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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div><input checked="" type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                               |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                           |

|         |                                                                                                                                                                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                 |
| 1a      | Name of plan<br>CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(K) PLAN                                                                                                                                                                                                                                                 |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                     |
| 1c      | Effective date of plan<br>01/01/1998                                                                                                                                                                                                                                                                                   |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>INSIDE EDITION, INC.<br><br>1515 BROADWAY<br>NEW YORK, NY 10036 |
| 2b      | Employer Identification Number (EIN)<br>13-3494086                                                                                                                                                                                                                                                                     |
| 2c      | Plan Sponsor's telephone number<br>212-258-6000                                                                                                                                                                                                                                                                        |
| 2d      | Business code (see instructions)<br>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                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br><b>PARAMOUNT GLOBAL (FKA VIACOMCBS) ADMINISTRATIVE COMMITTEE</b><br><br><b>1515 BROADWAY</b><br><b>NEW YORK, NY 10036</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><b>04-3616445</b><br><br><b>3c</b> Administrator's telephone number<br><b>212-258-6000</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>5</b> <b>298</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> <b>236</b><br><b>6a(2)</b> <b>240</b><br><b>6b</b> <b>2</b><br><b>6c</b> <b>61</b><br><b>6d</b> <b>303</b><br><b>6e</b> <b>2</b><br><b>6f</b> <b>305</b><br><b>6g</b> <b>285</b><br><b>6h</b> <b>4</b>                                                                                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2G 2J 2K 2S 2T 3H 2E 2F 3D</b><br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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 |                                                                 |     |
| <div>A</div> Name of plan<br>CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(K) PLAN        | <div>B</div> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                                 |     |
| <div>C</div> Plan sponsor's name as shown on line 2a of Form 5500<br>INSIDE EDITION, INC.  | <div>D</div> Employer Identification Number (EIN)<br>13-3494086 |     |

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)..... ☒ 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 |
|------------------------------------------------------------------------------------------------------------|

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

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

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**(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

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**(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

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**(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

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**(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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 12711                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**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<br>(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. |                                           |
| PRMCP ODYSSEY STOCK - U.S. BANK GL 615 EAST MICHIGAN STREET MILWAUKEE, WI 53202 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                                 |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                                 |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                                 |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                                 |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>      |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                        |                                                                                                                                                                                                                                   |                                                                                                      |
| A Name of plan<br>CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(K) PLAN                                                                                                          |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ► 001                                                                 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>INSIDE EDITION, INC.                                                                                             |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>13-3494086                                                 |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |                                                                                                                                                                                                                                   |                                                                                                      |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPATH 2025 O                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 45-2849545-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1778426 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPATH 2030 O                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 45-2849592-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3873930 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPATH 2055 O                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 45-2859078-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1908084 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPATH 2060 O                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 47-1996611-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 534013  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: GS STABLE VAL INST1                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY NA                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 13-4166989-025                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1926565 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPATH 2040 O                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 45-2858930-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1927209 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPATH 2045 O                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 45-2858957-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1645016 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                      |
| Schedule D (Form 5500) 2022 v. 220413                                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                      |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPATH 2035 O

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

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 45-2849635-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3129642 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPATH RET O

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

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 45-2859118-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1700980 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPATH 2050 O

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

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 45-2859039-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1780498 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(K) PLAN</u>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>001</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>INSIDE EDITION, INC.</u>                                                                                                                                                                             |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>13-3494086</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 12265                 | 13753           |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 39014                 | 43549           |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 96158                 | 171674          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 22761834              | 20204363        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 15128922              | 12977338        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 38038193              | 33410677        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 38038193 | 33410677 |
|-----------------------------------------------------------|-----------|----------|----------|

**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**

|                                                                                                            |                 |         |         |
|------------------------------------------------------------------------------------------------------------|-----------------|---------|---------|
| <b>a Contributions:</b>                                                                                    |                 |         |         |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....                                         | <b>2a(1)(A)</b> | 623271  |         |
| <b>(B)</b> Participants.....                                                                               | <b>2a(1)(B)</b> | 1846213 |         |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 301990  |         |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0       | 2771474 |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |         |         |
| <b>b Earnings on investments:</b>                                                                          |                 |         |         |
| (1) Interest:                                                                                              |                 |         |         |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 0       |         |
| <b>(B)</b> U.S. Government securities.....                                                                 | <b>2b(1)(B)</b> | 0       |         |
| <b>(C)</b> Corporate debt instruments.....                                                                 | <b>2b(1)(C)</b> | 0       |         |
| <b>(D)</b> Loans (other than to participants).....                                                         | <b>2b(1)(D)</b> | 0       |         |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 4642    |         |
| <b>(F)</b> Other.....                                                                                      | <b>2b(1)(F)</b> | 0       |         |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |         | 4642    |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 0       |         |
| <b>(B)</b> Common stock.....                                                                               | <b>2b(2)(B)</b> | 0       |         |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 436956  |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |         | 436956  |
| (3) Rents.....                                                                                             | <b>2b(3)</b>    |         | 0       |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds.....                                  | <b>2b(4)(A)</b> | 0       |         |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 0       |         |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |         |         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....                          | <b>2b(5)(A)</b> | 0       |         |
| <b>(B)</b> Other.....                                                                                      | <b>2b(5)(B)</b> | 0       |         |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |         |         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | -3528339  |
| (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) |            | -3112451  |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -3427718  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 1187233    |           |
| (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)  |            | 1187233   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 0         |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 0         |
| 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)  | 0          |           |
| (4) Other .....                                                                                 | 2i(4)  | 12565      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 12565     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 1199798   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -4627516  |
| 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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MITCHELL & TITUS, LLP

