assets attributed to:		
Net depreciation in fair value of investments		(1,032,598)
Benefits paid to participants		(460,596)
Plan expenses		(3,338)
Total deductions		(1,496,532)
Net decrease		(1,130,990)
Net assets available for benefits, beginning of year		6,500,574
Net assets available for benefits, end of year	$	5,369,584

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

NOTE 1 - PLAN DESCRIPTION

On December 4, 2019 ("Effective Time"), Viacom Inc. ("Viacom") merged with and into CBS Corporation ("CBS"), with CBS continuing as the surviving company. At the Effective Time of the merger, the combined company changed its name to ViacomCBS Inc. ("ViacomCBS"). On February 16, 2022, ViacomCBS was renamed Paramount Global ("Paramount" or the "Company").

Effective on October 1, 2021, the Viacom 401(k) Plan was merged into the Paramount Global 401(k) Plan (the "Plan," which prior to October 1, 2021 was named the CBS 401(k) Plan and which during the period of October 1, 2021 through February 15, 2022 was named the ViacomCBS 401(k) Plan).

The following is a brief description of the Plan and is provided for general information only. Participants should refer to the Plan document, as amended, for more complete information regarding the Plan.

The Plan, sponsored by the Company, is a defined contribution plan offered to substantially all of the Company's employees who (i) immediately prior to the Effective Time were employed by CBS Corporation or any of its subsidiaries, and paid through a CBS Corporation payroll system ("CBS Payroll"), (ii) on or after the Effective Time were hired by the Company or any of its subsidiaries or affiliates and paid through CBS Payroll, or (iii) on or after the Effective Time were transferred or reassigned and paid through CBS Payroll, or (iv) on or after October 1, 2021, were paid through CBS Payroll or a Viacom payroll system ("Viacom Payroll").

Eligible full-time, newly hired employees may enroll in the Plan immediately or are automatically enrolled following 60 days after hire or rehire and attainment of age 21, unless they elect not to participate. Part-time employees are automatically enrolled in the Plan on the first day of the month following the attainment of age 21 and completion of 1,000 hours of service within a consecutive twelve-month period, unless they already voluntarily enrolled upon meeting the age and service requirements or have elected not to participate. The Plan is subject to the provisions of the Internal Revenue Code of 1986, as amended (the "Code"), and the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is overseen by the Paramount Global Administrative Committee (the "Administrative Committee"). The Administrative Committee has been designated as the administrator of the Plan as defined under ERISA (the "Plan Administrator") under the Plan document.

Exempt Party-in-Interest Transactions

Certain Plan investments are shares of Paramount Global Class A Common Stock and Class B Common Stock and therefore qualify as party-in-interest transactions. The fair value of these investments was $85 million and $143 million at December 31, 2022 and 2021, respectively. For the year ended December 31, 2022, these investments depreciated by $66 million and earned dividends of $5 million. During the year ended December 31, 2022, the Plan sold shares of Paramount Global for total proceeds of $18 million and purchased shares of Paramount Global at a cost of $27 million.

Fidelity Management Trust Company (the "Trustee") is the trustee and custodian of the Plan, Fidelity Workplace Services LLC (the "Recordkeeper") is the recordkeeper of the Plan, and State Street Global Advisors Trust Company ("State Street") is an independent fiduciary for the Plan's Paramount Global common stock funds. Certain Plan investments are managed or issued by the Trustee, State Street or their affiliates and therefore qualify as party-in-interest transactions. The fair value of these investments was $53 million and $62 million at December 31, 2022 and 2021, respectively. The Plan's investments also include a synthetic guaranteed investment contract issued by State Street. The contract value of this synthetic guaranteed investment contract was $83 million at December 31, 2022.

Participant Accounts

Each Plan participant's account is credited with the participant's contributions, the employer contributions, if applicable, and the participant's share of the interest, dividends, and any realized or unrealized gains or losses of the Plan's assets, net of certain Plan expenses.

Participants have the option of investing contributions to their accounts and their existing account balances among various investment options. These investment options include common collective funds, registered investment companies (mutual funds), proprietary funds that consist of common collective funds and/or separately managed accounts, which primarily invest in common stocks, a stable value fund and the Paramount Global Class B Stock Fund. Some participants are invested in the Paramount Global Class A Stock Fund, but that fund is closed to new investment.

Within the Plan, the Paramount Global Class A Stock Fund and Paramount Global Class B Stock Fund are part of an Employee Stock Ownership Plan ("ESOP"). As a result, the Plan offers an ESOP dividend election under which Plan participants can elect to reinvest any ESOP dividends paid on vested shares in the Paramount Global Class B Stock Fund or to receive dividends as a cash payout. If a participant does not make an election, the dividends are reinvested in the Paramount Global Class B Stock Fund.

Participants may also elect to open a self-directed brokerage account ("SDA"). Participants may not contribute directly to the SDA, but may transfer balances to the SDA from other investment funds except the Stable Value Fund. A participant may transfer up to 25% of their account balance (net of loans) to the SDA. The initial transfer to the SDA may not be less than $2,500 and there is no minimum for subsequent individual transfers.

Contributions

The Plan permits participants paid through CBS Payroll to contribute up to 50% of eligible annual compensation on a traditional before-tax, Roth 401(k) after-tax, or combination basis and up to 15% of eligible annual compensation on a traditional after-tax basis, subject to the Code limitations set forth below. The Plan permits participants paid through Viacom Payroll to contribute up to 50% of eligible annual compensation on a traditional before-tax basis, subject to the Code limitations set forth below. Total combined contributions for all participants may not exceed 50% of eligible annual compensation. Roth 401(k) contributions and the related earnings can be withdrawn tax-free if certain requirements are met.

Effective January 1, 2021, the Plan was amended to provide (1) nondiscretionary employer matching contributions and (2) discretionary profit-sharing contributions. The formula for the nondiscretionary matching contributions is (a) 100% of a participant's deferrals on the first 1% of the participant's eligible compensation, plus (b) 80% of a participant's deferrals on the next 5% of the participant's eligible compensation. Discretionary profit sharing contributions (a) are based on a target 1.5% of each eligible participant's eligible compensation and (b) are contributed for those participants who are active employees eligible for the Plan on December 31. For 2022, a discretionary profit-sharing contribution of 1.3% was made in March 2023 and is included in employer contributions receivable in the Statement of Net Assets Available for Benefits.

Participants may elect to invest their contributions in any investment option, including the Paramount Global Class B Stock Fund. If no option is elected by the participant, the contribution is invested in the Plan's Qualified Default Investment Alternative ("QDIA"), a common collective fund that is primarily invested in a mix of equities and bonds appropriate for the participant's target retirement year, which is assumed to be at age 65.

Upon date of hire and effective on the 60th day following the date upon which an employee becomes eligible to participate in the Plan, newly hired employees are deemed to have authorized the Company to make before-tax

contributions to the Plan in an amount equal to 6% of the employee's eligible compensation. However, a deemed authorization does not take effect if, during the 60-day period, the employee elects not to participate in the Plan or to participate at a different contribution rate.

The Code limits the amount of annual participant contributions that can be made on a before-tax or Roth 401(k) basis to $20,500 for 2022. Total compensation considered under the Plan, based on Code limits, could not exceed $305,000 for 2022. The Code also limits annual aggregate participant and employer contributions to the lesser of $61,000 or 100% of compensation in 2022. All contributions made to the Plan on an annual basis may be further limited due to certain nondiscrimination requirements prescribed by the Code.

All participants who have attained age 50 before the close of the Plan year (calendar year) are eligible to make catch-up contributions. These contributions are not treated as matchable contributions. Catch-up contributions can be made if the eligible participant makes the maximum $20,500 contribution permitted for the Plan year. The limit for catch-up contributions was $6,500 in 2022.

Vesting

Participants in the Plan are immediately vested in their own contributions and earnings thereon. As of January 1, 2021, the Plan includes a two-year cliff vesting schedule for employer matching contributions and profit-sharing contributions (collectively "employer contributions").

Forfeitures

If a participant's employment terminates prior to being fully vested in their employer contributions, the non-vested portion of their account is forfeited and may be used for future employer contributions and to pay administrative expenses. Forfeitures are recorded at the time vested benefits are distributed or as of the close of the fifth consecutive year of break in service if no distribution was elected. During 2022, the Plan utilized forfeitures of approximately $570,496 to pay administrative expenses and $8.0 million to fund employer contributions. As of December 31, 2022 and 2021, the Plan had forfeitures of approximately $4.8 million and $6.4 million, respectively, available to be used as noted above.

Notes Receivable from Participants

Eligible participants may request a loan for up to the lesser of 50% of the participant's vested account balance or $50,000, reduced by the highest outstanding balance of any Plan loan made to the participant during the twelve-month period ending on the day before the loan is made. The minimum loan available to a participant is $500. The interest rate on participant loans is one percentage point above the annual prime rate in effect (as published in *The Wall Street Journal*) on the first day of the calendar month in which the loan is processed. Principal and interest is payable through payroll deductions. Generally, only one loan may be outstanding at any time. Participants may elect repayment periods from 12 to 60 months commencing as soon as administratively possible following the distribution of the loan proceeds to the participant. The Plan allows participants to elect a repayment term of up to 300 months for loans used for the acquisition of a principal residence. Repayments of loan principal and interest are allocated in accordance with the participant's current investment elections. Loans outstanding at December 31, 2022 carry interest rates ranging from 4.25% to 9.50%.

Distributions and Withdrawals

Earnings on employee contributions (other than after-tax contributions) and employer contributions are not subject to income tax until they are distributed or withdrawn from the Plan.

Participants in the Plan, or their beneficiaries, may receive their vested account balances in a lump sum, in installments over a period of up to 20 years, or in partial distributions of the account balance in the event of retirement, termination of employment, disability or death. For vested account balances invested in the Paramount Global Class A Common Stock Fund and Paramount Global Class B Stock Fund, participants may elect to receive distributions in cash or whole shares. In general, participants must receive a required minimum distribution ("RMD") upon attainment of a certain age, unless they are still employed. For individuals who attained age 70 ½ on or before December 31, 2019, that age is 70 ½. For individuals who attain age 70 ½ on or after January 1, 2020, in accordance with the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE Act"), that age is 72.

Participants in the Plan may withdraw part or all of their after-tax and rollover contributions and the vested portion of employer matching contributions. Upon attainment of age 59 ½, participants may also withdraw all or part of their before-tax or Roth 401(k) contributions and earnings thereon. The Plan limits participants to two of the above withdrawal elections in each Plan year.

A participant may obtain a financial hardship withdrawal of the vested portion of employer matching contributions and employee before-tax or Roth 401(k) contributions provided that the requirements for hardship are met and only to the extent required to relieve such financial hardship. There is no restriction on the number of hardship withdrawals permitted.

When a participant terminates employment with the Company, the full value of employee contributions and earnings thereon plus the value of all vested employer contributions and earnings thereon are eligible for distribution and can be rolled over to a tax qualified retirement plan or an Individual Retirement Account ("IRA") or remain in the Plan rather than being distributed. If the vested account balance is $1,000 or less and the participant does not make an election to rollover the vested account balance, it will be automatically paid in a single lump sum cash payment, and taxes will be withheld from the distribution.

