

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

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 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.

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, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): WARNER BROS. DISCOVERY, INC.
2b Employer Identification Number (EIN): 88-1660993
2c Plan Sponsor's telephone number: 212-548-5555
2d Business code (see instructions)

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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>WARNER BROS. DISCOVERY BENEFIT PLANS ADMINISTRATIVE COMMITTEE WARNER BROS. DISCOVERY, INC. 230 PARK AVENUE SOUTH NEW YORK, NY 10003</p>	<p>3b Administrator's EIN 92-3953538</p> <p>3c Administrator's telephone number 212-548-5555</p>
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5</p>
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1)</p> <p>6a(2)</p> <p>6b</p> <p>6c</p> <p>6d</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>7</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WARNER BROS. DISCOVERY, INC.</p>	<p>D Employer Identification Number (EIN) 88-1660993</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
METLIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3114906	97136	38413 071	7460	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	70980756
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	2082783
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	2082783
d Total of balance and additions (add lines 7b and 7c(6))	7d	73063539
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5597889
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	67465650

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WARNER BROS. DISCOVERY, INC.		D Employer Identification Number (EIN) 88-1660993

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

1 Coverage Information:

(a) Name of insurance carrier
STATE STREET BANK AND TRUST COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1867445	00000	220007	7460	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 70981323

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	2086835
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 2086835

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 73068158

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5598299
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)** 5598299

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 67469859

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WARNER BROS. DISCOVERY, INC.		D Employer Identification Number (EIN) 88-1660993

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN GENERAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0598210	60488	22004	7460	01/01/2024	12/31/2024

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

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

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

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

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

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

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Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 70977845

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	2075175
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 2075175

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 73053020

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	5597429

(5) Total deductions **7e(5)** 5597429

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 67455591

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WARNER BROS. DISCOVERY, INC.</p>	<p>D Employer Identification Number (EIN) 88-1660993</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	032219	7460	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 70980533
c	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 2080923
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 2080923
d	Total of balance and additions (add lines 7b and 7c(6))	7d 73061456
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 5597948
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 5597948	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 67463508

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WARNER BROS. DISCOVERY, INC.		D Employer Identification Number (EIN) 88-1660993

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	064353	7460	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	70980756
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	2081115
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	2081115
d Total of balance and additions (add lines 7b and 7c(6))	7d	73061871
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	5597818
(5) Total deductions	7e(5)	5597818
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	67464053

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WARNER BROS. DISCOVERY, INC.</p>	<p>D Employer Identification Number (EIN) 88-1660993</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
RGA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-1235868	93572	RGA00114	0	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 70980756
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 1568402
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 1568402
d	Total of balance and additions (add lines 7b and 7c(6))	7d 72549158
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 3665517
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ TRANSFER OUT	7e(4) 68883641
(5) Total deductions	7e(5) 72549158	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WARNER BROS. DISCOVERY, INC.		D Employer Identification Number (EIN) 88-1660993

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

1 Coverage Information:

(a) Name of insurance carrier
RGA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-1235868	93572	RGA00138	7460	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0	
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	512180	
	7c(4)		
	7c(5)	68883641	
▶ TRANSFER IN			
(6) Total additions	7c(6)	69395821	
d Total of balance and additions (add lines 7b and 7c(6))	7d	69395821	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1932451
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
▶			
(5) Total deductions	7e(5)	1932451	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	67463370	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WARNER BROS. DISCOVERY, INC.	D Employer Identification Number (EIN) 88-1660993	

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

FID INV INST OPS CO

04-2647786

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

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

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

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

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

INSTITUTIONAL INVESTMENT CONSULTING

81-0635433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27 50	INVESTMENT ADVISOR	120000	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)

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 60 99	RECORDKEEPER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