(2) EIN: 13-2781641

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

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

**Part IV Compliance Questions**

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>b</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.) |     |    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>c</b> 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.)                                                                                                                             |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>d</b> 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.)                                                                                                                  |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 30000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>g</b> 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?                                                                                                                                       |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>h</b> 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?                                                                                                                             |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |          |
| <b>j</b> 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.)                                                                                     |     |    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>n</b> 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.                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |          |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(K) PLAN                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>INSIDE EDITION, INC.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>13-3494086                                            |
| 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):<br><br>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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                        |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | 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:                                                                                                             |            |
| <b>a</b>  | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |
| <b>c</b>  | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |
| <b>15</b> | 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:                                                                                                                                           |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |
| <b>b</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.....                                                                                                                                                           | <b>16b</b> |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                   |            |

**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 \_\_\_\_\_

# **CBS Television Distribution Inside Edition 401(k) Plan**

**Financial Statements and Supplemental Schedule  
December 31, 2022 and 2021  
(With Independent Auditor's Report)**

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN  
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE  
DECEMBER 31, 2022 AND 2021**

**INDEX**

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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, as amended, are omitted as not applicable or not required.

\* Refers to item numbers in Form 5500 (Annual Return/Report of Employee Benefit Plan) for the year ended December 31, 2022.



## INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the  
CBS Television Distribution Inside Edition 401(k) Plan

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

We have performed audits of the financial statements of CBS Television Distribution Inside Edition 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution, Fidelity Management Trust Company as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### ***Opinion***

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

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

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions,



misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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



***Other Matter—Supplemental Schedule Required by ERISA***

The supplemental schedule of assets (held at year end) is presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

*Mitchell Titus, LLP*

October 6, 2023

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                            | <b>At December 31,</b> |                      |
|--------------------------------------------|------------------------|----------------------|
|                                            | <b>2022</b>            | <b>2021</b>          |
| <b>Assets</b>                              |                        |                      |
| Investments, at fair value: (Note 4 and 5) | \$ 33,181,701          | \$ 37,890,756        |
| Receivables:                               |                        |                      |
| Employer contributions (Note 1)            | 13,753                 | 12,265               |
| Employee contributions                     | 43,549                 | 39,014               |
| Notes receivable from participants         | 171,674                | 96,158               |
| Total receivables                          | 228,976                | 147,437              |
| <b>Net assets available for benefits</b>   | <b>\$ 33,410,677</b>   | <b>\$ 38,038,193</b> |

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

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                       | <b>Year Ended<br/>December 31, 2022</b> |
|-------------------------------------------------------|-----------------------------------------|
| <b>Additions to net assets attributed to:</b>         |                                         |
| Investment income:                                    |                                         |
| Dividends and interest income                         | \$ 436,956                              |
| Interest income on notes receivable from participants | 4,642                                   |
| Contributions:                                        |                                         |
| Employee                                              | 1,846,213                               |
| Employer                                              | 623,271                                 |
| Rollover                                              | 301,990                                 |
| Total additions                                       | 3,213,072                               |
| <b>Deductions from net assets attributed to:</b>      |                                         |
| Net depreciation in fair value of investments         | (6,640,790)                             |
| Benefits paid to participants                         | (1,187,233)                             |
| Administrative expenses                               | (12,565)                                |
| Total deductions                                      | (7,840,588)                             |
| Net decrease in net assets                            | (4,627,516)                             |
| Net assets available for benefits, beginning of year  | 38,038,193                              |
| <b>Net assets available for benefits, end of year</b> | <b>\$33,410,677</b>                     |

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

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN  
NOTES TO THE FINANCIAL STATEMENTS**

**NOTE 1 - PLAN DESCRIPTION**

The following is a brief description of the CBS Television Distribution Inside Edition 401(k) Plan (the "Plan") and is provided for general information only. Participants should refer to the Plan document for more complete information regarding the Plan.

Effective January 1, 2016, the K.W.M., Inc. 401(k) Plan for AFTRA Employees was merged into the King World Studio/Production 401(k) Plan, and the King World Studio/Production 401(k) Plan changed its name to the CBS Television Distribution Inside Edition 401(k) Plan. Fidelity Management Trust Company ("Fidelity") is the trustee, custodian, and recordkeeper for the Plan.

The Plan is a defined contribution plan sponsored by Inside Edition Inc. (the "Company"), a wholly owned subsidiary of King Word Productions, Inc. Eligible employees of the Company or other Participating Employers identified in the plan documents who are not covered by a collective bargaining arrangement (other than AFTRA), can enroll in the Plan after attainment of age 21 and completing six months of service. Participants are automatically enrolled in the Plan on the first day of the month following the attainment of age and service requirements, unless they already voluntarily enrolled 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"), and is overseen by the Paramount Global Administrative Committee.

