

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <u>SCRIPPS NETWORKS INTERACTIVE PENSION PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DISCOVERY COMMUNICATIONS, LLC</u>  <u>230 PARK AVENUE SOUTH</u> <u>NEW YORK, NY 10003</u>	<b>1c</b> Effective date of plan <u>01/01/2009</u>  <b>2b</b> Employer Identification Number (EIN) <u>32-0204298</u>  <b>2c</b> Plan Sponsor's telephone number <u>212-548-5555</u>  <b>2d</b> Business code (see instructions) <u>515100</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	08/26/2025	SHANE JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE



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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>47172748</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>47172748</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>114</u>	<u>18362436</u>
	<b>b</b> For terminated vested participants .....	<u>298</u>	<u>16859926</u>
	<b>c</b> For active participants .....	<u>184</u>	<u>11552168</u>
	<b>d</b> Total .....	<u>596</u>	<u>46774530</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.15 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>791000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>791000</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>08/20/2025</u>	Date
	<u>MITCHELL L. BILBE, F.S.A</u>	<u>23-06302</u>	Most recent enrollment number
	Type or print name of actuary	<u>512-346-1590</u>	Telephone number (including area code)
	<u>RUDD AND WISDOM, INC.</u>		
	Firm name		
	<u>9500 ARBORETUM BLVD., SUITE 200</u> <u>AUSTIN, TX 78759</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>17.13</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		11888
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> % .....		629
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		12517
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	98.60 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	98.60 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	91.10 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/02/2024	157169	0					
07/01/2024	157169	0					
09/06/2024	157169	0					
12/13/2024	157169	0					
05/06/2025	285735	0					
			<b>Totals ▶</b>	<b>18(b)</b>	914411	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	877349

**20** Quarterly contributions and liquidity shortfalls:

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

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

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 61
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0	
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0	
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0	

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	791000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	667682	79760	
<b>b</b> Waiver amortization installment.....		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	870760	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	870760	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	877349	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	6589	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>SCRIPPS NETWORKS INTERACTIVE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DISCOVERY COMMUNICATIONS, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>32-0204298</b>	

**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

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**THE VANGUARD GROUP, INC.**

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**23-1945930**

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

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**U.S. BANK NATIONAL ASSOCIATION**

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**31-0841368**

**(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)

RUDD & WISDOM, INC.

74-1896655

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 50	NONE	373140	Yes <input type="checkbox"/> No <input checked="" 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)

GROOM LAW GROUP

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	113441	Yes <input type="checkbox"/> No <input checked="" 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)

CAPFINANCIAL PARTNERS, LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50 70	NONE	62941	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

MOSS ADAMS LLP

23-2186884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	38850	Yes <input type="checkbox"/> No <input checked="" 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)

VANGUARD FIDUCIARY TRUST COMPANY

23-2186884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 50 64	NONE	19248	Yes <input type="checkbox"/> No <input checked="" 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)

DELOITTE AND TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	7400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 50 64	NONE	5394	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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.

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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: MOSS ADAMS, LLP	<b>b</b> EIN: 91-0189318
<b>c</b> Position: ACCOUNTANT	
<b>d</b> Address: 999 3RD AVENUE SUITE 2800 SEATTLE, WA 98104	<b>e</b> Telephone: 206-302-6500

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025

<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>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SCRIPPS NETWORKS INTERACTIVE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DISCOVERY COMMUNICATIONS, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>32-0204298</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	121236	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	686232	285735
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	0	35227
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2440602	1745504
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	43940308	44260889
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	47188378	46327355
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	3324	63651
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	520	520
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	3844	64171
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	47184534	46263184

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	914411	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(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>		914411
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	138588	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		138588
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1376979	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1376979
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<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>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		952144
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		3382122

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	3607911	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3607911
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	9087	
(4) IQPA audit fees .....	<b>2i(4)</b>	46250	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	62941	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	15555	
(7) Actuarial fees .....	<b>2i(7)</b>	373140	
(8) Legal fees .....	<b>2i(8)</b>	113936	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	74652	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		695561
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		4303472

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-921350
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<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.)		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.)		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.)		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>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?		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?		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>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.)	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?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		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>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.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 549998.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SCRIPPS NETWORKS INTERACTIVE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>DISCOVERY COMMUNICATIONS, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>32-0204298</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 23-2926795 41-6271370

**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		26
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

<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>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<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>	

**16** 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>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

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

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

# **Scripps Networks Interactive Pension Plan**

**Employer Identification Number: 32-0204298**

**Plan Number: 002**

**Financial Statements as of and for the Years Ended December 31, 2024 and 2023, Supplemental Schedule as of December 31, 2024, and Independent Auditor's Report**

# Scripps Networks Interactive Pension Plan

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

## Report of Independent Auditors

The Warner Bros. Discovery Benefit Plans Administrative Committee of  
Scripps Networks Interactive Pension Plan

### Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Scripps Networks Interactive Pension 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, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Scripps Networks Interactive Pension 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 as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

#### **Opinion**

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- 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 Scripps Networks Interactive Pension 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 GAAP, 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 Scripps Networks Interactive Pension Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- 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 Scripps Networks Interactive Pension 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 Scripps Networks Interactive Pension 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 GAAP.

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 GAAP.