Plan Expenses

Trustee fees and fees for investment of Plan assets are charged to the Plan's investment funds. Certain administrative expenses such as fees for accounting, investment consulting and employee communications may be paid by the Plan using forfeitures or may be paid by the Company. Recordkeeping fees are paid from participant accounts. For 2022, $1.3 million was paid to the Trustee and the Recordkeeper, parties in interest, for services provided during the year.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared in conformity with accounting principles generally accepted in the United States of America ("GAAP").

In accordance with Financial Accounting Standards Board ("FASB") guidance, investments are reported at fair value, except for fully benefit-responsive investment contracts which are reported at contract value. Contract value was determined to be the relevant measurement for the portion of net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis with respect to the fully benefit-responsive investment contracts.

Investment Valuation

Short-term money market investments are carried at amortized cost which approximates fair value due to the short-term maturity of these investments. Investments in common stock are reported at fair value based on quoted market prices on national security exchanges. Investments in registered investment companies are reported at fair value based on quoted market prices in active markets. The fair value of investments in separately managed accounts is determined by the Trustee based upon the fair value of the underlying securities. The fair values of investments in common collective funds ("CCTs") are determined using the net asset value per share ("NAV") provided by the administrator of the fund. The NAV is determined by each fund's trustee based upon the fair value of the underlying assets owned by the fund, less liabilities, divided by the number of outstanding units. The common collective funds have no restrictions on participant redemptions. The notice period applicable to the Plan in the case of a full redemption varies by fund and ranges from one day to one month. The Plan had no unfunded commitments relating to the common collective funds at December 31, 2022 and 2021. The fair value of fixed income, asset-backed and mortgage-backed securities is determined by independent pricing sources based on quoted market prices, when available, or using valuation models which incorporate certain other observable inputs including recent trading activity for comparable securities and broker quoted prices. Cash and cash equivalents are valued at cost plus accrued interest, which approximates fair value.

As part of their investment strategy, the managers of the Stable Value Fund, which invests in synthetic guaranteed investment contracts, may use derivative financial instruments for various purposes, including managing exposure to sector risk or movements in interest rates, extending the duration of the investment portfolio and as a substitute for cash securities. The derivative instruments typically used are interest rate futures and swaps. Interest rate swaps are recorded at fair value and marked-to-market through the duration of the contract term with an offsetting increase to unrealized appreciation (depreciation). Futures are marked-to-market and settled daily. The daily receipt or payment is recognized as unrealized appreciation (depreciation) until the contract is closed at which time the total fair value of the futures contract is recognized as a realized gain (loss).

The Plan invests in fully benefit-responsive synthetic guaranteed investment contracts through the Stable Value Fund. The contract value of these contracts represents the aggregate amount of deposits thereto, plus interest at the contract rate, less withdrawals.

Security Transactions and Income Recognition

Purchases and sales of securities are recorded on the trade date. The average cost basis is used to determine gains or losses on security dispositions. Interest income is accrued as earned and dividend income is recorded on the ex-dividend date.

Net appreciation or depreciation in the fair value of investments, included in the Statement of Changes in Net Assets Available for Benefits, consists of the realized gains and losses and the unrealized appreciation and depreciation on those investments presented at fair value.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan.

Payment of Benefits

Benefit payments are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan to make estimates and assumptions, such as those regarding the fair value of investments, that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from these estimates.

NOTE 3 - RISKS AND UNCERTAINTIES

The Plan provides for various investment options. Investment securities are exposed to various risks such as market, interest rate and credit risk. Market values of investments could decline for several reasons including changes in prevailing markets and interest rates, increases in defaults, and credit rating downgrades. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of such securities, it is at least reasonably possible that changes in investment values in the near term could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the related Statement of Changes in Net Assets Available for Benefits.

NOTE 4 - INVESTMENTS AT CONTRACT VALUE

The Plan invests in synthetic guaranteed investment contracts, which provide for the repayment of principal plus interest through benefit-responsive wrapper contracts. A wrapper contract is issued by a third party insurance company, financial institution or bank, and is held in combination with fixed income securities to form a synthetic guaranteed investment contract. The interest crediting rate on synthetic guaranteed investment contracts reflects the yield of the associated fixed income investments, plus the amortization of realized and unrealized gains and losses on those investments, typically over the duration of the investments. Interest crediting rates are reset on a monthly or quarterly basis, and the wrapper contracts provide that adjustments to the interest crediting rate cannot result in a future interest crediting rate that is less than zero. Certain factors can influence the future interest crediting rates, including the level of market interest rates, the amount and timing of participant contributions and withdrawals, and the returns generated by the fixed income investments that are associated with the synthetic guaranteed investment contract.

Certain employer initiated events may limit the ability of the Plan to transact at contract value with the issuer. These events include, but are not limited to, full or partial termination of the Plan, a material adverse change to the provisions of the Plan, an employer election to withdraw from the contract to switch to a different investment provider, an employer's bankruptcy, layoffs, plant closings, corporate spin-offs, mergers, divestitures or other workforce restructurings, or if the terms of a successor plan do not meet the contract issuer's underwriting criteria for issuance of a replacement contract with identical terms. The Plan Administrator believes that no events are probable of occurring that may limit the ability of the Plan to transact at contract value.

The contract issuer is permitted to terminate the fully benefit-responsive investment contracts with the Plan and settle at an amount different from contract value in certain events, including loss of the Plan's qualified status, an uncured material breach of responsibility, or material adverse changes to the provisions of the Plan.

At December 31, 2022 and 2021, the contract value of the Plan's synthetic guaranteed investment contracts was $924 million and $971 million, respectively.

NOTE 5 - FAIR VALUE MEASUREMENTS

The following tables set forth the Plan's financial assets measured at fair value on a recurring basis at December 31, 2022 and 2021. See Note 2 for the valuation methodology used to measure the fair value of these investments.

There have been no changes to the methodologies used to measure the fair value of each asset from December 31, 2021 to December 31, 2022. These assets have been categorized according to the three-level fair value hierarchy established by the FASB, which prioritizes the inputs used in measuring fair value. Level 1 is based on quoted prices for the asset in active markets. Level 2 is based on inputs that are observable other than quoted market prices in Level 1, such as quoted prices for the asset in inactive markets or quoted prices for similar assets. Level 3 is based on unobservable inputs reflecting the Plan's own assumptions about the assumptions that market participants would use in pricing the asset. The asset's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The Plan has no investments classified within Level 3 of the valuation hierarchy.

At December 31, 2022	Level 1	Level 2	Total
Self-directed accounts [(a)]	$ 38,420	$ 7,200	$ 45,620
Separately managed accounts:			
Sanders Capital [(b)]	125,775	971	126,746
Wellington Management Company [(b)]	125,276	9,909	135,185
Sustainable Growth Advisers[(b)]	125,638	4,140	129,778
Dodge & Cox [(b)]	128,783	4,673	133,456
Snyder Capital Management [(b)]	29,741	1,056	30,797
Paramount Global Common Stock Funds [(c)]	85,382	209	85,591
Registered investment companies [(d)]	77,670	—	77,670
Money market funds [(e)]	—	21,502	21,502
Total assets in fair value hierarchy	$ 736,685	$ 49,660	$ 786,345
Common collective funds measured at net asset value [(f)]			3,589,245
Investments, at fair value			$ 4,375,590

At December 31, 2021	Level 1	Level 2	Total
Self-directed accounts [(a)]	$ 57,863	$ 7,304	$ 65,167
Separately managed accounts:			
Sanders Capital [(b)]	181,501	4,824	186,325
Wellington Management Company [(b)]	180,010	3,614	183,624
Sustainable Growth Advisers[(b)]	179,188	3,015	182,203
Dodge & Cox [(b)]	178,710	2,031	180,741
Snyder Capital Management [(b)]	39,361	1,247	40,608
Paramount Global Common Stock Funds [(c)]	142,925	366	143,291
Registered investment companies [(d)]	94,198	—	94,198
Money market funds [(e)]	—	35,079	35,079
Total assets in fair value hierarchy	$ 1,053,756	$ 57,480	$ 1,111,236
Common collective funds measured at net asset value [(f)]			4,355,891
Investments, at fair value			$ 5,467,127

(a) Primarily invested in common stock and registered investment companies. Assets categorized as Level 2 reflect investments in money market funds.

(b) Primarily invested in large and small capitalization equities. Assets categorized as Level 2 reflect investments in money market funds.

(c) Assets categorized as Level 2 reflect investments in money market funds.

(d) Primarily invested in equities and U.S. fixed income securities.

(e) Primarily invested in U.S. government securities and U.S. government agency securities.

(f) In accordance with FASB guidance, investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits. At December 31, 2022, 54% of the CCTs were invested passively in U.S. and international equities and U.S. fixed income securities, 40% of the CCT's were invested in passive target date funds and the remaining 6% of the CCTs were invested actively in U.S. small/mid cap and international equities. At December 31, 2021, 56% of the CCTs were invested passively in U.S. and international equities and U.S. fixed income securities, 38% of the CCT's were invested in passive target date funds and the remaining 6% of the CCT's were invested actively in U.S. small/mid cap and international equities.

NOTE 6 - INCOME TAX STATUS

The Internal Revenue Service ("IRS") issued a favorable determination letter dated January 13, 2015, indicating that the Plan document satisfied the requirements of Section 401(a) of the Code and that the trust thereunder is exempt from federal income taxes under the provisions of Section 501(a) of the Code. The Plan Administrator believes that, although the Plan has been amended subsequent to the date of the IRS determination, it is designed and is currently being operated in compliance with the applicable provisions of the Code.

As of December 31, 2022, there are no uncertain tax positions taken or expected to be taken that require recognition of an asset or liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits in progress for any tax year.

NOTE 7 - TERMINATION PRIORITIES

The Company has reserved the right by action of the Paramount Global Board of Directors or Administrative Committee to amend or terminate the Plan provided that such action does not retroactively reduce earned participant benefits. In the event of termination of the Plan, participants become fully vested.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	At December 31,	
	2022	2021
Net assets available for benefits per the financial statements	$ 5,369,584	$ 6,500,574
Participant loans deemed distributed	(1,832)	(1,711)
Net assets available for benefits per the Form 5500	$ 5,367,752	$ 6,498,863

The following is a reconciliation of the net increase in net assets available for benefits as reflected in the financial statements to the Form 5500:

	Year Ended December 31, 2022
Net decrease in net assets available for benefits per the financial statements	$ (1,130,990)
Participant loans deemed distributed at December 31, 2022	(1,832)
Participant loans deemed distributed at December 31, 2021	1,711
Net decrease in net assets available for benefits per the Form 5500	$ (1,131,111)

NOTE 9 - SUBSEQUENT EVENTS

Subsequent events and transactions have been evaluated through the date the financial statements were issued, and are incorporated herein as applicable.