The Paramount Global Investments Committee serves as the Plan's named fiduciary responsible for the investment of the Plan's assets and appoints the Plan's investment managers.

***Exempt Party-in-Interest Transactions***

Certain Plan investments were shares of funds managed by Fidelity and therefore qualify as party-in-interest transactions. The fair value of these investments was \$9,936,476 and \$11,629,328 at December 31, 2022 and 2021, respectively. For the year ended December 31, 2022, these investments depreciated by \$2,416,981 and earned interest and dividends of \$174,754. For 2022, the Plan incurred expenses of \$12,711 for services provided by Fidelity.

***Participant Accounts***

Each Plan participant's account is credited with the participant's contributions, the employer matching contributions, the participant's share of the investment income (loss) and any allocated realized or unrealized gains (losses) of the Plan's assets, net of certain Plan expenses. The benefit to which a participant is entitled is the participant's vested account balance.

***Contributions***

Participants may contribute up to 20% of pre-tax annual compensation, as defined in the Plan. Contributions are subject to certain limitations. During 2022, the Plan provided for a discretionary Company matching contribution of up to 3% of annual compensation subject to Internal Revenue Service ("IRS") limitations. Matching contributions are calculated at 100% of the first 2% of deferred compensation and 50% of the next 2% of deferred compensation for a maximum matching contribution of 3% of deferred compensation. All contributions are made to participant directed investments in various registered investment companies (mutual funds) and common collective funds. Contributions for participants who do not make investment elections are defaulted into the Plan's Qualified Default Investment Alternative, which is the BlackRock LifePath Index Fund with a target date that most closely aligns with the year in which the employee turns 65. The Code limit for participant contributions on a before-tax basis was \$20,500 for 2022. All participants who have attained age 50 before the close of the calendar year are eligible to make catch-up contributions. The Code limit for catch-up contributions was \$6,500 in 2022.

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS (Continued)**

***Vesting***

Participants in the Plan are immediately vested in their own contributions and earnings thereon. Vesting of the employer matching contribution and earnings thereon occurs in accordance with the schedule below (year of service is defined as a Plan year in which a participant has completed at least 1,000 hours of service):

| Years of Service | Percentage |
|------------------|------------|
| 1                | 33%        |
| 2                | 66%        |
| 3                | 100%       |

***Forfeitures***

If a participant's employment terminates prior to being 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. As of December 31, 2022 and 2021, the Plan had forfeitures available to be used of \$19,567 and \$3,192, respectively, none of which was used to offset employer contributions or pay Plan administrative expenses for the years then ended.

***Notes Receivable from Participants***

Eligible participants may request a loan for up to the lesser of \$50,000 (reduced by the highest outstanding loan balance in the previous 12 months) or 50% of the participant's vested account balance. During 2022, the minimum loan available to a participant was \$1,000 and only one loan could be outstanding at any time. Participants may elect repayment periods up to 60 months or over a longer period of time, as determined by the Plan administrator, for the acquisition of a principal residence.

The loans are collateralized by the balance in the participant's account. The interest rate on participant loans is one percentage point above the annual prime commercial rate. Principal and interest are collected ratably through bi-weekly payroll deductions.

As of December 31, 2022, loans outstanding carried interest rates between 4.25% and 8.00%.

***Payment of Benefits***

Payment of benefits can be made under a number of circumstances including, termination of service due to death, disability or retirement. A participant or beneficiary is entitled to receive benefits in the form of a lump-sum payment equal to the value of the participant's vested interest in his or her account, or a non-recurring partial payment from the participant's vested interest, based upon terms set forth in the Plan document. 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 70½ on or before December 31, 2019, that age is 70½. For individuals who attain age 70½ on or after January 1, 2020, in accordance with the Setting Every Community Up for Retirement Enhancement Act of 2019, that age is 72. Additionally, participants can, upon termination, rollover distributions into an Individual Retirement Account ("IRA") or another company sponsored plan. The Plan also allows for hardship withdrawals under certain circumstances.

***Plan Expenses***

During 2022, all recordkeeping and trustee fees for the administration of the Plan, including loan, distribution, and investment transaction fees, are paid from participant or forfeiture accounts.

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS (Continued)**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting***

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

***Investment Valuation***

Investments in registered investment companies are reported at fair value based on quoted market prices representing the net asset value of the shares held in the Plan. The fair value of the Plan's investment in a common collective fund is determined using the Net Asset Value ("NAV") provided by the administrator of the fund as a practical expedient. The NAV is determined by the 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 daily redemptions and a trading term of one day for participant directed redemptions. Complete liquidation of the Plan's investments may require up to twelve months' notice unless waived at the discretion of the investment manager. The common collective funds had no unfunded commitments at December 31, 2022 or 2021.

***Security Transactions and Income Recognition***

Purchases and sales of securities are recorded on the trade date. The historical average cost basis is used to determine gains or losses on security dispositions. Interest income is recorded on an accrual basis 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. Defaulted participant loans are reclassified as distributions based upon the terms of the Plan document.

***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 fair value of investments, that affect the reported amounts of assets and liabilities and 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 those estimates.