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

***Other Matter***

*Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H, line 4(i) – schedule of assets (held at end of year) as of December 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*Baker Tilly US, LLP*

Seattle, Washington  
July 30, 2025

**Scripps Networks Interactive Pension Plan**  
**Statements of Net Assets Available for Benefits**  
(in thousands)

	As of December 31,	
	2024	2023
<b>Assets</b>		
Investments, at fair value	\$ 46,006	\$ 46,381
Cash and cash equivalents	—	121
Employer contribution receivable	286	686
Other receivables	35	—
Total assets	46,327	47,188
<b>Liabilities</b>		
Accrued expenses	64	4
Total liabilities	64	4
<b>Net assets available for benefits</b>	<b>\$ 46,263</b>	<b>\$ 47,184</b>

See notes to financial statements.

**Scripps Networks Interactive Pension Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
(in thousands)

	Year Ended December 31,	
	2024	2023
<b>Changes in net assets attributed to:</b>		
Investment income:		
Net appreciation in fair values of investments	\$ 952	\$ 6,035
Interest and dividends	1,516	1,251
Total investment income	2,468	7,286
Employer contributions	914	686
Total additions	3,382	7,972
<b>Deductions from net assets attributed to:</b>		
Benefit payments	3,608	5,470
Plan expenses	695	791
Total deductions	4,303	6,261
Net (decrease) increase	(921)	1,711
Net assets available for benefits:		
Beginning of year	47,184	45,473
End of year	\$ 46,263	\$ 47,184

See notes to financial statements.

**Scripps Networks Interactive Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**1. DESCRIPTION OF THE PLAN**

The following is a general description of the Scripps Networks Interactive Pension Plan (the “Plan”). Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

**General**

The Plan is a defined benefit pension plan maintained by Discovery Communications, LLC, (the “Company”) and various employers affiliated with the Company. The Company acquired Scripps Networks Interactive, Inc. on March 6, 2018. The Plan became effective January 1, 2009. Effective November 1, 2024, U.S. Bank National Association serves as the trustee of the Plan and manages the Plan’s investments (replacing Vanguard Fiduciary Trust Company as of that date).

Effective December 31, 2009 (“Freeze Date”), the Plan was amended to freeze participants’ Plan benefits. Upon freezing the Plan, participants’ years of benefit service no longer increase, however, compensation earned prior to December 31, 2019 is considered for calculation of the retirement benefit provided by the Plan. Persons on long-term disability on or before December 31, 2009 continued to accrue years of service while disabled through December 31, 2019. An employee must have earned one year of eligibility service (as defined) before December 31, 2009 to be an active Plan participant. New employees since the Freeze Date are not eligible to participate in the Plan.

**Pension Benefits**

Normal retirement occurs upon the first day of the month coinciding or immediately following attainment of age 65; however, early retirement may be elected if certain conditions are met. Vesting occurs after five years of credited service or upon normal retirement. The amount of monthly benefits is a function of participants’ compensation, years of credited service, and in some circumstances, age. Generally, retirement benefits are reduced one-half of one percent for each month participants are under age 65 at the time benefits commence. However, for participants who are considered to be early retirees (age 55 and 10 years of credited service), retirement benefits are reduced 5% for each year the participant is under age 62 at the time benefits commence. For participants who terminate due to disability after December 31, 2009, no disability retirement benefit is payable. Designated beneficiaries, (including surviving spouses) of participants may be entitled to death benefits under certain conditions. Contributions by participants are not required or permitted.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

**Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results may differ from those estimates.

**Investment Valuation and Income Recognition**

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

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

**Scripps Networks Interactive Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Risks and Uncertainties**

The Plan invests in mutual funds and a money market fund. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

**Payment of Benefits**

Benefit payments to participants or their beneficiaries are recorded upon distribution.

**Plan Expenses**

Certain administrative expenses of the Plan are paid by the Plan, unless otherwise paid by the Company, as permitted under ERISA and as provided in the Plan document.

**3. INFORMATION CERTIFIED BY THE TRUSTEE**

The following is a summary of the information as of December 31, 2024 and 2023, and for the years then ended, included in the Plan's financial statements and supplemental schedules that was prepared by the trustee or derived from information prepared by the trustee (in thousands). The plan administrator has obtained certifications from the trustee that such information prepared by the trustee is complete and accurate.

	<b>As of December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Statements of net assets available for benefits</b>		
Investments, at fair value	\$ 46,006	\$ 46,381
Cash and cash equivalents	\$ —	\$ 121
<b>Statements of changes in net assets available for benefits</b>		
Net appreciation in fair values of investments	\$ 952	\$ 6,035
Interest and dividends	\$ 1,516	\$ 1,251

**Note 4, Fair Value Measurements:**

Investment balances and investment information, excluding the level of investments. (see Note 4.)

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

**4. FAIR VALUE MEASUREMENTS**

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

- Level 1 – Quoted prices for identical instruments in active markets.
- Level 2 – Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs and significant value drivers are observable in active markets.
- Level 3 – Valuations derived from techniques in which one or more significant inputs are unobservable.

**Scripps Networks Interactive Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Asset Valuation Techniques**

The following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used at December 31, 2024 and 2023.