(b) 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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	99	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FINANCIAL ENGINES 1050 ENTERPRISE WAY 3RD FL SUNNYVALE, CA 94089		VARIABLE COMPENSATION BASED ON THE ASSETS HELD IN FINANCIAL ENGINES MANAGED ACCOUNT PROGRAM (AUM) NOT TO EXCEED 13 BASIS POINTS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MULTIPLE MUTUAL FUND COMPANIES 04-2647786		SUB-TRANSFER AGENCY FEES; SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WARNER BROS. DISCOVERY, INC.</u>	D Employer Identification Number (EIN) <u>88-1660993</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHRODER INTERNATIONAL SMALL CO</u>		
b Name of sponsor of entity listed in (a): <u>SCHRODER INVESTMENT MANAGEMENT NORTH</u>		
c EIN-PN <u>13-6877903-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23498581</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JANUS INTERNATIONAL ALPHA EQ CF</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>38-7275329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23498581</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO CORE FIXED INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-219</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>146796521</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GUGGENHEIM CORE PLUS CIT - CL R</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>61-6633273-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>58718608</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI ACWI EX-US FD F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>83-0377925-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>367904692</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BTC US EQUITY MARKET FUND CL F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3219149-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>222381764</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3262720-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1587278326</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: EXTENDED EQUITY MARKET FUND F		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3270116-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 490494848
a Name of MTIA, CCT, PSA, or 103-12 IE: BTC US DEBT INDEX FUND CL F		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3291425-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88077913
a Name of MTIA, CCT, PSA, or 103-12 IE: JHANCOCK US SMALL CAP CORE CIT CL P		
b Name of sponsor of entity listed in (a): JOHN HANCOCK TRUST CO CIT		
c EIN-PN 85-6153745-032	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13854843
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL CAPITALIZATION CORE CO		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13876900
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND INCOME		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-085	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40094668
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2005		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-086	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2010		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-087	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21794572
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2015		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67213845
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2020		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-089	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164562518
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2025		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-090	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 387069954

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2030

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN 20-4659714-091	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	613028815
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2035

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN 20-4659714-092	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	741168962
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2040

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN 20-4659714-093	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	706563021
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2045

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN 20-4659714-094	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	620033909
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2050

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN 20-4659714-095	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	443752086
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2055

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN 20-4659714-113	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	273473652
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2060

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN 20-4659714-147	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	102046134
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2065

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN 20-4659714-168	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10296949
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	WARNER BROS. DISCOVERY 401(K) SAVINGS PLAN	
b Name of plan sponsor	WARNER BROS. DISCOVERY, INC.	c EIN-PN 35-2333914-001

a Plan name	TTT WEST COAST, INC. 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	TTT WEST COAST, INC.	c EIN-PN 95-4448498-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WARNER BROS. DISCOVERY, INC.	D Employer Identification Number (EIN) 88-1660993

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3607461	6735947
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	45813432	43655898
(2) U.S. Government securities	1c(2)	2502121	3103278
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	252192	118852
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	9733	922
(B) Common	1c(4)(B)	34123683	49282721
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6695647314	7227480662
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	197781874	221615572
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	425881969	404782031
(15) Other	1c(15)	41	1095

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	119838979	97404389
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	7525458799	8054181367
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4355161	6499017
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4355161	6499017
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7521103638	8047682350

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2126351	
(B) U.S. Government securities.....	2b(1)(B)	27152	
(C) Corporate debt instruments.....	2b(1)(C)	15073	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2168576
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	291	
(B) Common stock.....	2b(2)(B)	341520	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	10899036	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11240847
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	81475934	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	81066178	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		409756
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3233733	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		920169682
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		20518338
c Other income	2c		12668459
d Total income. Add all income amounts in column (b) and enter total	2d		970409391

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	120000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		120000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		120000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		970289391
l Transfers of assets:			
(1) To this plan	2l(1)		405036126
(2) From this plan	2l(2)		848746805

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:

(2) EIN:

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Schedule C Line 2(h) Formula Descriptions