***Subsequent Events***

Subsequent events and transactions have been evaluated through October 6, 2023, which is the date the financial statements were issued, and are incorporated herein as applicable.

**NOTE 3 - RISKS AND UNCERTAINTIES**

The Plan provides for various investment options. Investment securities are exposed to various risks such as interest rate, market and credit risk. Market values of investments could decline for several reasons including, changes in prevailing market 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

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS (Continued)**

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 - INFORMATION CERTIFIED BY THE TRUSTEE**

As permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the trustee has certified the information below for 2022 and 2021, which has not been subject to audit, to be accurate and complete.

|                                                                          | <b>Fair Value</b>      |                     |
|--------------------------------------------------------------------------|------------------------|---------------------|
|                                                                          | <b>at December 31,</b> |                     |
|                                                                          | <b>2022</b>            | <b>2021</b>         |
| Fidelity Government Money Market Fund Class K6                           | \$ 7                   | \$ 7                |
| Delaware Small Cap Value Fund Class R6                                   | 12,125                 | 9,045               |
| Fidelity US Bond Index Fund                                              | 278,380                | 305,480             |
| Metropolitan West Total Return Bond Fund Plan Class                      | 330,768                | 403,283             |
| Fidelity Global ex U.S. Index Fund                                       | 689,116                | 784,333             |
| MFS International Diversification Fund Class R6                          | 867,744                | 995,233             |
| Fidelity Extended Market Index Fund                                      | 1,190,411              | 1,539,292           |
| PRIMECAP Odyssey Stock Fund                                              | 1,830,225              | 2,092,033           |
| Fidelity 500 Index Fund                                                  | 7,778,562              | 9,000,216           |
| Goldman Sachs Stable Value Collective Trust Institutional Series Class I | 1,926,565              | 1,628,710           |
| BlackRock LifePath Index 2025 Fund O                                     | 1,778,426              | 2,585,520           |
| BlackRock LifePath Index 2030 Fund O                                     | 3,873,930              | 4,605,144           |
| BlackRock LifePath Index 2035 Fund O                                     | 3,129,642              | 3,584,536           |
| BlackRock LifePath Index 2040 Fund O                                     | 1,927,209              | 2,134,974           |
| BlackRock LifePath Index 2045 Fund O                                     | 1,645,016              | 1,978,311           |
| BlackRock LifePath Index 2050 Fund O                                     | 1,780,498              | 1,530,643           |
| BlackRock LifePath Index 2055 Fund O                                     | 1,908,084              | 1,937,621           |
| BlackRock LifePath Index 2060 Fund O                                     | 534,013                | 467,598             |
| BlackRock LifePath Index Retirement Fund O                               | 1,700,980              | 2,308,777           |
| <b>Total</b>                                                             | <b>\$33,181,701</b>    | <b>\$37,890,756</b> |

The net depreciation, which includes gains and losses on investments bought and sold, as well as held during the year, of \$6,640,790 was attributable to the Plan's investments in registered investment companies and common collective funds for the year ended December 31, 2022. Dividends and interest income of \$436,956 were attributable to the Plan's investments in registered investment companies and common collective funds for the year ended December 31, 2022.

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS (Continued)**

**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 2022. These assets have been categorized according to the three-level fair value hierarchy established by the Financial Accounting Standards Board ("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 fair value measurement 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 2 or 3 of the valuation hierarchy.

| <b>December 31, 2022</b>                                          | <b>Level 1</b> | <b>Total</b>  |
|-------------------------------------------------------------------|----------------|---------------|
| Registered investment companies <sup>(a)</sup>                    | \$ 12,977,338  | \$ 12,977,338 |
| <b>Total assets in fair value hierarchy</b>                       | \$ 12,977,338  | \$ 12,977,338 |
| <b>Common collective funds, at net asset value <sup>(b)</sup></b> |                | 20,204,363    |
| <b>Investments</b>                                                |                | \$ 33,181,701 |

| <b>December 31, 2021</b>                                         | <b>Level 1</b> | <b>Total</b>  |
|------------------------------------------------------------------|----------------|---------------|
| Registered investment companies <sup>(a)</sup>                   | \$ 15,128,922  | \$ 15,128,922 |
| <b>Total assets in fair value hierarchy</b>                      | \$ 15,128,922  | \$ 15,128,922 |
| <b>Common collective fund, at net asset value <sup>(b)</sup></b> |                | 22,761,834    |
| <b>Investments</b>                                               |                | \$ 37,890,756 |

(a) Primarily invested in equities and fixed income securities.

(b) 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.

**NOTE 6 - INCOME TAX STATUS**

On October 31, 2014, the IRS stated that the volume submitter adopted by the Plan qualified under Section 401(a) of the Code and that the Plan thereunder was exempt from federal income taxes under the provisions of Section 501(a) of the Code. Although the Plan has been amended since then, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Code. In addition, the Company has concluded that as of December 31, 2022, there were 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. There are no audits in progress for any tax year.

**NOTE 7 - TERMINATION PRIORITIES**

Although it has not expressed any intent to do so, the Company reserves the right to terminate the Plan. In the event of Plan termination, participants become fully vested. Upon termination, the Plan provides that the net assets of the Plan would be distributed to participants based on their respective account balances.