*Mutual Funds*

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

*Money Market Fund*

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

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

	<b>As of December 31, 2024</b>			
	<b>Total</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
Investments at fair value				
Mutual funds	\$ 44,261	\$ 44,261	\$ —	\$ —
Money market fund	1,745	1,745	—	—
Total fair value of investments	\$ 46,006	\$ 46,006	\$ —	\$ —

	<b>As of December 31, 2023</b>			
	<b>Total</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
Investments at fair value				
Mutual funds	\$ 43,940	\$ 43,940	\$ —	\$ —
Money market fund	2,441	2,441	—	—
Total fair value of investments	\$ 46,381	\$ 46,381	\$ —	\$ —

**5. FUNDING POLICY**

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary, plus any amounts the Company may determine appropriate. In 2025, the Company contributed approximately \$286,000 for the Plan year ended 2024. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

**6. ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits (if any) to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**Scripps Networks Interactive Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted.

The following tables present the actuarial present value of accumulated plan benefits as of December 31, 2024 and 2023, and change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024 (in thousands).

	<b>As of December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Actuarial present value of accumulated vested benefits</b>		
Participants and beneficiaries currently receiving payments	\$ 16,902	\$ 15,110
Other participants	24,474	26,572
Total vested	<u>41,376</u>	<u>41,682</u>
<b>Actuarial present value of accumulated unvested benefits - active participants</b>	720	823
<b>Total actuarial present value of accumulated plan benefits</b>	<u>\$ 42,096</u>	<u>\$ 42,505</u>

	<b>2024</b>
<b>Total actuarial present value of accumulated plan benefits - beginning of year</b>	\$ 42,505
Increases (decreases) due to:	
Change in actuarial assumptions	799
Interest	3,053
Benefits accumulated, net	(653)
Benefit payments to participants or their beneficiaries	(3,608)
<b>Total actuarial present value of accumulated plan benefits - end of year</b>	<u>\$ 42,096</u>

The significant actuarial assumptions used in the valuations as of December 31, 2024, were:

- a. Mortality - Pri-2012 projected using Scale MP-2021 mortality improvement rates
- b. Average retirement age - 65 years
- c. Investment return rate - 6.50% per annum
- d. Lump sum interest rates were updated to reflect revised expectations of future plan experience
- e. Lump sum interest rates - 5.07% for years 1-5, 5.33% for years 6-20, 5.36% for years 21+

The significant actuarial assumptions used in the valuations as of December 31, 2023, were:

- a. Mortality - Pri-2012 projected using Scale MP-2021 mortality improvement rates
- b. Average retirement age - 65 years
- c. Investment return rate - 7.50% per annum
- d. Lump sum interest rates were updated to reflect revised expectations of future plan experience
- e. Lump sum interest rates - 3.62% for years 1-5, 4.46% for years 6-20, 4.52% for years 21+

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions may be material to the financial statements.

**Scripps Networks Interactive Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS**

Certain investments of the Plan are managed by Vanguard Fiduciary Trust Company, the former trustee of the Plan and, therefore, these transactions qualified as party-in-interest transactions until November 1, 2024 when the Company elected to change the trustee to U.S. Bank National Association.

**8. FEDERAL TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated November 13, 2017, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**9. PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan, to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with applicable ERISA regulations and the Plan document.

If the Plan terminates, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). Generally, the PBGC guarantees most vested, normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive the benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

**10. SUBSEQUENT EVENTS**

No subsequent events were identified through July 30, 2025, the date these financial statements were available to be issued.

**SCRIPPS NETWORKS INTERACTIVE PENSION PLAN**

**EIN/PN: 32-0204298/002**

**2024 SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA**

Current Age	Current Years of Credited Service (Benefits)														Percent of Total	
	t < 1	1 <= t < 2	2 <= t < 3	3 <= t < 4	4 <= t < 5	5 <= t < 10	10 <= t < 15	15 <= t < 20	20 <= t < 25	25 <= t < 30	30 <= t < 35	35 <= t < 40	40 <= t	Age Total		
x < 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
25 <= x < 30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
30 <= x < 35	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
35 <= x < 40	0	2	4	0	0	0	0	0	0	0	0	0	0	0	6	3.26%
40 <= x < 45	1	5	5	10	6	9	0	0	0	0	0	0	0	0	36	19.57%
45 <= x < 50	1	2	3	5	6	23	3	0	0	0	0	0	0	0	43	23.37%
50 <= x < 55	0	6	2	1	4	24	12	0	0	0	0	0	0	0	49	26.63%
55 <= x < 60	1	2	5	4	3	8	7	3	0	0	0	0	0	0	33	17.93%
60 <= x < 65	0	1	0	1	2	6	1	1	0	0	0	0	0	0	12	6.52%
x >= 65	0	2	0	1	1	1	0	0	0	0	0	0	0	0	5	2.72%
<b>Service Totals</b>	<b>3</b>	<b>20</b>	<b>19</b>	<b>22</b>	<b>22</b>	<b>71</b>	<b>23</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>184</b>	<b>100.00%</b>
<b>Percent of Total</b>	1.63%	10.87%	10.33%	11.96%	11.96%	38.58%	12.50%	2.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	

Average Attained Age: 50.94  
 Average Credited Service (Benefits): 6.02

SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

EIN/PN: 32-0204298/002

2024 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

**A. Actuarial Methods**

**1. Actuarial Funding Method**

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

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

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

**2. Plan Value of Assets**

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

<sup>1</sup> Present value is determined using the effective interest rate for the preceding plan year.