Warner Bros Discovery Defined Contribution Master Trust

EIN: 88-1660993 PN: 001

Plan Year Ending: December 31 2024

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
INVESCO SMALL CAP GROWTH INVESTOR SHS	11 GREENWAY PLAZA	STE 100	HOUSTON	TX	77046	0.40%
INVESCO STEELPATH MLP SELECT 40 A	11 GREENWAY PLAZA	STE 100	HOUSTON	TX	77046	0.40%
INVESCO COMSTOCK FUND CL A	11 GREENWAY PLAZA	STE 100	HOUSTON	TX	77046	0.40%
INVESCO GOLD & SPEC MINERALS A	11 GREENWAY PLAZA	STE 100	HOUSTON	TX	77046	0.40%
INVESCO DISCOVERY MID CAP GROWTH A	11 GREENWAY PLAZA	STE 100	HOUSTON	TX	77046	0.40%
AMG GW&K SMALL/MID CAP CORE CLASS I	600 STEAMBOAT RD	STE 300	GREENWICH	CT	06830	0.07%
AMG YACKTMAN FOCUSED N	600 STEAMBOAT RD	STE 300	GREENWICH	CT	06830	0.40%
AQR LARGE CAP DEFENSIVE STYLE CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR MANAGED FUTURES FUND CL I	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.12%
ABERDEEN CHINA A SHARE EQUITY CL A	1735 MARKET ST	32ND FL	PHILADELPHIA	PA	19103	0.40%
ABERDEEN EMERGING MARKETS EX-CHINA A	1735 MARKET ST	32ND FL	PHILADELPHIA	PA	19103	0.40%
ABERDEEN US SUSTAIN LEADERS INSTL SERV	1735 MARKET ST	32ND FL	PHILADELPHIA	PA	19103	0.10%
ABERDEEN GLOBAL ABS RETURN STRGYS SVC CL	1735 MARKET ST	32ND FL	PHILADELPHIA	PA	19103	0.40%
CHAMPLAIN MID CAP ADVISOR SHARE	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
GQG PARTNERS EMERG MARKETS EQ INSTL	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.15%
GQG PARTNERS EMRGING MARKETS EQUITY INV	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
GQG PARTNERS GLOBAL QUALITY EQUITY INSTL	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.15%
MESIROW FINANCIAL HIGH YIELD FD INVSTR	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
GQG PARTNERS US QLTSELECT EQUITY INVSTR	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
INVESCO BALANCED RISK COMM STRATEGY A	11 GREENWAY PLAZA	STE 100	HOUSTON	TX	77046	0.40%
INVESCO GLOBAL FOCUS A	11 GREENWAY PLAZA	STE 100	HOUSTON	TX	77046	0.40%
AB TAX AWARE FIXED INCOME OPP PORT A	8000 IH 10 W	STE 1400 14TH FL	SAN ANTONIO	TX	78230	0.40%
AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMERICAN AMCAP FUND F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.15%
AMERICAN BEACON INTL EQUITY INVESTOR	220 E LAS COLINAS BLVD	STE 1200	IRVING	TX	75039	0.40%
AMERICAN BALANCED CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN BEACON DEV WORLD INCOME INV	220 E LAS COLINAS BLVD	STE 1200	IRVING	TX	75039	0.40%
AMERICAN BEACON ARK TRANS INNOVTN INVSTR	220 E LAS COLINAS BLVD	STE 1200	IRVING	TX	75039	0.40%
AMERICAN CENTURY SHTDUR STRAT INC INV	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.25%
AVANTIS US SMALL CAP VALUE FUND	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.04%
AVANTIS EMERGING MARKETS EQUITY	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.05%
AMERICAN CENTURY EQUITY INCOME INV CL	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY MIDCAP VALUE INV SHS	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN CEN FOCUSED DYNAMIC GROWTH INV	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN CEN FOCUSED DYNAMIC GROWTH CL I	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.07%
AMERICAN CENTURY UTILITIES INVESTOR	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY GOVERNMENT BOND	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.25%
AMERICAN CENTURY GROWTH INVESTOR CL	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY HERITAGE INVESTOR CL	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN FUNDS INFLTLINKED BOND CL F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN FDS TAX AWRCONS GR AND INC F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN 2030 TARGETDATE RETIREMNT F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN HIGH INCOMECLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN MUTUAL FUNDCLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
ARIEL FUND	811 E WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
ARIEL APPRECIATION	811 E WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
ARISTOTLE FLOATING RATE INCOME FD A	2220 E ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
ARTISAN SMALL CAP FUND INVESTOR CL	875 E WISCONSIN AVE	STE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN DEVELOPING WORLD FD INVESTOR CL	875 E WISCONSIN AVE	STE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN INTL VALUE FUND ADVISOR	875 E WISCONSIN AVE	STE 800	MILWAUKEE	WI	53202	0.15%
ARTISAN GLOBAL OPPORTUNITIES ADV	875 E WISCONSIN AVE	STE 800	MILWAUKEE	WI	53202	0.10%
ARTISAN HIGH INCOME FUND INVESTOR	875 E WISCONSIN AVE	STE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN INTL VALUE FUND INV CL	875 E WISCONSIN AVE	STE 800	MILWAUKEE	WI	53202	0.39%
ABERDEEN GLOBAL HIGHINCOME FUND CL A	1735 MARKET ST	32ND FL	PHILADELPHIA	PA	19103	0.40%
BNY MELLON NATURAL RESOURCES A	144 GLENN CURTISS BLVD	8TH FL	UNIONDALE	NY	11556	0.40%
BNY MELLON OPPORT SMALL CAP INVESTOR	144 GLENN CURTISS BLVD	8TH FL	UNIONDALE	NY	11556	0.40%
BNY MELLON DYNAMIC VALUE A	144 GLENN CURTISS BLVD	8TH FL	UNIONDALE	NY	11556	0.40%
BNY MELLON APPRECIATION INVSTR	144 GLENN CURTISS BLVD	8TH FL	UNIONDALE	NY	11556	0.40%
BAIRD AGGREGATE BOND FUND INSTL	777 E WISCONSIN AVE	18TH FL	MILWAUKEE	WI	53202	0.03%
BAIRD AGGREGATE BONDFUND INVESTOR CL	777 E WISCONSIN AVE	18TH FL	MILWAUKEE	WI	53202	0.28%
ISHARES S&P 500 INDEX INVESTOR A	40 EAST 52ND ST		NEW YORK	NY	10022	0.30%
BARON ASSET	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON GROWTH	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON SMALL CAP FD	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON OPPORTUNITY FUND	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON DURABLE ADVANTAGE FD RETAIL	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON DISCOVERY FUNDRETAIL SHARES	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON PARTNERS FUND	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON FOCUSED GROWTHFUND	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON REAL ESTATE FUND RETAIL	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON WEALTHBUILDER FUND RETAIL	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON GLOBAL ADVANTAGE FD RETAIL	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BERKSHIRE FOCUS FUND	475 MILAN DR	STE 103	SAN JOSE	CA	95134	0.40%
BLACKROCK MID CAP GROWTH EQUITY CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK TECHNOLOGY OPPORTUNITIES CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK HIGH EQUITY INCOME CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
ISHARES RUSSELL SM MID CP IDX INV A	40 EAST 52ND ST		NEW YORK	NY	10022	0.30%
BLACKROCK HEALTH SCIENCES OPP PRT A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK GLOBAL ALLOCATION CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK TOTAL RETURN FUND CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
WILLIAM BLAIR SMALL CAP GROWTH CLASS N	222 WEST ADAMS ST	12TH FL	CHICAGO	IL	60606	0.40%