SCHEDULE H, line 4a

PARAMOUNT GLOBAL 401(k) PLAN
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the year ended December 31, 2022
(Dollars in thousands)

Participant Contributions Transferred late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary
Check Here If Late Participant Loan Repayments Are Included ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
$ —	$ —	$ 17	$ —	$ —

PARAMOUNT GLOBAL 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022
(Dollars in thousands)

	Identity of issue, borrower, lessor or similar party	Maturity and Interest Rates	Cost [4]	Current Value
	Self-Directed Accounts [1]			$ 45,620
	Corporate Common Stock Funds			
*	Paramount Global Class A Stock Fund			195
*	Paramount Global Class B Stock Fund			85,187
*	Fidelity Institutional Money Market Government Portfolio			209
	Total Corporate Common Stock Funds			85,591
	Registered Investment Companies			
	Vanguard FTSE Social Index Fund			61,933
	Metropolitan West Total Return Bond Fund			15,737
*	Fidelity Institutional Money Market Government Portfolio			21,502
	Total Registered Investment Companies			99,172
	Common / Collective Funds			
	BlackRock S&P 500 Index Fund			1,099,487
	BlackRock Extended Equity Market Fund			267,390
	BlackRock - US Bond Index Fund			304,404
	Vanguard Institutional Total International Stock Market Index Trust			277,846
	BlackRock LifePath Retirement Fund			139,936
	BlackRock LifePath 2040 Fund			251,038
	BlackRock LifePath 2050 Fund			231,781
	BlackRock LifePath 2045 Fund			222,139
	BlackRock LifePath 2035 Fund			176,663
	BlackRock LifePath 2030 Fund			136,254
	BlackRock LifePath 2055 Fund			123,994
	BlackRock LifePath 2025 Fund			102,245
	BlackRock LifePath 2060 Fund			47,497
	BlackRock LifePath 2065 Fund			4,205
	Wasatch Core Growth CIT Class A			59,800
	Cramer Rosenthal McGlynn Small /Mid Cap Fund			30,238
	Mawer International Equity Collective Fund			28,580
	GQG Partners International Equity Fund			28,624
	INVESCO International Growth Fund			28,482
	Pzena International Value All Country (Ex US) Fund			28,642
	Total Common Collective Funds			3,589,245
	Separately Managed Accounts			
	Sanders Capital [2]			125,775
	Wellington Management Company [2]			125,276
	Sustainable Growth Advisors [2]			125,638
	Dodge & Cox [1] [2]			128,783
	Snyder Capital Management [2]			29,741
*	State Street Bank Government STIF Fund			20,749
	Total Separately Managed Accounts			555,962
	Synthetic Guaranteed Investment Contracts			
	Transamerica Premier Life Insurance Company: MDA01263TR	Evergreen and variable %		336,773
	Lincoln National Life Insurance Company: BVW0024G	Evergreen and variable %		273,177
	Prudential Insurance Company of America: GA-62413	Evergreen and variable %		230,617
*	State Street Bank and Trust Company: No 108002	Evergreen and variable %		83,311
	Total Synthetic Guaranteed Investment Contracts			923,878
*	Notes receivable from participants [3]	Maturity dates ranging from 2023 to 2047 and interest rates ranging from 4.25% to 9.50%		33,296
	Total investments and notes receivable from participants			$ 5,332,764

* Identified as a party-in-interest to the Plan.

(1) Includes $11 million of investments identified as party-in-interest transactions to the Plan.

(2) Refer to Attachment A for listing of assets relating to these accounts.

(3) Does not include participant loans deemed distributed.

(4) There are no non-participant directed investments.

Attachment A
(In thousands)

Identity of Issuer	Description	Cost	Current Value
ADVANCED MICRO DEVICES INC	COMMON STOCK		$ 814
AGILENT TECHNOLOGIES INC	COMMON STOCK		1,712
AIRBNB INC CLASS A	COMMON STOCK		1,198
AIRBUS SE UNSP ADR	COMMON STOCK		836
ALIGN TECHNOLOGY INC	COMMON STOCK		637
ALPHABET INC CL C	COMMON STOCK		7,512
AMAZON.COM INC	COMMON STOCK		5,634
AMERICAN EXPRESS CO	COMMON STOCK		1,716
AMERICAN TOWER CORP	COMMON STOCK		1,707
ELEVANCE HEALTH INC	COMMON STOCK		1,342
APPLE INC	COMMON STOCK		12,336
ATLASSIAN CORP PLC CLS A	COMMON STOCK		839
AUTODESK INC	COMMON STOCK		1,183
BLACKSTONE INC	COMMON STOCK		791
BOSTON SCIENTIFIC CORP	COMMON STOCK		2,446
CERIDIAN HCM HLDG INC	COMMON STOCK		1,138
CONSTELLATION BRANDS INC CL A	COMMON STOCK		1,965
DANAHER CORP	COMMON STOCK		1,358
EQUIFAX INC	COMMON STOCK		1,667
EQUINIX INC	COMMON STOCK		626
ETSY INC	COMMON STOCK		1,222
FIDELITY NATL INFORM SVCS INC	COMMON STOCK		1,146
FLEETCOR TECHNOLOGIES INC	COMMON STOCK		2,030
GENERAL DYNAMICS CORPORATION	COMMON STOCK		1,283
GLOBAL PAYMENTS INC	COMMON STOCK		2,090
HILTON WORLDWIDE HOLDINGS INC	COMMON STOCK		1,407
IDEX CORPORATION	COMMON STOCK		421
ILLUMINA INC	COMMON STOCK		1,219
INSULET CORP	COMMON STOCK		1,339
INTUIT INC	COMMON STOCK		1,058
ESTEE LAUDER COS INC CL A	COMMON STOCK		1,085
LULULEMON ATHLETICA INC	COMMON STOCK		1,567
MARSH & MCLENNAN COS INC	COMMON STOCK		1,272
MARVELL TECHNOLOGY INC	COMMON STOCK		830
MASTERCARD INC CL A	COMMON STOCK		6,692
METTLER-TOLEDO INTL INC	COMMON STOCK		837
MICROSOFT CORP	COMMON STOCK		14,034
MICROCHIP TECHNOLOGY	COMMON STOCK		1,435
MONGODB INC CL A	COMMON STOCK		1,388
MONOLITHIC POWER SYS INC	COMMON STOCK		484
NCINO INC	COMMON STOCK		392
NIKE INC CL B	COMMON STOCK		1,449
NORTHROP GRUMMAN CORP	COMMON STOCK		1,335
NVIDIA CORP	COMMON STOCK		1,911
OKTA INC CL A	COMMON STOCK		784
PROGRESSIVE CORP OHIO	COMMON STOCK		1,144
S&P GLOBAL INC	COMMON STOCK		2,104
SALESFORCE INC	COMMON STOCK		1,739
SCHLUMBERGER LTD	COMMON STOCK		2,193
SCHWAB CHARLES CORP	COMMON STOCK		1,913
SERVICENOW INC	COMMON STOCK		1,116
SNOWFLAKE INC CL A	COMMON STOCK		289
BLOCK INC CL A	COMMON STOCK		1,406
STRYKER CORP	COMMON STOCK		1,668
TJX COMPANIES INC NEW	COMMON STOCK		1,971
TESLA INC	COMMON STOCK		604
TRANSUNION	COMMON STOCK		1,629
UBER TECHNOLOGIES INC	COMMON STOCK		1,343
UNITEDHEALTH GROUP INC	COMMON STOCK		4,085
VISA INC CL A	COMMON STOCK		1,925
ZOETIS INC CL A	COMMON STOCK		1,853
ZOOMINFO TECHNOLOGIES INC	COMMON STOCK		1,434
ASML HLDG NV (NY REG SHS) NEW YORK REGISTERED SHAR	COMMON STOCK		721
NET PAYABLES			(28)
	WELLINGTON MANAGEMENT CO		$ 125,276

Attachment A(In thousands)

	Identity of Issuer	Description	Cost	Current Value
	AEGON NV (NY REGD) NEW YORK REGISTERED SHARES	COMMON STOCK		$ 769
	ALNYLAM PHARMACEUTICALS INC	COMMON STOCK		1,069
	ALPHABET INC CL C	COMMON STOCK		3,416
	ALPHABET INC CL A	COMMON STOCK		970
	AMAZON.COM INC	COMMON STOCK		1,210
	AMERICAN EXPRESS CO	COMMON STOCK		576
	ANHEUSER-BUSCH INBEV SPN ADR	COMMON STOCK		1,561
	BAKER HUGHES CO	COMMON STOCK		1,172
	BANK OF AMERICA CORPORATION	COMMON STOCK		1,199
	BANK OF NEW YORK MELLON CORP	COMMON STOCK		2,485
	BIOMARIN PHARMACEUTICAL INC	COMMON STOCK		1,392
	THE BOOKING HOLDINGS INC	COMMON STOCK		1,159
	BRIGHTHOUSE FINANCIAL INC	COMMON STOCK		569
	BRISTOL-MYERS SQUIBB CO	COMMON STOCK		1,259
	CIGNA GROUP (THE)	COMMON STOCK		3,744
	CVS HEALTH CORP	COMMON STOCK		1,183
	CAPITAL ONE FINANCIAL CORP	COMMON STOCK		3,161
	CARRIER GLOBAL CORP	COMMON STOCK		684
	CELANESE CORP	COMMON STOCK		593
	CHARTER COMMUNICATIONS INC A	COMMON STOCK		2,713
	CISCO SYSTEMS INC	COMMON STOCK		1,968
	COGNIZANT TECH SOLUTIONS CL A	COMMON STOCK		1,201
	COHERENT CORP	COMMON STOCK		632
	COMCAST CORP CL A	COMMON STOCK		2,413
	CONOCOPHILLIPS	COMMON STOCK		2,152
	DELL TECHNOLOGIES INC CL C	COMMON STOCK		708
	DISH NETWORK CORP A	COMMON STOCK		570
	ELANCO ANIMAL HEALTH INC	COMMON STOCK		1,039
	META PLATFORMS INC CL A	COMMON STOCK		1,288
	FEDEX CORP	COMMON STOCK		2,773
	FIDELITY NATL INFORM SVCS INC	COMMON STOCK		1,751
	FISERV INC	COMMON STOCK		3,457
	FOX CORP CL A	COMMON STOCK		1,124
	FOX CORPORATION B	COMMON STOCK		486
	GAMING AND LEISURE PROPRTI INC	COMMON STOCK		342
	GAP INC	COMMON STOCK		456
	GENERAL ELECTRIC CO	COMMON STOCK		3,036
	GILEAD SCIENCES INC	COMMON STOCK		3,228
	GSK PLC SPONS ADR	COMMON STOCK		2,510
	GOLDMAN SACHS GROUP INC	COMMON STOCK		2,163
	HP INC	COMMON STOCK		1,461
	HALEON PLC SPONS ADR	COMMON STOCK		954
	HEWLETT PACKARD ENTERPRISE CO	COMMON STOCK		960
	HONDA MOTOR LTD SPON ADR	COMMON STOCK		1,061
	INCYTE CORP	COMMON STOCK		1,502
	JUNIPER NETWORKS INC	COMMON STOCK		1,211
	LINCOLN NATIONAL CORP	COMMON STOCK		138
	METLIFE INC	COMMON STOCK		3,988
	MICRO FOCUS INTERNATIONAL PLC SPND ADR	COMMON STOCK		284
	MICROSOFT CORP	COMMON STOCK		2,662
	MICROCHIP TECHNOLOGY	COMMON STOCK		1,496
	MOLSON COORS BEVERAGE CO B	COMMON STOCK		1,396
	NEWS CORP NEW CL A	COMMON STOCK		218
	NOVARTIS AG SPON ADR	COMMON STOCK		2,086
	OCCIDENTAL PETROLEUM CORP	COMMON STOCK		5,170
	OCCIDENTAL PETROLEUM CORP WT	COMMON STOCK		328
	OTIS WORLDWIDE CORP	COMMON STOCK		470
	PAYPAL HLDGS INC	COMMON STOCK		577
	QURATE RETAIL INC	COMMON STOCK		101
	RAYTHEON TECHNOLOGIES CORP	COMMON STOCK		3,401
	REGENERON PHARMACEUTICALS INC	COMMON STOCK		1,443
	SANOFI SPON ADR	COMMON STOCK		4,601
	SCHWAB CHARLES CORP	COMMON STOCK		6,269
*	STATE STREET CORP	COMMON STOCK		1,799
	T-MOBILE US INC	COMMON STOCK		1,498
	TRUIST FINL CORP	COMMON STOCK		800
	UNITEDHEALTH GROUP INC	COMMON STOCK		1,750
	VMWARE INC CL A	COMMON STOCK		3,044
	WELLS FARGO & CO	COMMON STOCK		4,749
	WILLIAMS COMPANIES INC	COMMON STOCK		1,554
	ZIMMER BIOMET HLDGS INC	COMMON STOCK		741
	LYONDELLBASELL INDS CLASS A	COMMON STOCK		1,279
	TE CONNECTIVITY LTD	COMMON STOCK		1,320
	UBS GROUP AG	COMMON STOCK		984
	MEDTRONIC PLC	COMMON STOCK		368
	JOHNSON CONTROLS INTERNATIONAL PLC	COMMON STOCK		2,967
	NET PAYABLES			(28)
		DODGE & COX		$ 128,783

* Identified as a party-in-interest to the Plan.