**B. Actuarial Assumptions**

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

a. For purposes of IRC §430 and IRC §436:

- i. Healthy Lives Mortality: Separate Annuitant/Non-Annuitant Static Tables under Regulation 1.430(h)(3)-1 in effect for 2024 plan years
- ii. Post-disability Mortality: Separate Annuitant/Non-Annuitant Static Tables under Regulation 1.430(h)(3)-1 in effect for 2024 plan years

The IRS prescribed mortality table identified above incorporates mortality improvement beyond the valuation year using 2024 Adjusted Scale MP-2021.

**SCRIPPS NETWORKS INTERACTIVE PENSION PLAN**

**EIN/PN: 32-0204298/002**

**2024 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS**

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

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

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

3. Interest Rates:

	<b>For purposes of:</b>	
	<b>Minimum Required Contribution under IRC §430 and IRC §436 reflecting Pension Funding Stabilization</b>	<b>Maximum Tax Deductible Contribution under IRC §404</b>
1 <sup>st</sup> Segment Rate	4.75%	3.62%
2 <sup>nd</sup> Segment Rate	4.87%	4.46%
3 <sup>rd</sup> Segment Rate	5.59%	4.52%

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

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

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

**SCRIPPS NETWORKS INTERACTIVE PENSION PLAN**

**EIN/PN: 32-0204298/002**

**2024 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS**

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

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

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

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

7. Disability: None

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

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

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

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

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

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

**SCRIPPS NETWORKS INTERACTIVE PENSION PLAN**

**EIN/PN: 32-0204298/002**

**2024 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS**

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

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

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

In accordance with Treas. Reg. §1.430(d)-1(f)(4)(iii), future lump sum payments are estimated assuming current applicable mortality rates are unchanged in the future and using the valuation interest rates (see Item B.3.). For purposes of FASB ASC 960, the future lump sum payments are estimated using the same valuation interest rates that are used for purposes of the calculation of the Maximum Tax Deductible Contribution under IRC §404 as shown in Item B.3. above.

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [ ] a DFE (specify)
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: SCRIPPS NETWORKS INTERACTIVE PENSION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan): DISCOVERY COMMUNICATIONS, LLC
2b Employer Identification Number (EIN): 32-0204298
2c Plan Sponsor's telephone number: 212-548-5555
2d Business code (see instructions): 515100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Shane Johnson, 8/26/25, Shane Johnson. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

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

Form 5500 (2024) v. 240311

**Scripps Networks Interactive Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions (For the Year Ended)**  
**December 31, 2024**  
**EIN: #32-0204298, Plan 002**

(a) Identity of Party Involved	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<b>(b) Description of Asset</b>					
<b>SERIES OF TRANSACTIONS:</b>					
American Funds EuroPacific Fund CL R-6	\$4,220,446	\$—	\$4,220,446	\$4,220,446	\$—
American Funds EuroPacific Fund CL R-6	—	9,199,292	10,339,737	9,199,292	(1,140,445)
Number of transactions – 35					
Fidelity 500 Index	388,290	—	388,290	388,290	—
Fidelity 500 Index	—	7,399,307	6,659,521	7,399,307	739,786
Number of transactions – 33					
First American Treasury Obligations Fund Class Z	6,505,407	—	6,505,407	6,505,407	—
First American Treasury Obligations Fund Class Z	—	4,767,285	4,767,285	4,767,285	—
Number of transactions – 12					
MetWest Total Return Bond Fund Class I	—	2,736,622	3,048,357	2,736,622	(311,735)
Number of transactions – 2					
PIMCO Total Return Fund Institutional	—	2,745,336	3,116,597	2,745,336	(371,261)
Number of transactions – 2					
Vanguard Extended Duration Treasury Index Fund Institutional	5,348,463	—	5,348,463	5,348,463	—
Vanguard Extended Duration Treasury Index Fund Institutional	—	376,780	386,915	376,780	(10,135)
Number of transactions – 38					
Vanguard Federal Money Market Fund	26,342,831	—	26,342,831	26,342,831	—
Vanguard Federal Money Market Fund	—	28,783,433	28,783,433	28,783,433	—
Number of transactions – 60					
Vanguard Long Term Bond Index Fund	16,696,629	—	16,696,629	16,696,629	—
Vanguard Long Term Bond Index Fund	—	1,164,592	1,185,210	1,164,592	(20,618)
Number of transactions – 51					
Vanguard Mid-Cap Index Fund Admiral	3,752,515	—	3,752,515	3,752,515	—
Vanguard Mid-Cap Index Fund Admiral	—	274,022	254,255	274,022	19,767
Number of transactions – 33					
Vanguard Total International Stock Index Admiral	4,108,834	—	4,108,834	4,108,834	—
Vanguard Total International Stock Index Admiral	—	5,226,409	5,879,745	5,226,409	(653,336)
Number of transactions – 34					

*The accompanying notes are an integral part of this schedule.*

**Scripps Networks Interactive Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions (For the Year Ended)**  
**December 31, 2024**  
**EIN: #32-0204298, Plan 002**