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**

| (a)                                                                            | (b)                                                                                                     | (c)                 | (d)              | (e)               |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------|------------------|-------------------|
| Identity of issue, borrower, lessor or similar party                           | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost <sup>(1)</sup> | Current Value    |                   |
| <u>Registered Investment Companies</u>                                         |                                                                                                         |                     |                  |                   |
| * Fidelity Government Money Market Fund Class K6                               |                                                                                                         | \$                  | 7                |                   |
| Delaware Small Cap Value Fund Class R6                                         |                                                                                                         |                     | 12,125           |                   |
| * Fidelity US Bond Index Fund                                                  |                                                                                                         |                     | 278,380          |                   |
| Metropolitan West Total Return Bond Fund Plan Class                            |                                                                                                         |                     | 330,768          |                   |
| * Fidelity Global ex U.S. Index Fund                                           |                                                                                                         |                     | 689,116          |                   |
| MFS International Diversification Fund Class R6                                |                                                                                                         |                     | 867,744          |                   |
| * Fidelity Extended Market Index Fund                                          |                                                                                                         |                     | 1,190,411        |                   |
| PRIMECAP Odyssey Stock Fund                                                    |                                                                                                         |                     | 1,830,225        |                   |
| * Fidelity 500 Index Fund                                                      |                                                                                                         |                     | <u>7,778,562</u> |                   |
| Total Registered Investment Companies                                          |                                                                                                         |                     |                  | 12,977,338        |
| <u>Common Collective Funds</u>                                                 |                                                                                                         |                     |                  |                   |
| Goldman Sachs Stable Value Collective Trust Institutional Series Class 1       |                                                                                                         |                     |                  | 1,926,565         |
| BlackRock LifePath Index 2025 Fund O                                           |                                                                                                         |                     |                  | 1,778,426         |
| BlackRock LifePath Index 2030 Fund O                                           |                                                                                                         |                     |                  | 3,873,930         |
| BlackRock LifePath Index 2035 Fund O                                           |                                                                                                         |                     |                  | 3,129,642         |
| BlackRock LifePath Index 2040 Fund O                                           |                                                                                                         |                     |                  | 1,927,209         |
| BlackRock LifePath Index 2045 Fund O                                           |                                                                                                         |                     |                  | 1,645,016         |
| BlackRock LifePath Index 2050 Fund O                                           |                                                                                                         |                     |                  | 1,780,498         |
| BlackRock LifePath Index 2055 Fund O                                           |                                                                                                         |                     |                  | 1,908,084         |
| BlackRock LifePath Index 2060 Fund O                                           |                                                                                                         |                     |                  | 534,013           |
| BlackRock LifePath Index Retirement Fund O                                     |                                                                                                         |                     |                  | <u>1,700,980</u>  |
| Total Common Collective Funds                                                  |                                                                                                         |                     |                  | \$ 20,204,363     |
| Notes receivable from participants                                             | Maturity dates through<br>2027 and interest rates of<br>4.25% - 8.0%                                    |                     |                  | 171,674           |
| <u>Total investments, at fair value and notes receivable from participants</u> |                                                                                                         |                     | \$               | <u>33,353,375</u> |

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

(1) Cost information is not required for participant directed investments and notes receivable from participants and, therefore, is not included.

# **CBS Television Distribution Inside Edition 401(k) Plan**

**Financial Statements and Supplemental Schedule  
December 31, 2022 and 2021  
(With Independent Auditor's Report)**

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN  
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE  
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, as amended, are omitted as not applicable or not required.

\* Refers to item numbers in Form 5500 (Annual Return/Report of Employee Benefit Plan) for the year ended December 31, 2022.



## INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the  
CBS Television Distribution Inside Edition 401(k) Plan

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

We have performed audits of the financial statements of CBS Television Distribution Inside Edition 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution, Fidelity Management Trust Company as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### ***Opinion***

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

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

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions,



misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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



***Other Matter—Supplemental Schedule Required by ERISA***

The supplemental schedule of assets (held at year end) is presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

*Mitchell Titus, LLP*

October 6, 2023

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                            | <b>At December 31,</b> |                      |
|--------------------------------------------|------------------------|----------------------|
|                                            | <b>2022</b>            | <b>2021</b>          |
| <b>Assets</b>                              |                        |                      |
| Investments, at fair value: (Note 4 and 5) | \$ 33,181,701          | \$ 37,890,756        |
| Receivables:                               |                        |                      |
| Employer contributions (Note 1)            | 13,753                 | 12,265               |
| Employee contributions                     | 43,549                 | 39,014               |
| Notes receivable from participants         | 171,674                | 96,158               |
| Total receivables                          | 228,976                | 147,437              |
| <b>Net assets available for benefits</b>   | <b>\$ 33,410,677</b>   | <b>\$ 38,038,193</b> |