Attachment A
(In thousands)

Identity of Issuer	Description	Cost	Current Value
ABBVIE INC	COMMON STOCK		$ 1,632
ALPHABET INC CL C	COMMON STOCK		5,890
ELEVANCE HEALTH INC	COMMON STOCK		6,740
APPLE INC	COMMON STOCK		6,172
APPLIED MATERIALS INC	COMMON STOCK		35
BNPSA	COMMON STOCK		1,640
BANK OF AMERICA CORPORATION	COMMON STOCK		1,201
THE BOOKING HOLDINGS INC	COMMON STOCK		1,169
CIGNA GROUP (THE)	COMMON STOCK		7,045
CITIGROUP INC	COMMON STOCK		1,837
DR HORTON INC	COMMON STOCK		1,401
MERCEDES-BENZ GROUP AG - UNSP ADR	COMMON STOCK		1,659
META PLATFORMS INC CL A	COMMON STOCK		3,071
GENERAL MOTORS CO	COMMON STOCK		2,123
HCA HEALTHCARE INC	COMMON STOCK		7,184
HALLIBURTON CO	COMMON STOCK		3,001
ING GROEP NV SPON ADR	COMMON STOCK		1,512
JPMORGAN CHASE & CO	COMMON STOCK		3,548
JOHNSON & JOHNSON	COMMON STOCK		1,194
LAM RESEARCH CORP	COMMON STOCK		658
LAMB WESTON HOLDINGS INC	COMMON STOCK		1,117
LEAR CORP NEW	COMMON STOCK		869
LENNAR CORP CL A	COMMON STOCK		1,036
LENNAR CORP CL B	COMMON STOCK		44
MERCK & CO INC NEW	COMMON STOCK		150
MERITAGE HOMES CORP	COMMON STOCK		756
MICROSOFT CORP	COMMON STOCK		6,468
MICRON TECHNOLOGY INC	COMMON STOCK		4,724
NATWEST GROUP PLC SPON ADR	COMMON STOCK		735
NESTLE SA REG ADR	COMMON STOCK		2,457
NORTHROP GRUMMAN CORP	COMMON STOCK		6,797
NOVARTIS AG SPON ADR	COMMON STOCK		681
PEPSICO INC	COMMON STOCK		3,371
PROCTER & GAMBLE CO	COMMON STOCK		3,108
ROCHE HOLDING LTD SPON ADR	COMMON STOCK		3,261
SPDR S&P 500 ETF TRUST	COMMON STOCK		3
SIEMENS AG SPON ADR	COMMON STOCK		300
SUMITOMO MITSUI FINL GRP ADR	COMMON STOCK		923
SYNCHRONY FINANCIAL	COMMON STOCK		670
TAIWAN SEMIC MFG CO LTD SP ADR	COMMON STOCK		6,109
TRUIST FINL CORP	COMMON STOCK		2,461
UNILEVER PLC SPONS ADR	COMMON STOCK		2,095
UNITEDHEALTH GROUP INC	COMMON STOCK		5,989
WELLS FARGO & CO	COMMON STOCK		3,147
WESTERN DIGITAL CORP	COMMON STOCK		69
SUNCOR ENERGY INC	COMMON STOCK		3,494
APTIV PLC	COMMON STOCK		1,484
SEAGATE TECHNOLOGY HOLDINGS PLC	COMMON STOCK		1,685
MEDTRONIC PLC	COMMON STOCK		3,088
NET PAYABLES			(28)
	SANDERS CAPITAL FUND		$ 125,775

Attachment A

(In thousands)

Identity of Issuer	Description	Cost	Current Value
ADOBE INC	COMMON STOCK		$ 2,513
ALPHABET INC CL C	COMMON STOCK		4,913
AMAZON.COM INC	COMMON STOCK		5,951
AMERICAN EXPRESS CO	COMMON STOCK		3,388
AUTODESK INC	COMMON STOCK		3,981
BALL CORP	COMMON STOCK		4,043
DANAHER CORP	COMMON STOCK		5,285
DOLLAR GENERAL CORP	COMMON STOCK		2,701
ECOLAB INC	COMMON STOCK		4,466
EQUINIX INC	COMMON STOCK		3,838
FLEETCOR TECHNOLOGIES INC	COMMON STOCK		3,239
INTUIT INC	COMMON STOCK		4,871
INTUITIVE SURGICAL INC	COMMON STOCK		3,857
IQVIA HOLDINGS INC	COMMON STOCK		3,949
MSCI INC	COMMON STOCK		4,977
MATCH GROUP INC	COMMON STOCK		2,227
MICROSOFT CORP	COMMON STOCK		6,975
NETFLIX INC	COMMON STOCK		3,998
REGENERON PHARMACEUTICALS INC	COMMON STOCK		3,931
S&P GLOBAL INC	COMMON STOCK		4,517
SALESFORCE INC	COMMON STOCK		4,551
SHERWIN WILLIAMS CO	COMMON STOCK		3,807
STARBUCKS CORP	COMMON STOCK		3,299
THERMO FISHER SCIENTIFIC INC	COMMON STOCK		4,811
UNITEDHEALTH GROUP INC	COMMON STOCK		6,024
VISA INC CL A	COMMON STOCK		6,589
WORKDAY INC CL A	COMMON STOCK		5,084
YUM BRANDS INC	COMMON STOCK		4,475
AON PLC	COMMON STOCK		3,406
NET PAYABLES			(28)
	SUSTAINABLE GROWTH ADVISORS		$ 125,638

Attachment A
(In thousands)

Identity of Issuer	Description	Cost	Current Value
API GROUP CORP	COMMON STOCK		$ 471
ADVANCED ENERGY INDUSTRIES INC	COMMON STOCK		488
AGILYSYS INC	COMMON STOCK		776
AVID BIOSERVICES INC	COMMON STOCK		314
BWX TECHNOLOGIES INC	COMMON STOCK		962
BRINKS CO	COMMON STOCK		236
BRIXMOR PPTY GROUP INC	COMMON STOCK		838
CABOT CORP	COMMON STOCK		1,031
CACI INTERNATIONAL INC	COMMON STOCK		1,272
CLEAN HARBORS INC	COMMON STOCK		1,425
COGNEX CORP	COMMON STOCK		362
COHERENT CORP	COMMON STOCK		300
CAE INC	COMMON STOCK		401
HELEN OF TROY LTD	COMMON STOCK		552
DORMAN PRODUCTS INC	COMMON STOCK		305
ENTEGRIS INC	COMMON STOCK		843
FTI CONSULTING INC	COMMON STOCK		454
GLACIER BANCORP INC	COMMON STOCK		307
GRACO INC	COMMON STOCK		632
HALOZYME THERAPEUTICS INC	COMMON STOCK		1,547
HEICO CORP CL A	COMMON STOCK		767
HOSTESS BRANDS INC CL A	COMMON STOCK		828
IAA INC	COMMON STOCK		564
IDEX CORPORATION	COMMON STOCK		1,058
INGEVITY CORP	COMMON STOCK		374
INGREDION INC	COMMON STOCK		870
KAR AUCTION SERVICES INC	COMMON STOCK		604
KBR INC	COMMON STOCK		1,433
MCGRATH RENTCORP	COMMON STOCK		436
MERCURY SYSTEMS INC	COMMON STOCK		459
MINERALS TECHNOLOGIES INC	COMMON STOCK		368
NELNET INC CL A	COMMON STOCK		303
PDF SOLUTIONS INC	COMMON STOCK		446
PACIFIC PREMIER BANCORP INC	COMMON STOCK		451
POWER INTEGRATIONS INC	COMMON STOCK		827
PROSPERITY BANCSHARES INC	COMMON STOCK		700
RLI CORP	COMMON STOCK		580
RBC BEARINGS INC	COMMON STOCK		786
R1 RCM INC	COMMON STOCK		458
SENSIENT TECHNOLOGIES CORP	COMMON STOCK		417
SIMPSON MANUFACTURING CO	COMMON STOCK		347
UGI CORP NEW	COMMON STOCK		1,044
UNITED COMMUNITY BANKS GA	COMMON STOCK		918
VALVOLINE INC	COMMON STOCK		482
WOODWARD INC	COMMON STOCK		710
NET PAYABLES			(5)
	SNYDER CAPITAL MANAGEMENT		$ 29,741

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the persons who administer the Plan have duly caused this annual report to be signed on its behalf by the undersigned, hereunto duly authorized.

PARAMOUNT GLOBAL 401(k) PLAN

Date: June 15, 2023

By: /s/ Mark Beatty
Mark Beatty
Member of the Administrative Committee

PARAMOUNT GLOBAL

By: /s/ Katherine Gill-Charest
Katherine Gill-Charest
Executive Vice President, Controller and Chief Accounting Officer

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 11-K

(Mark One)

☒ **Annual Report Pursuant to Section 15(d) of the Securities Exchange Act of 1934**
For the fiscal year ended December 31, 2022

OR

☐ **Transition Report Pursuant to Section 15(d) of the Securities Exchange Act of 1934**

Commission file number 001-09553

PARAMOUNT GLOBAL 401(k) PLAN

(Full title of the plan)

PARAMOUNT GLOBAL

(Name of issuer of the securities held pursuant to the plan)

1515 Broadway
New York, New York 10036

(Address of principal executive office)

PARAMOUNT GLOBAL 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2022 AND 2021

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted as not applicable or not required.

Signature

Exhibit:

23.1 Consent of Independent Registered Public Accounting Firm



Report of Independent Auditors

To the Paramount Global Administrative Committee of Paramount Global 401(k) Plan

Opinion

We have audited the accompanying financial statements of Paramount Global 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

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 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 Financial Statements

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 US 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 US 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.