(a) Identity of Party Involved	(c)	(d)	(g)	(h)	(i)
(b) Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<b>Single Transactions:</b>					
American Funds EuroPacific Fund CL R-6	\$—	\$4,047,725	\$5,075,998	\$4,047,725	\$ (1,028,273)
American Funds EuroPacific Fund CL R-6	3,850,000	—	3,850,000	3,850,000	—
American Funds EuroPacific Fund CL R-6	—	4,035,419	3,955,014	4,035,419	80,405
Blackrock MIDCAP Growth EQ	—	3,158,812	3,779,508	3,158,812	(620,696)
Dodge & Cox Income Fund	—	2,749,039	2,930,662	2,749,039	(181,623)
Fidelity 500 Index	—	6,680,000	6,086,261	6,680,000	593,739
First American Treasury Obligations Fund Class Z	4,035,419	—	4,035,419	4,035,419	—
First American Treasury Obligations Fund Class Z	—	4,035,419	4,035,419	4,035,419	—
MetWest Total Return Bond Fund Class I	—	2,726,499	3,038,122	2,726,499	(311,623)
MFS International Growth Fund Class R6	4,035,419	—	4,035,419	4,035,419	—
MFS MID CAP Value Fund Class I	—	3,156,644	3,266,797	3,156,644	(110,153)
PIMCO Total Return Fund Institutional	—	2,736,664	3,107,915	2,736,664	(371,251)
Vanguard Extended Duration Treasury Index Fund Institutional	4,994,900	—	4,994,900	4,994,900	—
Vanguard Federal Money Market Fund	22,097,219	—	22,097,219	22,097,219	—
Vanguard Federal Money Market Fund	—	3,880,000	3,880,000	3,880,000	—
Vanguard Federal Money Market Fund	—	3,600,000	3,600,000	3,600,000	—
Vanguard Federal Money Market Fund	—	8,140,000	8,140,000	8,140,000	—
Vanguard Federal Money Market Fund	—	5,020,000	5,020,000	5,020,000	—
Vanguard Federal Money Market Fund	4,047,725	—	4,047,725	4,047,725	—
Vanguard Federal Money Market Fund	—	3,850,000	3,850,000	3,850,000	—
Vanguard Long Term Bond Index Fund	6,646,600	—	6,646,600	6,646,600	—
Vanguard Long Term Bond Index Fund	8,099,300	—	8,099,300	8,099,300	—
Vanguard Mid-Cap Index Fund Admiral	3,600,000	—	3,600,000	3,600,000	—
Vanguard Total International Stock Index Admiral	—	4,935,261	5,607,981	4,935,261	(672,720)
Vanguard Total International Stock Index Admiral	3,880,000	—	3,880,000	3,880,000	—

*The accompanying notes are an integral part of this schedule.*

**SCHEDULE SB  
(Form 5500)**

OMB No. 1210-0110

**Single-Employer Defined Benefit Plan  
Actuarial Information**

**2024**

**This Form is Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


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

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

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

Part I		Basic Information		
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b>	Assets:			
	<b>a</b> Market value .....	<b>2a</b>	47,172,748	
	<b>b</b> Actuarial value .....	<b>2b</b>	47,172,748	
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	114	18,362,436	18,362,436
	<b>b</b> For terminated vested participants .....	298	16,859,926	16,859,926
	<b>c</b> For active participants .....	184	11,552,168	12,618,068
	<b>d</b> Total .....	596	46,774,530	47,840,430
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b>	Effective interest rate .....	<b>5</b>	5.15%	
<b>6</b>	Target normal cost			
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	791,000	
	<b>c</b> Target normal cost .....	<b>6c</b>	791,000	

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

<b>SIGN HERE</b>	Mitchell L. Bilbe, F.S.A.		08/20/2025
	Signature of actuary		Date
	MITCHELL L. BILBE, F.S.A.		2306302
	Type or print name of actuary		Most recent enrollment number
	RUDD AND WISDOM, INC.		512-346-1590
	Firm name		Telephone number (including area code)
	9500 ARBORETUM BLVD., SUITE 200		
	AUSTIN TX 78759		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>17.13%</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		11,888
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29%</u> .....		629
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		12,517
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	98.60%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	98.60%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	91.10%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/02/2024	157,169	0					
07/01/2024	157,169	0					
09/06/2024	157,169	0					
12/13/2024	157,169	0					
05/06/2025	285,735	0					
			<b>Totals ▶</b>	<b>18(b)</b>	914,411	<b>18(c)</b>	0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	877,349
<b>20</b> Quarterly contributions and liquidity shortfalls:			
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 61
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	791,000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	667,682		79,760
<b>b</b> Waiver amortization installment.....			0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	870,760	
		Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	870,760	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	877,349	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	6,589	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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**SCRIPPS NETWORKS INTERACTIVE PENSION PLAN**

**EIN/PN: 32-0204298/002**

**2024 SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE**

(1) Attained Age at Retirement	(2) LX	(3) Retirement Rate	(4) (2)*(3)	(5) (2)-(4)	(6) (1)*(2)*(3)
55	10,000.00	9.0%	900.00	9,100.00	49,500.00
56	9,100.00	9.0%	819.00	8,281.00	45,864.00
57	8,281.00	9.0%	745.29	7,535.71	42,481.53
58	7,535.71	9.0%	678.21	6,857.50	39,336.41
59	6,857.50	9.0%	617.18	6,240.32	36,413.33
60	6,240.32	9.0%	561.63	5,678.69	33,697.73
61	5,678.69	9.0%	511.08	5,167.61	31,176.01
62	5,167.61	20.0%	1,033.52	4,134.09	64,078.36
63	4,134.09	20.0%	826.82	3,307.27	52,089.53
64	3,307.27	20.0%	661.45	2,645.82	42,333.06
65	2,645.82	40.0%	1,058.33	1,587.49	68,791.32
66	1,587.49	25.0%	396.87	1,190.62	26,193.59
67	1,190.62	25.0%	297.66	892.96	19,942.89
68	892.96	25.0%	223.24	669.72	15,180.32
69	669.72	25.0%	167.43	502.29	11,552.67
70	502.29	100.0%	502.29	0.00	35,160.30
<b>SUM</b>			<b>10,000.00</b>		<b>613,791.05</b>
<b>Weighted Average Retirement Age =</b>			<b><u>613,791.05</u> = 61.38*</b>		
			<b>10,000.00</b>		