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

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                       | <b>Year Ended<br/>December 31, 2022</b> |
|-------------------------------------------------------|-----------------------------------------|
| <b>Additions to net assets attributed to:</b>         |                                         |
| Investment income:                                    |                                         |
| Dividends and interest income                         | \$ 436,956                              |
| Interest income on notes receivable from participants | 4,642                                   |
| Contributions:                                        |                                         |
| Employee                                              | 1,846,213                               |
| Employer                                              | 623,271                                 |
| Rollover                                              | 301,990                                 |
| Total additions                                       | 3,213,072                               |
| <b>Deductions from net assets attributed to:</b>      |                                         |
| Net depreciation in fair value of investments         | (6,640,790)                             |
| Benefits paid to participants                         | (1,187,233)                             |
| Administrative expenses                               | (12,565)                                |
| Total deductions                                      | (7,840,588)                             |
| Net decrease in net assets                            | (4,627,516)                             |
| Net assets available for benefits, beginning of year  | 38,038,193                              |
| <b>Net assets available for benefits, end of year</b> | <b>\$33,410,677</b>                     |

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

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN  
NOTES TO THE FINANCIAL STATEMENTS**

**NOTE 1 - PLAN DESCRIPTION**

The following is a brief description of the CBS Television Distribution Inside Edition 401(k) Plan (the "Plan") and is provided for general information only. Participants should refer to the Plan document for more complete information regarding the Plan.

Effective January 1, 2016, the K.W.M., Inc. 401(k) Plan for AFTRA Employees was merged into the King World Studio/Production 401(k) Plan, and the King World Studio/Production 401(k) Plan changed its name to the CBS Television Distribution Inside Edition 401(k) Plan. Fidelity Management Trust Company ("Fidelity") is the trustee, custodian, and recordkeeper for the Plan.

The Plan is a defined contribution plan sponsored by Inside Edition Inc. (the "Company"), a wholly owned subsidiary of King Word Productions, Inc. Eligible employees of the Company or other Participating Employers identified in the plan documents who are not covered by a collective bargaining arrangement (other than AFTRA), can enroll in the Plan after attainment of age 21 and completing six months of service. Participants are automatically enrolled in the Plan on the first day of the month following the attainment of age and service requirements, unless they already voluntarily enrolled 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"), and is overseen by the Paramount Global Administrative Committee.

The Paramount Global Investments Committee serves as the Plan's named fiduciary responsible for the investment of the Plan's assets and appoints the Plan's investment managers.

***Exempt Party-in-Interest Transactions***

Certain Plan investments were shares of funds managed by Fidelity and therefore qualify as party-in-interest transactions. The fair value of these investments was \$9,936,476 and \$11,629,328 at December 31, 2022 and 2021, respectively. For the year ended December 31, 2022, these investments depreciated by \$2,416,981 and earned interest and dividends of \$174,754. For 2022, the Plan incurred expenses of \$12,711 for services provided by Fidelity.

***Participant Accounts***

Each Plan participant's account is credited with the participant's contributions, the employer matching contributions, the participant's share of the investment income (loss) and any allocated realized or unrealized gains (losses) of the Plan's assets, net of certain Plan expenses. The benefit to which a participant is entitled is the participant's vested account balance.

***Contributions***

Participants may contribute up to 20% of pre-tax annual compensation, as defined in the Plan. Contributions are subject to certain limitations. During 2022, the Plan provided for a discretionary Company matching contribution of up to 3% of annual compensation subject to Internal Revenue Service ("IRS") limitations. Matching contributions are calculated at 100% of the first 2% of deferred compensation and 50% of the next 2% of deferred compensation for a maximum matching contribution of 3% of deferred compensation. All contributions are made to participant directed investments in various registered investment companies (mutual funds) and common collective funds. Contributions for participants who do not make investment elections are defaulted into the Plan's Qualified Default Investment Alternative, which is the BlackRock LifePath Index Fund with a target date that most closely aligns with the year in which the employee turns 65. The Code limit for participant contributions on a before-tax basis was \$20,500 for 2022. All participants who have attained age 50 before the close of the calendar year are eligible to make catch-up contributions. The Code limit for catch-up contributions was \$6,500 in 2022.

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS (Continued)**

***Vesting***

Participants in the Plan are immediately vested in their own contributions and earnings thereon. Vesting of the employer matching contribution and earnings thereon occurs in accordance with the schedule below (year of service is defined as a Plan year in which a participant has completed at least 1,000 hours of service):

| Years of Service | Percentage |
|------------------|------------|
| 1                | 33%        |
| 2                | 66%        |
| 3                | 100%       |

***Forfeitures***

If a participant's employment terminates prior to being 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. As of December 31, 2022 and 2021, the Plan had forfeitures available to be used of \$19,567 and \$3,192, respectively, none of which was used to offset employer contributions or pay Plan administrative expenses for the years then ended.

***Notes Receivable from Participants***

Eligible participants may request a loan for up to the lesser of \$50,000 (reduced by the highest outstanding loan balance in the previous 12 months) or 50% of the participant's vested account balance. During 2022, the minimum loan available to a participant was \$1,000 and only one loan could be outstanding at any time. Participants may elect repayment periods up to 60 months or over a longer period of time, as determined by the Plan administrator, for the acquisition of a principal residence.

The loans are collateralized by the balance in the participant's account. The interest rate on participant loans is one percentage point above the annual prime commercial rate. Principal and interest are collected ratably through bi-weekly payroll deductions.

As of December 31, 2022, loans outstanding carried interest rates between 4.25% and 8.00%.