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2022 and Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 has been subjected to the 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 US GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PricewaterhouseCoopers LLP

New York, New York
June 15, 2023

PARAMOUNT GLOBAL 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(In thousands)

	At December 31,	
	2022	**2021**
Assets		
Investments, at fair value	$ 4,375,590	$ 5,467,127
Synthetic guaranteed investment contracts, at contract value	923,878	970,787
Receivables:		
Notes receivable from participants	35,128	32,841
Employer contributions	39,124	33,323
Interest and dividends	3,838	3,250
Due from broker for securities sold	4,315	1,311
Total assets	5,381,873	6,508,639
Liabilities		
Accrued expenses	1,279	2,080
Due to broker for securities purchased	11,010	5,985
Total liabilities	12,289	8,065
Net assets available for benefits	$ 5,369,584	$ 6,500,574

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

PARAMOUNT GLOBAL 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(In thousands)

		Year Ended December 31, 2022
Additions to net assets attributed to:		
Investment income:		
Interest	$	7,109
Dividends		6,654
Interest income on notes receivable from participants		1,600
Contributions:		
Employee		189,333
Employer		134,967
Rollover		25,879
Total additions		365,542
Deductions from net assets attributed to:		
Net depreciation in fair value of investments		(1,032,598)
Benefits paid to participants		(460,596)
Plan expenses		(3,338)
Total deductions		(1,496,532)
Net decrease		(1,130,990)
Net assets available for benefits, beginning of year		6,500,574
Net assets available for benefits, end of year	$	5,369,584

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

NOTE 1 - PLAN DESCRIPTION

On December 4, 2019 ("Effective Time"), Viacom Inc. ("Viacom") merged with and into CBS Corporation ("CBS"), with CBS continuing as the surviving company. At the Effective Time of the merger, the combined company changed its name to ViacomCBS Inc. ("ViacomCBS"). On February 16, 2022, ViacomCBS was renamed Paramount Global ("Paramount" or the "Company").

Effective on October 1, 2021, the Viacom 401(k) Plan was merged into the Paramount Global 401(k) Plan (the "Plan," which prior to October 1, 2021 was named the CBS 401(k) Plan and which during the period of October 1, 2021 through February 15, 2022 was named the ViacomCBS 401(k) Plan).

The following is a brief description of the Plan and is provided for general information only. Participants should refer to the Plan document, as amended, for more complete information regarding the Plan.

The Plan, sponsored by the Company, is a defined contribution plan offered to substantially all of the Company's employees who (i) immediately prior to the Effective Time were employed by CBS Corporation or any of its subsidiaries, and paid through a CBS Corporation payroll system ("CBS Payroll"), (ii) on or after the Effective Time were hired by the Company or any of its subsidiaries or affiliates and paid through CBS Payroll, or (iii) on or after the Effective Time were transferred or reassigned and paid through CBS Payroll, or (iv) on or after October 1, 2021, were paid through CBS Payroll or a Viacom payroll system ("Viacom Payroll").

Eligible full-time, newly hired employees may enroll in the Plan immediately or are automatically enrolled following 60 days after hire or rehire and attainment of age 21, unless they elect not to participate. Part-time employees are automatically enrolled in the Plan on the first day of the month following the attainment of age 21 and completion of 1,000 hours of service within a consecutive twelve-month period, unless they already voluntarily enrolled upon meeting the age and service requirements or have elected not to participate. The Plan is subject to the provisions of the Internal Revenue Code of 1986, as amended (the "Code"), and the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is overseen by the Paramount Global Administrative Committee (the "Administrative Committee"). The Administrative Committee has been designated as the administrator of the Plan as defined under ERISA (the "Plan Administrator") under the Plan document.

Exempt Party-in-Interest Transactions

Certain Plan investments are shares of Paramount Global Class A Common Stock and Class B Common Stock and therefore qualify as party-in-interest transactions. The fair value of these investments was $85 million and $143 million at December 31, 2022 and 2021, respectively. For the year ended December 31, 2022, these investments depreciated by $66 million and earned dividends of $5 million. During the year ended December 31, 2022, the Plan sold shares of Paramount Global for total proceeds of $18 million and purchased shares of Paramount Global at a cost of $27 million.

Fidelity Management Trust Company (the "Trustee") is the trustee and custodian of the Plan, Fidelity Workplace Services LLC (the "Recordkeeper") is the recordkeeper of the Plan, and State Street Global Advisors Trust Company ("State Street") is an independent fiduciary for the Plan's Paramount Global common stock funds. Certain Plan investments are managed or issued by the Trustee, State Street or their affiliates and therefore qualify as party-in-interest transactions. The fair value of these investments was $53 million and $62 million at December 31, 2022 and 2021, respectively. The Plan's investments also include a synthetic guaranteed investment contract issued by State Street. The contract value of this synthetic guaranteed investment contract was $83 million at December 31, 2022.

Participant Accounts

Each Plan participant's account is credited with the participant's contributions, the employer contributions, if applicable, and the participant's share of the interest, dividends, and any realized or unrealized gains or losses of the Plan's assets, net of certain Plan expenses.

Participants have the option of investing contributions to their accounts and their existing account balances among various investment options. These investment options include common collective funds, registered investment companies (mutual funds), proprietary funds that consist of common collective funds and/or separately managed accounts, which primarily invest in common stocks, a stable value fund and the Paramount Global Class B Stock Fund. Some participants are invested in the Paramount Global Class A Stock Fund, but that fund is closed to new investment.

Within the Plan, the Paramount Global Class A Stock Fund and Paramount Global Class B Stock Fund are part of an Employee Stock Ownership Plan ("ESOP"). As a result, the Plan offers an ESOP dividend election under which Plan participants can elect to reinvest any ESOP dividends paid on vested shares in the Paramount Global Class B Stock Fund or to receive dividends as a cash payout. If a participant does not make an election, the dividends are reinvested in the Paramount Global Class B Stock Fund.

Participants may also elect to open a self-directed brokerage account ("SDA"). Participants may not contribute directly to the SDA, but may transfer balances to the SDA from other investment funds except the Stable Value Fund. A participant may transfer up to 25% of their account balance (net of loans) to the SDA. The initial transfer to the SDA may not be less than $2,500 and there is no minimum for subsequent individual transfers.

Contributions

The Plan permits participants paid through CBS Payroll to contribute up to 50% of eligible annual compensation on a traditional before-tax, Roth 401(k) after-tax, or combination basis and up to 15% of eligible annual compensation on a traditional after-tax basis, subject to the Code limitations set forth below. The Plan permits participants paid through Viacom Payroll to contribute up to 50% of eligible annual compensation on a traditional before-tax basis, subject to the Code limitations set forth below. Total combined contributions for all participants may not exceed 50% of eligible annual compensation. Roth 401(k) contributions and the related earnings can be withdrawn tax-free if certain requirements are met.

Effective January 1, 2021, the Plan was amended to provide (1) nondiscretionary employer matching contributions and (2) discretionary profit-sharing contributions. The formula for the nondiscretionary matching contributions is (a) 100% of a participant's deferrals on the first 1% of the participant's eligible compensation, plus (b) 80% of a participant's deferrals on the next 5% of the participant's eligible compensation. Discretionary profit sharing contributions (a) are based on a target 1.5% of each eligible participant's eligible compensation and (b) are contributed for those participants who are active employees eligible for the Plan on December 31. For 2022, a discretionary profit-sharing contribution of 1.3% was made in March 2023 and is included in employer contributions receivable in the Statement of Net Assets Available for Benefits.

Participants may elect to invest their contributions in any investment option, including the Paramount Global Class B Stock Fund. If no option is elected by the participant, the contribution is invested in the Plan's Qualified Default Investment Alternative ("QDIA"), a common collective fund that is primarily invested in a mix of equities and bonds appropriate for the participant's target retirement year, which is assumed to be at age 65.

Upon date of hire and effective on the 60th day following the date upon which an employee becomes eligible to participate in the Plan, newly hired employees are deemed to have authorized the Company to make before-tax

contributions to the Plan in an amount equal to 6% of the employee's eligible compensation. However, a deemed authorization does not take effect if, during the 60-day period, the employee elects not to participate in the Plan or to participate at a different contribution rate.

The Code limits the amount of annual participant contributions that can be made on a before-tax or Roth 401(k) basis to $20,500 for 2022. Total compensation considered under the Plan, based on Code limits, could not exceed $305,000 for 2022. The Code also limits annual aggregate participant and employer contributions to the lesser of $61,000 or 100% of compensation in 2022. All contributions made to the Plan on an annual basis may be further limited due to certain nondiscrimination requirements prescribed by the Code.

All participants who have attained age 50 before the close of the Plan year (calendar year) are eligible to make catch-up contributions. These contributions are not treated as matchable contributions. Catch-up contributions can be made if the eligible participant makes the maximum $20,500 contribution permitted for the Plan year. The limit for catch-up contributions was $6,500 in 2022.

Vesting

Participants in the Plan are immediately vested in their own contributions and earnings thereon. As of January 1, 2021, the Plan includes a two-year cliff vesting schedule for employer matching contributions and profit-sharing contributions (collectively "employer contributions").

Forfeitures

If a participant's employment terminates prior to being fully vested in their employer contributions, the non-vested portion of their account is forfeited and may be used for future employer contributions and to pay administrative expenses. Forfeitures are recorded at the time vested benefits are distributed or as of the close of the fifth consecutive year of break in service if no distribution was elected. During 2022, the Plan utilized forfeitures of approximately $570,496 to pay administrative expenses and $8.0 million to fund employer contributions. As of December 31, 2022 and 2021, the Plan had forfeitures of approximately $4.8 million and $6.4 million, respectively, available to be used as noted above.

Notes Receivable from Participants

Eligible participants may request a loan for up to the lesser of 50% of the participant's vested account balance or $50,000, reduced by the highest outstanding balance of any Plan loan made to the participant during the twelve-month period ending on the day before the loan is made. The minimum loan available to a participant is $500. The interest rate on participant loans is one percentage point above the annual prime rate in effect (as published in *The Wall Street Journal*) on the first day of the calendar month in which the loan is processed. Principal and interest is payable through payroll deductions. Generally, only one loan may be outstanding at any time. Participants may elect repayment periods from 12 to 60 months commencing as soon as administratively possible following the distribution of the loan proceeds to the participant. The Plan allows participants to elect a repayment term of up to 300 months for loans used for the acquisition of a principal residence. Repayments of loan principal and interest are allocated in accordance with the participant's current investment elections. Loans outstanding at December 31, 2022 carry interest rates ranging from 4.25% to 9.50%.

Distributions and Withdrawals

Earnings on employee contributions (other than after-tax contributions) and employer contributions are not subject to income tax until they are distributed or withdrawn from the Plan.

Participants in the Plan, or their beneficiaries, may receive their vested account balances in a lump sum, in installments over a period of up to 20 years, or in partial distributions of the account balance in the event of retirement, termination of employment, disability or death. For vested account balances invested in the Paramount Global Class A Common Stock Fund and Paramount Global Class B Stock Fund, participants may elect to receive distributions in cash or whole shares. In general, participants must receive a required minimum distribution ("RMD") upon attainment of a certain age, unless they are still employed. For individuals who attained age 70 ½ on or before December 31, 2019, that age is 70 ½. For individuals who attain age 70 ½ on or after January 1, 2020, in accordance with the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE Act"), that age is 72.