\* Nearest age is 61

## SCRIPPS NETWORKS INTERACTIVE PENSION PLAN

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### 2024 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

<b>1. Identifying Data</b>	
<i>Plan Name:</i>	Scripps Networks Interactive Pension Plan
<i>Type of Plan:</i>	Defined benefit
<i>Plan Sponsor:</i>	Discovery Communications, LLC (formerly Scripps Networks Interactive, Inc. prior to acquisition by Discovery, Inc. on March 5, 2018)
<i>Plan Year:</i>	January 1 - December 31
<i>Employer Identification Number / Plan Number:</i>	32-0204298/002
<i>Employer:</i>	Discovery Communications, LLC (formerly Scripps Networks Interactive, Inc. prior to acquisition by Discovery, Inc. on March 5, 2018)
<i>Participating Employers:</i>	Great American Country, Inc. <sup>1</sup> Scripps Networks, LLC Scripps Networks Interactive, Inc. FumMachineworks, Inc. <sup>2</sup> The Edward W. Scripps Trust <sup>3</sup> Miramar Services, Inc. <sup>3</sup>
<b>2. Participation</b>	No person who has not otherwise become a participant on or before December 31, 2009 shall become a participant of the Plan
<b>3. Contributions</b>	
<i>Participant:</i>	none
<i>Employer:</i>	all amounts necessary to adequately finance plan benefits
<b>4. Eligibility for Retirement</b>	
<i>Normal Retirement:</i>	age 65
<i>Early Retirement:</i>	age 55 plus 10 years of Credited Service (Vesting)
<i>Disability Retirement:</i>	None after December 31, 2009
<b>5. Retirement Benefit Monthly Amount</b>	
<i>Normal Retirement:</i>	The sum of (i) and (ii) but not less than (iii): (i) 1.0% of Average Monthly Compensation up to Covered Compensation times Years of Credited Service (Benefits) but not less than \$5.50 times Years of Credited Service (Benefits) (ii) 1.25% of Average Monthly Compensation in excess of Covered Compensation times Years of Credited Service (Benefits) (iii) the Accrued Benefit determined as of December 31, 2009 <sup>4</sup>
<i>Late Retirement</i>	Same formula as Normal Retirement and payments shall automatically commence at Normal Retirement Age unless the participant is given a Suspension of Benefits Notice.
<i>Early Retirement</i>	Amount equal to Normal Retirement Benefit accrued at Early Retirement date reduced 0.4167% for every month Early Retirement precedes age 62 If the participant terminates prior to eligibility for Early Retirement, the amount equal to the accrued Normal Retirement Benefit reduced by 0.5% per month for each month benefit commencement precedes age 65 up to 120 months.
<i>Disability</i>	For terminations due to disability after December 31, 2009, the same benefit as if the participant terminated for reasons other than disability.
<b>6. Normal Form of Monthly Payment</b>	Life Only annuity; Joint and 100% Survivor Annuity is the automatic form of payment for married participants.

<sup>1</sup> Merged into Scripps Networks, LLC on December 31, 2012.

<sup>2</sup> Dissolved.

<sup>3</sup> Ceased to be a participating employer as of March 14, 2013 pursuant to plan amendment adopted July 10, 2013.

<sup>4</sup> Additional minimum benefits may apply for SNI Participants or Trust Participants per Article 16 of the plan document.