***Payment of Benefits***

Payment of benefits can be made under a number of circumstances including, termination of service due to death, disability or retirement. A participant or beneficiary is entitled to receive benefits in the form of a lump-sum payment equal to the value of the participant's vested interest in his or her account, or a non-recurring partial payment from the participant's vested interest, based upon terms set forth in the Plan document. 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 70½ on or before December 31, 2019, that age is 70½. For individuals who attain age 70½ on or after January 1, 2020, in accordance with the Setting Every Community Up for Retirement Enhancement Act of 2019, that age is 72. Additionally, participants can, upon termination, rollover distributions into an Individual Retirement Account ("IRA") or another company sponsored plan. The Plan also allows for hardship withdrawals under certain circumstances.

***Plan Expenses***

During 2022, all recordkeeping and trustee fees for the administration of the Plan, including loan, distribution, and investment transaction fees, are paid from participant or forfeiture accounts.

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS (Continued)**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting***

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

***Investment Valuation***

Investments in registered investment companies are reported at fair value based on quoted market prices representing the net asset value of the shares held in the Plan. The fair value of the Plan's investment in a common collective fund is determined using the Net Asset Value ("NAV") provided by the administrator of the fund as a practical expedient. The NAV is determined by the 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 daily redemptions and a trading term of one day for participant directed redemptions. Complete liquidation of the Plan's investments may require up to twelve months' notice unless waived at the discretion of the investment manager. The common collective funds had no unfunded commitments at December 31, 2022 or 2021.

***Security Transactions and Income Recognition***

Purchases and sales of securities are recorded on the trade date. The historical average cost basis is used to determine gains or losses on security dispositions. Interest income is recorded on an accrual basis 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. Defaulted participant loans are reclassified as distributions based upon the terms of the Plan document.

***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 fair value of investments, that affect the reported amounts of assets and liabilities and 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 those estimates.

***Subsequent Events***

Subsequent events and transactions have been evaluated through October 6, 2023, which is the date the financial statements were issued, and are incorporated herein as applicable.

**NOTE 3 - RISKS AND UNCERTAINTIES**

The Plan provides for various investment options. Investment securities are exposed to various risks such as interest rate, market and credit risk. Market values of investments could decline for several reasons including, changes in prevailing market 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

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS (Continued)**

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 - INFORMATION CERTIFIED BY THE TRUSTEE**

As permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the trustee has certified the information below for 2022 and 2021, which has not been subject to audit, to be accurate and complete.

|                                                                          | <b>Fair Value</b>      |                     |
|--------------------------------------------------------------------------|------------------------|---------------------|
|                                                                          | <b>at December 31,</b> |                     |
|                                                                          | <b>2022</b>            | <b>2021</b>         |
| Fidelity Government Money Market Fund Class K6                           | \$ 7                   | \$ 7                |
| Delaware Small Cap Value Fund Class R6                                   | 12,125                 | 9,045               |
| Fidelity US Bond Index Fund                                              | 278,380                | 305,480             |
| Metropolitan West Total Return Bond Fund Plan Class                      | 330,768                | 403,283             |
| Fidelity Global ex U.S. Index Fund                                       | 689,116                | 784,333             |
| MFS International Diversification Fund Class R6                          | 867,744                | 995,233             |
| Fidelity Extended Market Index Fund                                      | 1,190,411              | 1,539,292           |
| PRIMECAP Odyssey Stock Fund                                              | 1,830,225              | 2,092,033           |
| Fidelity 500 Index Fund                                                  | 7,778,562              | 9,000,216           |
| Goldman Sachs Stable Value Collective Trust Institutional Series Class I | 1,926,565              | 1,628,710           |
| BlackRock LifePath Index 2025 Fund O                                     | 1,778,426              | 2,585,520           |
| BlackRock LifePath Index 2030 Fund O                                     | 3,873,930              | 4,605,144           |
| BlackRock LifePath Index 2035 Fund O                                     | 3,129,642              | 3,584,536           |
| BlackRock LifePath Index 2040 Fund O                                     | 1,927,209              | 2,134,974           |
| BlackRock LifePath Index 2045 Fund O                                     | 1,645,016              | 1,978,311           |
| BlackRock LifePath Index 2050 Fund O                                     | 1,780,498              | 1,530,643           |
| BlackRock LifePath Index 2055 Fund O                                     | 1,908,084              | 1,937,621           |
| BlackRock LifePath Index 2060 Fund O                                     | 534,013                | 467,598             |
| BlackRock LifePath Index Retirement Fund O                               | 1,700,980              | 2,308,777           |
| <b>Total</b>                                                             | <b>\$33,181,701</b>    | <b>\$37,890,756</b> |

The net depreciation, which includes gains and losses on investments bought and sold, as well as held during the year, of \$6,640,790 was attributable to the Plan's investments in registered investment companies and common collective funds for the year ended December 31, 2022. Dividends and interest income of \$436,956 were attributable to the Plan's investments in registered investment companies and common collective funds for the year ended December 31, 2022.