Participants in the Plan may withdraw part or all of their after-tax and rollover contributions and the vested portion of employer matching contributions. Upon attainment of age 59 ½, participants may also withdraw all or part of their before-tax or Roth 401(k) contributions and earnings thereon. The Plan limits participants to two of the above withdrawal elections in each Plan year.

A participant may obtain a financial hardship withdrawal of the vested portion of employer matching contributions and employee before-tax or Roth 401(k) contributions provided that the requirements for hardship are met and only to the extent required to relieve such financial hardship. There is no restriction on the number of hardship withdrawals permitted.

When a participant terminates employment with the Company, the full value of employee contributions and earnings thereon plus the value of all vested employer contributions and earnings thereon are eligible for distribution and can be rolled over to a tax qualified retirement plan or an Individual Retirement Account ("IRA") or remain in the Plan rather than being distributed. If the vested account balance is $1,000 or less and the participant does not make an election to rollover the vested account balance, it will be automatically paid in a single lump sum cash payment, and taxes will be withheld from the distribution.

Plan Expenses

Trustee fees and fees for investment of Plan assets are charged to the Plan's investment funds. Certain administrative expenses such as fees for accounting, investment consulting and employee communications may be paid by the Plan using forfeitures or may be paid by the Company. Recordkeeping fees are paid from participant accounts. For 2022, $1.3 million was paid to the Trustee and the Recordkeeper, parties in interest, for services provided during the year.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared in conformity with accounting principles generally accepted in the United States of America ("GAAP").

In accordance with Financial Accounting Standards Board ("FASB") guidance, investments are reported at fair value, except for fully benefit-responsive investment contracts which are reported at contract value. Contract value was determined to be the relevant measurement for the portion of net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis with respect to the fully benefit-responsive investment contracts.

Investment Valuation

Short-term money market investments are carried at amortized cost which approximates fair value due to the short-term maturity of these investments. Investments in common stock are reported at fair value based on quoted market prices on national security exchanges. Investments in registered investment companies are reported at fair value based on quoted market prices in active markets. The fair value of investments in separately managed accounts is determined by the Trustee based upon the fair value of the underlying securities. The fair values of investments in common collective funds ("CCTs") are determined using the net asset value per share ("NAV") provided by the administrator of the fund. The NAV is determined by each fund's trustee based upon the fair value of the underlying assets owned by the fund, less liabilities, divided by the number of outstanding units. The common collective funds have no restrictions on participant redemptions. The notice period applicable to the Plan in the case of a full redemption varies by fund and ranges from one day to one month. The Plan had no unfunded commitments relating to the common collective funds at December 31, 2022 and 2021. The fair value of fixed income, asset-backed and mortgage-backed securities is determined by independent pricing sources based on quoted market prices, when available, or using valuation models which incorporate certain other observable inputs including recent trading activity for comparable securities and broker quoted prices. Cash and cash equivalents are valued at cost plus accrued interest, which approximates fair value.

As part of their investment strategy, the managers of the Stable Value Fund, which invests in synthetic guaranteed investment contracts, may use derivative financial instruments for various purposes, including managing exposure to sector risk or movements in interest rates, extending the duration of the investment portfolio and as a substitute for cash securities. The derivative instruments typically used are interest rate futures and swaps. Interest rate swaps are recorded at fair value and marked-to-market through the duration of the contract term with an offsetting increase to unrealized appreciation (depreciation). Futures are marked-to-market and settled daily. The daily receipt or payment is recognized as unrealized appreciation (depreciation) until the contract is closed at which time the total fair value of the futures contract is recognized as a realized gain (loss).

The Plan invests in fully benefit-responsive synthetic guaranteed investment contracts through the Stable Value Fund. The contract value of these contracts represents the aggregate amount of deposits thereto, plus interest at the contract rate, less withdrawals.

Security Transactions and Income Recognition

Purchases and sales of securities are recorded on the trade date. The average cost basis is used to determine gains or losses on security dispositions. Interest income is accrued as earned and dividend income is recorded on the ex-dividend date.

Net appreciation or depreciation in the fair value of investments, included in the Statement of Changes in Net Assets Available for Benefits, consists of the realized gains and losses and the unrealized appreciation and depreciation on those investments presented at fair value.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan.

Payment of Benefits

Benefit payments are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan to make estimates and assumptions, such as those regarding the fair value of investments, that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from these estimates.

NOTE 3 - RISKS AND UNCERTAINTIES

The Plan provides for various investment options. Investment securities are exposed to various risks such as market, interest rate and credit risk. Market values of investments could decline for several reasons including changes in prevailing markets and interest rates, increases in defaults, and credit rating downgrades. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of such securities, it is at least reasonably possible that changes in investment values in the near term could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the related Statement of Changes in Net Assets Available for Benefits.

NOTE 4 - INVESTMENTS AT CONTRACT VALUE

The Plan invests in synthetic guaranteed investment contracts, which provide for the repayment of principal plus interest through benefit-responsive wrapper contracts. A wrapper contract is issued by a third party insurance company, financial institution or bank, and is held in combination with fixed income securities to form a synthetic guaranteed investment contract. The interest crediting rate on synthetic guaranteed investment contracts reflects the yield of the associated fixed income investments, plus the amortization of realized and unrealized gains and losses on those investments, typically over the duration of the investments. Interest crediting rates are reset on a monthly or quarterly basis, and the wrapper contracts provide that adjustments to the interest crediting rate cannot result in a future interest crediting rate that is less than zero. Certain factors can influence the future interest crediting rates, including the level of market interest rates, the amount and timing of participant contributions and withdrawals, and the returns generated by the fixed income investments that are associated with the synthetic guaranteed investment contract.

Certain employer initiated events may limit the ability of the Plan to transact at contract value with the issuer. These events include, but are not limited to, full or partial termination of the Plan, a material adverse change to the provisions of the Plan, an employer election to withdraw from the contract to switch to a different investment provider, an employer's bankruptcy, layoffs, plant closings, corporate spin-offs, mergers, divestitures or other workforce restructurings, or if the terms of a successor plan do not meet the contract issuer's underwriting criteria for issuance of a replacement contract with identical terms. The Plan Administrator believes that no events are probable of occurring that may limit the ability of the Plan to transact at contract value.

The contract issuer is permitted to terminate the fully benefit-responsive investment contracts with the Plan and settle at an amount different from contract value in certain events, including loss of the Plan's qualified status, an uncured material breach of responsibility, or material adverse changes to the provisions of the Plan.

At December 31, 2022 and 2021, the contract value of the Plan's synthetic guaranteed investment contracts was $924 million and $971 million, respectively.

NOTE 5 - FAIR VALUE MEASUREMENTS

The following tables set forth the Plan's financial assets measured at fair value on a recurring basis at December 31, 2022 and 2021. See Note 2 for the valuation methodology used to measure the fair value of these investments.

There have been no changes to the methodologies used to measure the fair value of each asset from December 31, 2021 to December 31, 2022. These assets have been categorized according to the three-level fair value hierarchy established by the FASB, which prioritizes the inputs used in measuring fair value. Level 1 is based on quoted prices for the asset in active markets. Level 2 is based on inputs that are observable other than quoted market prices in Level 1, such as quoted prices for the asset in inactive markets or quoted prices for similar assets. Level 3 is based on unobservable inputs reflecting the Plan's own assumptions about the assumptions that market participants would use in pricing the asset. The asset's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The Plan has no investments classified within Level 3 of the valuation hierarchy.

At December 31, 2022	Level 1	Level 2	Total
Self-directed accounts [(a)]	$ 38,420	$ 7,200	$ 45,620
Separately managed accounts:			
Sanders Capital [(b)]	125,775	971	126,746
Wellington Management Company [(b)]	125,276	9,909	135,185
Sustainable Growth Advisers[(b)]	125,638	4,140	129,778
Dodge & Cox [(b)]	128,783	4,673	133,456
Snyder Capital Management [(b)]	29,741	1,056	30,797
Paramount Global Common Stock Funds [(c)]	85,382	209	85,591
Registered investment companies [(d)]	77,670	—	77,670
Money market funds [(e)]	—	21,502	21,502
Total assets in fair value hierarchy	$ 736,685	$ 49,660	$ 786,345
Common collective funds measured at net asset value [(f)]			3,589,245
Investments, at fair value			$ 4,375,590

At December 31, 2021	Level 1	Level 2	Total
Self-directed accounts [(a)]	$ 57,863	$ 7,304	$ 65,167
Separately managed accounts:			
Sanders Capital [(b)]	181,501	4,824	186,325
Wellington Management Company [(b)]	180,010	3,614	183,624
Sustainable Growth Advisers[(b)]	179,188	3,015	182,203
Dodge & Cox [(b)]	178,710	2,031	180,741
Snyder Capital Management [(b)]	39,361	1,247	40,608
Paramount Global Common Stock Funds [(c)]	142,925	366	143,291
Registered investment companies [(d)]	94,198	—	94,198
Money market funds [(e)]	—	35,079	35,079
Total assets in fair value hierarchy	$ 1,053,756	$ 57,480	$ 1,111,236
Common collective funds measured at net asset value [(f)]			4,355,891
Investments, at fair value			$ 5,467,127

(a) Primarily invested in common stock and registered investment companies. Assets categorized as Level 2 reflect investments in money market funds.

(b) Primarily invested in large and small capitalization equities. Assets categorized as Level 2 reflect investments in money market funds.

(c) Assets categorized as Level 2 reflect investments in money market funds.

(d) Primarily invested in equities and U.S. fixed income securities.

(e) Primarily invested in U.S. government securities and U.S. government agency securities.

(f) In accordance with FASB guidance, investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits. At December 31, 2022, 54% of the CCTs were invested passively in U.S. and international equities and U.S. fixed income securities, 40% of the CCT's were invested in passive target date funds and the remaining 6% of the CCTs were invested actively in U.S. small/mid cap and international equities. At December 31, 2021, 56% of the CCTs were invested passively in U.S. and international equities and U.S. fixed income securities, 38% of the CCT's were invested in passive target date funds and the remaining 6% of the CCT's were invested actively in U.S. small/mid cap and international equities.

NOTE 6 - INCOME TAX STATUS

The Internal Revenue Service ("IRS") issued a favorable determination letter dated January 13, 2015, indicating that the Plan document satisfied the requirements of Section 401(a) of the Code and that the trust thereunder is exempt from federal income taxes under the provisions of Section 501(a) of the Code. The Plan Administrator believes that, although the Plan has been amended subsequent to the date of the IRS determination, it is designed and is currently being operated in compliance with the applicable provisions of the Code.

As of December 31, 2022, there are no uncertain tax positions taken or expected to be taken that require recognition of an asset or liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits in progress for any tax year.

NOTE 7 - TERMINATION PRIORITIES

The Company has reserved the right by action of the Paramount Global Board of Directors or Administrative Committee to amend or terminate the Plan provided that such action does not retroactively reduce earned participant benefits. In the event of termination of the Plan, participants become fully vested.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	At December 31,	
	2022	2021
Net assets available for benefits per the financial statements	$ 5,369,584	$ 6,500,574
Participant loans deemed distributed	(1,832)	(1,711)
Net assets available for benefits per the Form 5500	$ 5,367,752	$ 6,498,863

The following is a reconciliation of the net increase in net assets available for benefits as reflected in the financial statements to the Form 5500:

	Year Ended December 31, 2022
Net decrease in net assets available for benefits per the financial statements	$ (1,130,990)
Participant loans deemed distributed at December 31, 2022	(1,832)
Participant loans deemed distributed at December 31, 2021	1,711
Net decrease in net assets available for benefits per the Form 5500	$ (1,131,111)

NOTE 9 - SUBSEQUENT EVENTS

Subsequent events and transactions have been evaluated through the date the financial statements were issued, and are incorporated herein as applicable.