**SCRIPPS NETWORKS INTERACTIVE PENSION PLAN**

**EIN/PN: 32-0204298/002**

**2024 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS**

<p><b>7. Optional Forms of Payment</b></p>	<p>Other optional forms of payment are available, subject to applicable spousal consent requirements. Optional forms of payment include:</p> <p>Lump Sum<sup>1,2</sup>                      5-year certain and life                      10-year certain and life                      Joint and 50% Contingent Annuity                      Joint and 100% Survivor Annuity</p> <p><sup>1</sup> Prior to June 10, 2013: Available without limitation if terminated after December 31, 2009. If terminated before January 1, 2010, limited to \$10,000 until age 55 then available without limitation.                      After June 10, 2013: Available without limitation to all current and future deferred vested participants.</p> <p><sup>2</sup> If the participant has attained age 55 but not 65 as of the Annuity Starting Date, the lump sum is equal to the greater of the present value of the immediate subsidized early retirement benefit or the present value of the deferred normal retirement benefit. Otherwise, the lump sum is equal to the present value of the deferred normal retirement benefit (or the present value of the late retirement benefit if paid at a Late Retirement Date).</p>						
<p><b>8. Vested Termination Benefits</b></p> <p><i>Benefit:</i>  <i>Vesting Schedule:</i></p> <p><i>Accrued Normal Retirement Benefit:</i></p>	<p>Entitlement to vested percentage of accrued normal retirement benefit</p> <table border="1" data-bbox="487 850 1104 997"> <thead> <tr> <th>Years of Vesting Service</th> <th>Vesting Percent</th> </tr> </thead> <tbody> <tr> <td>less than 5</td> <td>0%</td> </tr> <tr> <td>5 or more</td> <td>100%</td> </tr> </tbody> </table> <p>The monthly benefit that a participant has accrued before reaching Normal Retirement age payable in the Normal Form of payment beginning at Normal Retirement age; the amount of the accrued benefit is determined when a participant terminates his employment and is calculated like the Normal Retirement benefit but using only Years of Credited Service (Benefits) and compensation credited at date of termination.</p>	Years of Vesting Service	Vesting Percent	less than 5	0%	5 or more	100%
Years of Vesting Service	Vesting Percent						
less than 5	0%						
5 or more	100%						
<p><b>9. Plan Provisions for Compliance with Benefit Restrictions under IRC §436</b></p> <p><i>Limitations on Benefit Accruals:</i></p> <p><i>Shutdown or Other Unpredictable Contingent Event Benefits:</i></p> <p><i>Limitations on Prohibited Payments:</i></p> <p><i>Limitations on Plan Amendments Increasing Benefit Liabilities:</i></p>	<p>Benefit accruals are frozen if Plan's AFTAP falls below 60%, as required by PPA.</p> <p>Benefit accruals restart automatically when the Plan's AFTAP increases above 60%.</p> <p>Benefit accruals that otherwise would have been earned when the Plan's AFTAP was below 60% are not restored automatically when the Plan's AFTAP increases sufficiently.</p> <p>IRC Section 436(b) does not apply because the plan does not and shall not provide any: (a) special benefits in the event the employer shuts down a business segment ("shutdown benefits") or (b) other unpredictable contingent event benefits.</p> <p>The election of certain payment forms that include a prohibited payment are prohibited when the Plan's AFTAP falls below 60%. The Plan does not allow special optional payment forms in this situation.</p> <p>The Plan restricts the availability of certain payment forms that include a prohibited payment when the Plan's AFTAP is between 60% and 80%. The Plan does not allow special optional payment forms in this situation.</p> <p>The plan prevents certain Plan Amendments that would increase liabilities from taking effect if the Plan's AFTAP would be under 80% after the amendment unless additional funding is made in an amount equal to the lesser of: (i) the amount necessary to ensure the Plan's AFTAP is 80% after the amendment, or (ii) the amount of the increase in the Plan's Funding Target Liability due to the amendment (note that this option (ii) is not available if the Plan's AFTAP is presumed to be less than 60%).</p>						

**SCRIPPS NETWORKS INTERACTIVE PENSION PLAN**

**EIN/PN: 32-0204298/002**

**2024 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS**

<b>10. Pre-retirement Death Benefits</b>	<p>If the participant has a spouse at the time of his death, payment of benefit which is equal to the benefit that would have been payable to the spouse if the participant had commenced a Joint and 100% Survivor Annuity form of benefit immediately prior to his death. If the participant does not have a spouse at the time of his death, no benefit is payable.</p>
<b>11. Post-retirement Death Benefits</b>	<p>For pre-January 1, 2010 terminations only, and only if the employee was age 55 with at least 10 years of Credited Service (Vesting) at the time of termination: a one-time lump sum death benefit equal to three times Average Monthly Compensation, but not more than \$10,000 and not less than \$2,500.</p> <p>For all other benefits, no death benefit is payable other than the continuance of benefit payments to a surviving spouse or beneficiary if provided under the optional form of payment elected at the time of retirement.</p>
<b>12. Basis of Actuarial Equivalence</b>	<p>For purposes of monthly annuity options, determined in accordance with the tables provided in Appendix A to the Plan document.</p> <p>For purposes of lump sums, determined in accordance with the applicable mortality table under IRC §417(e)(3) and the Segment Rates in effect for the month of September preceding the plan year.</p>
<b>13. Covered Compensation</b>	<p>Equal to the 35-year average of the Social Security Taxable Wage Base, with such 35-year period consisting of complete calendar years which immediately precede the first day of the month after the earliest of the following dates: (i) December 31, 2019, (ii) the date a Participant retires or terminates, or (iii) the date a Participant ceases to be an Eligible Employee.</p>
<b>14. Average Monthly Compensation</b>	<p>Average of Annual Compensation over highest five consecutive calendar years in last 11, divided by 12. Compensation for calendar years after December 31, 2019 will not be considered in the determination of Average Monthly Compensation.</p>
<b>15. TEFRA Top Heavy Provisions</b> <i>Minimum Accrued Benefit:</i>  <i>Minimum Vesting Schedule:</i>	<p>2% of average monthly compensation per each year plan is top heavy up to 10 years</p> <p>20% after two years, increasing 20% per year until 100% after six years</p>
<b>16. Year of Credited Service (Vesting)</b>	<p>Elapsed time where 365 days equals a whole year and 30-day periods are deemed to be a month in the case of measuring a partial year and partial months.</p>
<b>17. Year of Credited Service (Benefits)</b>	<p>Elapsed time where 365 days equals a whole year and 30-day periods are deemed to be a month in the case of measuring a partial year and partial months. Years of Credited Service (Benefits) are frozen effective December 31, 2009. Years of Credited Service (Benefits) are frozen effective December 31, 2009.</p>