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS (Continued)**

**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 2022. These assets have been categorized according to the three-level fair value hierarchy established by the Financial Accounting Standards Board ("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 fair value measurement 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 2 or 3 of the valuation hierarchy.

| <b>December 31, 2022</b>                                          | <b>Level 1</b> | <b>Total</b>  |
|-------------------------------------------------------------------|----------------|---------------|
| Registered investment companies <sup>(a)</sup>                    | \$ 12,977,338  | \$ 12,977,338 |
| <b>Total assets in fair value hierarchy</b>                       | \$ 12,977,338  | \$ 12,977,338 |
| <b>Common collective funds, at net asset value <sup>(b)</sup></b> |                | 20,204,363    |
| <b>Investments</b>                                                |                | \$ 33,181,701 |

| <b>December 31, 2021</b>                                         | <b>Level 1</b> | <b>Total</b>  |
|------------------------------------------------------------------|----------------|---------------|
| Registered investment companies <sup>(a)</sup>                   | \$ 15,128,922  | \$ 15,128,922 |
| <b>Total assets in fair value hierarchy</b>                      | \$ 15,128,922  | \$ 15,128,922 |
| <b>Common collective fund, at net asset value <sup>(b)</sup></b> |                | 22,761,834    |
| <b>Investments</b>                                               |                | \$ 37,890,756 |

(a) Primarily invested in equities and fixed income securities.

(b) 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.

**NOTE 6 - INCOME TAX STATUS**

On October 31, 2014, the IRS stated that the volume submitter adopted by the Plan qualified under Section 401(a) of the Code and that the Plan thereunder was exempt from federal income taxes under the provisions of Section 501(a) of the Code. Although the Plan has been amended since then, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Code. In addition, the Company has concluded that as of December 31, 2022, there were 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. There are no audits in progress for any tax year.

**NOTE 7 - TERMINATION PRIORITIES**

Although it has not expressed any intent to do so, the Company reserves the right to terminate the Plan. In the event of Plan termination, participants become fully vested. Upon termination, the Plan provides that the net assets of the Plan would be distributed to participants based on their respective account balances.

**CBS TELEVISION DISTRIBUTION INSIDE EDITION 401(k) PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**

| (a)                                                                            | (b)                                                                                                     | (c)                 | (d)              | (e)               |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------|------------------|-------------------|
| Identity of issue, borrower, lessor or similar party                           | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost <sup>(1)</sup> | Current Value    |                   |
| <u>Registered Investment Companies</u>                                         |                                                                                                         |                     |                  |                   |
| * Fidelity Government Money Market Fund Class K6                               |                                                                                                         | \$                  | 7                |                   |
| Delaware Small Cap Value Fund Class R6                                         |                                                                                                         |                     | 12,125           |                   |
| * Fidelity US Bond Index Fund                                                  |                                                                                                         |                     | 278,380          |                   |
| Metropolitan West Total Return Bond Fund Plan Class                            |                                                                                                         |                     | 330,768          |                   |
| * Fidelity Global ex U.S. Index Fund                                           |                                                                                                         |                     | 689,116          |                   |
| MFS International Diversification Fund Class R6                                |                                                                                                         |                     | 867,744          |                   |
| * Fidelity Extended Market Index Fund                                          |                                                                                                         |                     | 1,190,411        |                   |
| PRIMECAP Odyssey Stock Fund                                                    |                                                                                                         |                     | 1,830,225        |                   |
| * Fidelity 500 Index Fund                                                      |                                                                                                         |                     | <u>7,778,562</u> |                   |
| Total Registered Investment Companies                                          |                                                                                                         |                     |                  | 12,977,338        |
| <u>Common Collective Funds</u>                                                 |                                                                                                         |                     |                  |                   |
| Goldman Sachs Stable Value Collective Trust Institutional Series Class 1       |                                                                                                         |                     |                  | 1,926,565         |
| BlackRock LifePath Index 2025 Fund O                                           |                                                                                                         |                     |                  | 1,778,426         |
| BlackRock LifePath Index 2030 Fund O                                           |                                                                                                         |                     |                  | 3,873,930         |
| BlackRock LifePath Index 2035 Fund O                                           |                                                                                                         |                     |                  | 3,129,642         |
| BlackRock LifePath Index 2040 Fund O                                           |                                                                                                         |                     |                  | 1,927,209         |
| BlackRock LifePath Index 2045 Fund O                                           |                                                                                                         |                     |                  | 1,645,016         |
| BlackRock LifePath Index 2050 Fund O                                           |                                                                                                         |                     |                  | 1,780,498         |
| BlackRock LifePath Index 2055 Fund O                                           |                                                                                                         |                     |                  | 1,908,084         |
| BlackRock LifePath Index 2060 Fund O                                           |                                                                                                         |                     |                  | 534,013           |
| BlackRock LifePath Index Retirement Fund O                                     |                                                                                                         |                     |                  | <u>1,700,980</u>  |
| Total Common Collective Funds                                                  |                                                                                                         |                     |                  | \$ 20,204,363     |
| Notes receivable from participants                                             | Maturity dates through<br>2027 and interest rates of<br>4.25% - 8.0%                                    |                     |                  | 171,674           |
| <b>Total investments, at fair value and notes receivable from participants</b> |                                                                                                         |                     | <b>\$</b>        | <b>33,353,375</b> |

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

(1) Cost information is not required for participant directed investments and notes receivable from participants and, therefore, is not included.