SCHEDULE H, line 4a

PARAMOUNT GLOBAL 401(k) PLAN
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the year ended December 31, 2022
(Dollars in thousands)

Participant Contributions Transferred late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary
Check Here If Late Participant Loan Repayments Are Included ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
$ —	$ —	$ 17	$ —	$ —

PARAMOUNT GLOBAL 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022
(Dollars in thousands)

	Identity of issue, borrower, lessor or similar party	Maturity and Interest Rates	Cost [4]	Current Value
	Self-Directed Accounts [1]			$ 45,620
	Corporate Common Stock Funds			
*	Paramount Global Class A Stock Fund			195
*	Paramount Global Class B Stock Fund			85,187
*	Fidelity Institutional Money Market Government Portfolio			209
	Total Corporate Common Stock Funds			85,591
	Registered Investment Companies			
	Vanguard FTSE Social Index Fund			61,933
	Metropolitan West Total Return Bond Fund			15,737
*	Fidelity Institutional Money Market Government Portfolio			21,502
	Total Registered Investment Companies			99,172
	Common / Collective Funds			
	BlackRock S&P 500 Index Fund			1,099,487
	BlackRock Extended Equity Market Fund			267,390
	BlackRock - US Bond Index Fund			304,404
	Vanguard Institutional Total International Stock Market Index Trust			277,846
	BlackRock LifePath Retirement Fund			139,936
	BlackRock LifePath 2040 Fund			251,038
	BlackRock LifePath 2050 Fund			231,781
	BlackRock LifePath 2045 Fund			222,139
	BlackRock LifePath 2035 Fund			176,663
	BlackRock LifePath 2030 Fund			136,254
	BlackRock LifePath 2055 Fund			123,994
	BlackRock LifePath 2025 Fund			102,245
	BlackRock LifePath 2060 Fund			47,497
	BlackRock LifePath 2065 Fund			4,205
	Wasatch Core Growth CIT Class A			59,800
	Cramer Rosenthal McGlynn Small /Mid Cap Fund			30,238
	Mawer International Equity Collective Fund			28,580
	GQG Partners International Equity Fund			28,624
	INVESCO International Growth Fund			28,482
	Pzena International Value All Country (Ex US) Fund			28,642
	Total Common Collective Funds			3,589,245
	Separately Managed Accounts			
	Sanders Capital [2]			125,775
	Wellington Management Company [2]			125,276
	Sustainable Growth Advisors [2]			125,638
	Dodge & Cox [1] [2]			128,783
	Snyder Capital Management [2]			29,741
*	State Street Bank Government STIF Fund			20,749
	Total Separately Managed Accounts			555,962
	Synthetic Guaranteed Investment Contracts			
	Transamerica Premier Life Insurance Company: MDA01263TR	Evergreen and variable %		336,773
	Lincoln National Life Insurance Company: BVW0024G	Evergreen and variable %		273,177
	Prudential Insurance Company of America: GA-62413	Evergreen and variable %		230,617
*	State Street Bank and Trust Company: No 108002	Evergreen and variable %		83,311
	Total Synthetic Guaranteed Investment Contracts			923,878
*	Notes receivable from participants [3]	Maturity dates ranging from 2023 to 2047 and interest rates ranging from 4.25% to 9.50%		33,296
	Total investments and notes receivable from participants			$ 5,332,764

* Identified as a party-in-interest to the Plan.

(1) Includes $11 million of investments identified as party-in-interest transactions to the Plan.

(2) Refer to Attachment A for listing of assets relating to these accounts.

(3) Does not include participant loans deemed distributed.

(4) There are no non-participant directed investments.

Attachment A
(In thousands)

Identity of Issuer	Description	Cost	Current Value
ADVANCED MICRO DEVICES INC	COMMON STOCK		$ 814
AGILENT TECHNOLOGIES INC	COMMON STOCK		1,712
AIRBNB INC CLASS A	COMMON STOCK		1,198
AIRBUS SE UNSP ADR	COMMON STOCK		836
ALIGN TECHNOLOGY INC	COMMON STOCK		637
ALPHABET INC CL C	COMMON STOCK		7,512
AMAZON.COM INC	COMMON STOCK		5,634
AMERICAN EXPRESS CO	COMMON STOCK		1,716
AMERICAN TOWER CORP	COMMON STOCK		1,707
ELEVANCE HEALTH INC	COMMON STOCK		1,342
APPLE INC	COMMON STOCK		12,336
ATLASSIAN CORP PLC CLS A	COMMON STOCK		839
AUTODESK INC	COMMON STOCK		1,183
BLACKSTONE INC	COMMON STOCK		791
BOSTON SCIENTIFIC CORP	COMMON STOCK		2,446
CERIDIAN HCM HLDG INC	COMMON STOCK		1,138
CONSTELLATION BRANDS INC CL A	COMMON STOCK		1,965
DANAHER CORP	COMMON STOCK		1,358
EQUIFAX INC	COMMON STOCK		1,667
EQUINIX INC	COMMON STOCK		626
ETSY INC	COMMON STOCK		1,222
FIDELITY NATL INFORM SVCS INC	COMMON STOCK		1,146
FLEETCOR TECHNOLOGIES INC	COMMON STOCK		2,030
GENERAL DYNAMICS CORPORATION	COMMON STOCK		1,283
GLOBAL PAYMENTS INC	COMMON STOCK		2,090
HILTON WORLDWIDE HOLDINGS INC	COMMON STOCK		1,407
IDEX CORPORATION	COMMON STOCK		421
ILLUMINA INC	COMMON STOCK		1,219
INSULET CORP	COMMON STOCK		1,339
INTUIT INC	COMMON STOCK		1,058
ESTEE LAUDER COS INC CL A	COMMON STOCK		1,085
LULULEMON ATHLETICA INC	COMMON STOCK		1,567
MARSH & MCLENNAN COS INC	COMMON STOCK		1,272
MARVELL TECHNOLOGY INC	COMMON STOCK		830
MASTERCARD INC CL A	COMMON STOCK		6,692
METTLER-TOLEDO INTL INC	COMMON STOCK		837
MICROSOFT CORP	COMMON STOCK		14,034
MICROCHIP TECHNOLOGY	COMMON STOCK		1,435
MONGODB INC CL A	COMMON STOCK		1,388
MONOLITHIC POWER SYS INC	COMMON STOCK		484
NCINO INC	COMMON STOCK		392
NIKE INC CL B	COMMON STOCK		1,449
NORTHROP GRUMMAN CORP	COMMON STOCK		1,335
NVIDIA CORP	COMMON STOCK		1,911
OKTA INC CL A	COMMON STOCK		784
PROGRESSIVE CORP OHIO	COMMON STOCK		1,144
S&P GLOBAL INC	COMMON STOCK		2,104
SALESFORCE INC	COMMON STOCK		1,739
SCHLUMBERGER LTD	COMMON STOCK		2,193
SCHWAB CHARLES CORP	COMMON STOCK		1,913
SERVICENOW INC	COMMON STOCK		1,116
SNOWFLAKE INC CL A	COMMON STOCK		289
BLOCK INC CL A	COMMON STOCK		1,406
STRYKER CORP	COMMON STOCK		1,668
TJX COMPANIES INC NEW	COMMON STOCK		1,971
TESLA INC	COMMON STOCK		604
TRANSUNION	COMMON STOCK		1,629
UBER TECHNOLOGIES INC	COMMON STOCK		1,343
UNITEDHEALTH GROUP INC	COMMON STOCK		4,085
VISA INC CL A	COMMON STOCK		1,925
ZOETIS INC CL A	COMMON STOCK		1,853
ZOOMINFO TECHNOLOGIES INC	COMMON STOCK		1,434
ASML HLDG NV (NY REG SHS) NEW YORK REGISTERED SHAR	COMMON STOCK		721
NET PAYABLES			(28)
	WELLINGTON MANAGEMENT CO		$ 125,276

Attachment A(In thousands)

	Identity of Issuer	Description	Cost	Current Value
	AEGON NV (NY REGD) NEW YORK REGISTERED SHARES	COMMON STOCK		$ 769
	ALNYLAM PHARMACEUTICALS INC	COMMON STOCK		1,069
	ALPHABET INC CL C	COMMON STOCK		3,416
	ALPHABET INC CL A	COMMON STOCK		970
	AMAZON.COM INC	COMMON STOCK		1,210
	AMERICAN EXPRESS CO	COMMON STOCK		576
	ANHEUSER-BUSCH INBEV SPN ADR	COMMON STOCK		1,561
	BAKER HUGHES CO	COMMON STOCK		1,172
	BANK OF AMERICA CORPORATION	COMMON STOCK		1,199
	BANK OF NEW YORK MELLON CORP	COMMON STOCK		2,485
	BIOMARIN PHARMACEUTICAL INC	COMMON STOCK		1,392
	THE BOOKING HOLDINGS INC	COMMON STOCK		1,159
	BRIGHTHOUSE FINANCIAL INC	COMMON STOCK		569
	BRISTOL-MYERS SQUIBB CO	COMMON STOCK		1,259
	CIGNA GROUP (THE)	COMMON STOCK		3,744
	CVS HEALTH CORP	COMMON STOCK		1,183
	CAPITAL ONE FINANCIAL CORP	COMMON STOCK		3,161
	CARRIER GLOBAL CORP	COMMON STOCK		684
	CELANESE CORP	COMMON STOCK		593
	CHARTER COMMUNICATIONS INC A	COMMON STOCK		2,713
	CISCO SYSTEMS INC	COMMON STOCK		1,968
	COGNIZANT TECH SOLUTIONS CL A	COMMON STOCK		1,201
	COHERENT CORP	COMMON STOCK		632
	COMCAST CORP CL A	COMMON STOCK		2,413
	CONOCOPHILLIPS	COMMON STOCK		2,152
	DELL TECHNOLOGIES INC CL C	COMMON STOCK		708
	DISH NETWORK CORP A	COMMON STOCK		570
	ELANCO ANIMAL HEALTH INC	COMMON STOCK		1,039
	META PLATFORMS INC CL A	COMMON STOCK		1,288
	FEDEX CORP	COMMON STOCK		2,773
	FIDELITY NATL INFORM SVCS INC	COMMON STOCK		1,751
	FISERV INC	COMMON STOCK		3,457
	FOX CORP CL A	COMMON STOCK		1,124
	FOX CORPORATION B	COMMON STOCK		486
	GAMING AND LEISURE PROPRTI INC	COMMON STOCK		342
	GAP INC	COMMON STOCK		456
	GENERAL ELECTRIC CO	COMMON STOCK		3,036
	GILEAD SCIENCES INC	COMMON STOCK		3,228
	GSK PLC SPONS ADR	COMMON STOCK		2,510
	GOLDMAN SACHS GROUP INC	COMMON STOCK		2,163
	HP INC	COMMON STOCK		1,461
	HALEON PLC SPONS ADR	COMMON STOCK		954
	HEWLETT PACKARD ENTERPRISE CO	COMMON STOCK		960
	HONDA MOTOR LTD SPON ADR	COMMON STOCK		1,061
	INCYTE CORP	COMMON STOCK		1,502
	JUNIPER NETWORKS INC	COMMON STOCK		1,211
	LINCOLN NATIONAL CORP	COMMON STOCK		138
	METLIFE INC	COMMON STOCK		3,988
	MICRO FOCUS INTERNATIONAL PLC SPND ADR	COMMON STOCK		284
	MICROSOFT CORP	COMMON STOCK		2,662
	MICROCHIP TECHNOLOGY	COMMON STOCK		1,496
	MOLSON COORS BEVERAGE CO B	COMMON STOCK		1,396
	NEWS CORP NEW CL A	COMMON STOCK		218
	NOVARTIS AG SPON ADR	COMMON STOCK		2,086
	OCCIDENTAL PETROLEUM CORP	COMMON STOCK		5,170
	OCCIDENTAL PETROLEUM CORP WT	COMMON STOCK		328
	OTIS WORLDWIDE CORP	COMMON STOCK		470
	PAYPAL HLDGS INC	COMMON STOCK		577
	QURATE RETAIL INC	COMMON STOCK		101
	RAYTHEON TECHNOLOGIES CORP	COMMON STOCK		3,401
	REGENERON PHARMACEUTICALS INC	COMMON STOCK		1,443
	SANOFI SPON ADR	COMMON STOCK		4,601
	SCHWAB CHARLES CORP	COMMON STOCK		6,269
*	STATE STREET CORP	COMMON STOCK		1,799
	T-MOBILE US INC	COMMON STOCK		1,498
	TRUIST FINL CORP	COMMON STOCK		800
	UNITEDHEALTH GROUP INC	COMMON STOCK		1,750
	VMWARE INC CL A	COMMON STOCK		3,044
	WELLS FARGO & CO	COMMON STOCK		4,749
	WILLIAMS COMPANIES INC	COMMON STOCK		1,554
	ZIMMER BIOMET HLDGS INC	COMMON STOCK		741
	LYONDELLBASELL INDS CLASS A	COMMON STOCK		1,279
	TE CONNECTIVITY LTD	COMMON STOCK		1,320
	UBS GROUP AG	COMMON STOCK		984
	MEDTRONIC PLC	COMMON STOCK		368
	JOHNSON CONTROLS INTERNATIONAL PLC	COMMON STOCK		2,967
	NET PAYABLES			(28)
		DODGE & COX		$ 128,783