**SCRIPPS NETWORKS INTERACTIVE PENSION PLAN**

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**2024 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS**

<p><b>18. Annual Compensation</b> <i>For plan years prior to January 1, 2010:</i></p> <p><i>For plan years after December 31, 2009:</i></p>	<p>W-2 compensation received during a calendar year including deferrals under IRC §401(k), 125 and 132(f)(4) and including bonuses as follows*:</p> <ul style="list-style-type: none"><li>a. if paid no later than March 15 following the calendar years in which earned, a bonus is included in Annual Compensation for the year in which earned.</li><li>b. if paid later than the March 15, but before the end of the calendar year, following the calendar year in which earned, a bonus is included in Annual Compensation for the year in which paid</li><li>c. if paid after the end of the calendar year following the calendar year in which earned, a bonus shall not be counted as Annual Compensation for any year.</li></ul> <p>* During the transition from the pre-2010 to the post-2009 definition of Annual Compensation, a Bonus earned in 2009 and paid no later than March 15, 2010 shall be included as Annual Compensation for both 2009 and 2010.</p> <ul style="list-style-type: none"><li>a. if paid before the end of the calendar year following the calendar year in which earned, a bonus is included in Annual Compensation for the year in which paid.</li><li>b. if paid after the end of the calendar year following the calendar year in which earned, a bonus shall not be counted as Annual Compensation for any year.</li></ul>
<p><b>19. Provisions of Special Early Retirement Window</b> <i>Eligibility for Window:</i></p> <p><i>Increased Benefits:</i></p> <p><i>Election and Retirement:</i></p>	<ul style="list-style-type: none"><li>a. must have been a participant who was employed with SNI or Affiliate on September 30, 2014;</li><li>b. must have attained by September 30, 2015 at least 55 years of age and, if employment continued through September 30, 2015, at least 10 years of Credited Service (Vesting);</li><li>c. must have not been employed in the Talent Framework as level B8 or above;</li><li>d. must have not been employed as a senior vice president in Human Resources; and</li><li>e. must have not been employed pursuant to an individual employment contract.</li></ul> <p>The accrued benefit of eligible participants who satisfy the window requirements and conditions shall be determined with an additional 3 years of Credited Service (Benefits).</p> <p>All other provisions of the plan shall apply as written.</p> <p>Eligible participants must have satisfied each of the following requirements to receive the increased benefits provided under the window:</p> <ul style="list-style-type: none"><li>a. must have elected between October 6, 2014 and October 27, 2014 to participate in the window or must have been designated for involuntary termination on or before December 31, 2014 and have been involuntarily terminated on or before September 30, 2015;</li><li>b. must have timely executed a release of claims and must have not revoked such release; and</li><li>c. must have terminated employment on the date specified by SNI provided such date was:<ul style="list-style-type: none"><li>(i) no earlier than December 31, 2014,</li><li>(ii) no later than September 30, 2015, and</li><li>(iii) on or after the participant had attained age 55 and completed at least 10 years of Credited Service (Vesting).</li></ul></li></ul>

**Scripps Networks Interactive Pension Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**  
**EIN: 32-0204298, Plan Number 002**

(a)	(b) Issuer	(c) Description of investment	(d) Cost	(e) Current Value
	First American Treasury Obligations Fund Class Z	Registered Investment Companies	\$ 1,745,504	\$ 1,745,504
	Total Money Market Funds		1,745,504	1,745,504
<b>Mutual Funds</b>				
	Vanguard Long Term Bond Index Fund	Registered Investment Companies	\$ 15,511,433	\$ 14,418,191
	Fidelity 500 Index Fund	Registered Investment Companies	8,517,313	11,588,031
	Vanguard Extended Duration Treasury Index Fund Institutional Shares	Registered Investment Companies	4,961,547	4,313,360
	MFS International Growth Fund Class R6	Registered Investment Companies	4,035,418	4,000,622
	Vanguard Mid-Cap Index Fund Admiral Shares	Registered Investment Companies	3,498,260	3,991,671
	Vanguard Total International Stock Index Admiral	Registered Investment Companies	3,837,070	3,953,355
	Schwab Small-Cap Index Fund	Registered Investment Companies	1,773,045	1,995,659
	Total Mutual Funds		<u>\$ 42,134,086</u>	<u>\$ 44,260,889</u>
	Total		<u>\$ 43,879,590</u>	<u>\$ 46,006,393</u>

*The accompanying notes are an integral part of this schedule.*

**SCRIPPS NETWORKS INTERACTIVE PENSION PLAN**

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**2024 SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES**

<b>Type of Base (Shortfall or Waiver)</b>	<b>Present Value of Remaining Installments<sup>1,2</sup></b>	<b>Date Base Established</b>	<b>Years Remaining in Amortization Period</b>	<b>Amortization Installment<sup>2</sup></b>
Shortfall	\$ (3,593,226)	January 1, 2024	15	\$ (326,913)
Shortfall	4,260,908	January 1, 2023	14	406,673
<b>Total</b>	\$ 667,682	N/A	N/A	\$ 79,760

<sup>1</sup> Includes installments for the current plan year.

<sup>2</sup> Negative bases represent gains.