* Identified as a party-in-interest to the Plan.

Attachment A
(In thousands)

Identity of Issuer	Description	Cost	Current Value
ABBVIE INC	COMMON STOCK		$ 1,632
ALPHABET INC CL C	COMMON STOCK		5,890
ELEVANCE HEALTH INC	COMMON STOCK		6,740
APPLE INC	COMMON STOCK		6,172
APPLIED MATERIALS INC	COMMON STOCK		35
BNPSA	COMMON STOCK		1,640
BANK OF AMERICA CORPORATION	COMMON STOCK		1,201
THE BOOKING HOLDINGS INC	COMMON STOCK		1,169
CIGNA GROUP (THE)	COMMON STOCK		7,045
CITIGROUP INC	COMMON STOCK		1,837
DR HORTON INC	COMMON STOCK		1,401
MERCEDES-BENZ GROUP AG - UNSP ADR	COMMON STOCK		1,659
META PLATFORMS INC CL A	COMMON STOCK		3,071
GENERAL MOTORS CO	COMMON STOCK		2,123
HCA HEALTHCARE INC	COMMON STOCK		7,184
HALLIBURTON CO	COMMON STOCK		3,001
ING GROEP NV SPON ADR	COMMON STOCK		1,512
JPMORGAN CHASE & CO	COMMON STOCK		3,548
JOHNSON & JOHNSON	COMMON STOCK		1,194
LAM RESEARCH CORP	COMMON STOCK		658
LAMB WESTON HOLDINGS INC	COMMON STOCK		1,117
LEAR CORP NEW	COMMON STOCK		869
LENNAR CORP CL A	COMMON STOCK		1,036
LENNAR CORP CL B	COMMON STOCK		44
MERCK & CO INC NEW	COMMON STOCK		150
MERITAGE HOMES CORP	COMMON STOCK		756
MICROSOFT CORP	COMMON STOCK		6,468
MICRON TECHNOLOGY INC	COMMON STOCK		4,724
NATWEST GROUP PLC SPON ADR	COMMON STOCK		735
NESTLE SA REG ADR	COMMON STOCK		2,457
NORTHROP GRUMMAN CORP	COMMON STOCK		6,797
NOVARTIS AG SPON ADR	COMMON STOCK		681
PEPSICO INC	COMMON STOCK		3,371
PROCTER & GAMBLE CO	COMMON STOCK		3,108
ROCHE HOLDING LTD SPON ADR	COMMON STOCK		3,261
SPDR S&P 500 ETF TRUST	COMMON STOCK		3
SIEMENS AG SPON ADR	COMMON STOCK		300
SUMITOMO MITSUI FINL GRP ADR	COMMON STOCK		923
SYNCHRONY FINANCIAL	COMMON STOCK		670
TAIWAN SEMIC MFG CO LTD SP ADR	COMMON STOCK		6,109
TRUIST FINL CORP	COMMON STOCK		2,461
UNILEVER PLC SPONS ADR	COMMON STOCK		2,095
UNITEDHEALTH GROUP INC	COMMON STOCK		5,989
WELLS FARGO & CO	COMMON STOCK		3,147
WESTERN DIGITAL CORP	COMMON STOCK		69
SUNCOR ENERGY INC	COMMON STOCK		3,494
APTIV PLC	COMMON STOCK		1,484
SEAGATE TECHNOLOGY HOLDINGS PLC	COMMON STOCK		1,685
MEDTRONIC PLC	COMMON STOCK		3,088
NET PAYABLES			(28)
	SANDERS CAPITAL FUND		$ 125,775

Attachment A

(In thousands)

Identity of Issuer	Description	Cost	Current Value
ADOBE INC	COMMON STOCK		$ 2,513
ALPHABET INC CL C	COMMON STOCK		4,913
AMAZON.COM INC	COMMON STOCK		5,951
AMERICAN EXPRESS CO	COMMON STOCK		3,388
AUTODESK INC	COMMON STOCK		3,981
BALL CORP	COMMON STOCK		4,043
DANAHER CORP	COMMON STOCK		5,285
DOLLAR GENERAL CORP	COMMON STOCK		2,701
ECOLAB INC	COMMON STOCK		4,466
EQUINIX INC	COMMON STOCK		3,838
FLEETCOR TECHNOLOGIES INC	COMMON STOCK		3,239
INTUIT INC	COMMON STOCK		4,871
INTUITIVE SURGICAL INC	COMMON STOCK		3,857
IQVIA HOLDINGS INC	COMMON STOCK		3,949
MSCI INC	COMMON STOCK		4,977
MATCH GROUP INC	COMMON STOCK		2,227
MICROSOFT CORP	COMMON STOCK		6,975
NETFLIX INC	COMMON STOCK		3,998
REGENERON PHARMACEUTICALS INC	COMMON STOCK		3,931
S&P GLOBAL INC	COMMON STOCK		4,517
SALESFORCE INC	COMMON STOCK		4,551
SHERWIN WILLIAMS CO	COMMON STOCK		3,807
STARBUCKS CORP	COMMON STOCK		3,299
THERMO FISHER SCIENTIFIC INC	COMMON STOCK		4,811
UNITEDHEALTH GROUP INC	COMMON STOCK		6,024
VISA INC CL A	COMMON STOCK		6,589
WORKDAY INC CL A	COMMON STOCK		5,084
YUM BRANDS INC	COMMON STOCK		4,475
AON PLC	COMMON STOCK		3,406
NET PAYABLES			(28)
	SUSTAINABLE GROWTH ADVISORS		$ 125,638

Attachment A
(In thousands)

Identity of Issuer	Description	Cost	Current Value
API GROUP CORP	COMMON STOCK		$ 471
ADVANCED ENERGY INDUSTRIES INC	COMMON STOCK		488
AGILYSYS INC	COMMON STOCK		776
AVID BIOSERVICES INC	COMMON STOCK		314
BWX TECHNOLOGIES INC	COMMON STOCK		962
BRINKS CO	COMMON STOCK		236
BRIXMOR PPTY GROUP INC	COMMON STOCK		838
CABOT CORP	COMMON STOCK		1,031
CACI INTERNATIONAL INC	COMMON STOCK		1,272
CLEAN HARBORS INC	COMMON STOCK		1,425
COGNEX CORP	COMMON STOCK		362
COHERENT CORP	COMMON STOCK		300
CAE INC	COMMON STOCK		401
HELEN OF TROY LTD	COMMON STOCK		552
DORMAN PRODUCTS INC	COMMON STOCK		305
ENTEGRIS INC	COMMON STOCK		843
FTI CONSULTING INC	COMMON STOCK		454
GLACIER BANCORP INC	COMMON STOCK		307
GRACO INC	COMMON STOCK		632
HALOZYME THERAPEUTICS INC	COMMON STOCK		1,547
HEICO CORP CL A	COMMON STOCK		767
HOSTESS BRANDS INC CL A	COMMON STOCK		828
IAA INC	COMMON STOCK		564
IDEX CORPORATION	COMMON STOCK		1,058
INGEVITY CORP	COMMON STOCK		374
INGREDION INC	COMMON STOCK		870
KAR AUCTION SERVICES INC	COMMON STOCK		604
KBR INC	COMMON STOCK		1,433
MCGRATH RENTCORP	COMMON STOCK		436
MERCURY SYSTEMS INC	COMMON STOCK		459
MINERALS TECHNOLOGIES INC	COMMON STOCK		368
NELNET INC CL A	COMMON STOCK		303
PDF SOLUTIONS INC	COMMON STOCK		446
PACIFIC PREMIER BANCORP INC	COMMON STOCK		451
POWER INTEGRATIONS INC	COMMON STOCK		827
PROSPERITY BANCSHARES INC	COMMON STOCK		700
RLI CORP	COMMON STOCK		580
RBC BEARINGS INC	COMMON STOCK		786
R1 RCM INC	COMMON STOCK		458
SENSIENT TECHNOLOGIES CORP	COMMON STOCK		417
SIMPSON MANUFACTURING CO	COMMON STOCK		347
UGI CORP NEW	COMMON STOCK		1,044
UNITED COMMUNITY BANKS GA	COMMON STOCK		918
VALVOLINE INC	COMMON STOCK		482
WOODWARD INC	COMMON STOCK		710
NET PAYABLES			(5)
	SNYDER CAPITAL MANAGEMENT		$ 29,741

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the persons who administer the Plan have duly caused this annual report to be signed on its behalf by the undersigned, hereunto duly authorized.

PARAMOUNT GLOBAL 401(k) PLAN

Date: June 15, 2023

By: /s/ Mark Beatty
Mark Beatty
Member of the Administrative Committee

PARAMOUNT GLOBAL

By: /s/ Katherine Gill-Charest
Katherine Gill-Charest
Executive Vice President, Controller and Chief Accounting Officer