Schedule C Line 2(h) Formula Descriptions

Warner Bros Discovery Defined Contribution Master Trust

EIN: 88-1660993 PN: 001

Plan Year Ending: December 31 2024

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
BNY MELLON S&P 500 INDEX FUND	144 GLENN CURTISS BLVD	8TH FL	UNIONDALE	NY	11556	0.30%
BNY MELLON SMALLCAP STOCK INDEX INVESTOR	144 GLENN CURTISS BLVD	8TH FL	UNIONDALE	NY	11556	0.35%
BNY MELLON INTL STOCK INDEX INVESTOR	144 GLENN CURTISS BLVD	8TH FL	UNIONDALE	NY	11556	0.35%
BOSTON TRUST WALDEN SMALL CAP FUND	1 BEACON ST 33RD FL		BOSTON	MA	02108	0.40%
BRIDGEWAY OMNI SMALL CAP VALUE	20 GREENWAY PLAZA	STE 450	HOUSTON	TX	77046	0.06%
BRIDGEWAY SMALL CAP VALUE FUND CL N	20 GREENWAY PLAZA	STE 450	HOUSTON	TX	77046	0.10%
BROWN ADVISORY SUSTAIN GROWTH INST	777 E WISCONSIN AVE	4TH FL	MILWAUKEE	WI	53202	0.15%
BROWN ADVISORY SUSTAIN GROWTH INV	777 E WISCONSIN AVE	4TH FL	MILWAUKEE	WI	53202	0.08%
BROWN ADVISORY GROWTH EQUITY ADV	777 E WISCONSIN AVE	4TH FL	MILWAUKEE	WI	53202	0.40%
BROWN CAPITAL MGMT SMALL COMPANY INSTL	1290 BROADWAY	STE 1100	DENVER	CO	80203	0.10%
BUFFALO MID CAP DISCOVERY	615 E MICHIGAN ST		MILWAUKEE	WI	53202	0.40%
BUFFALO INTERNATIONAL FUND	615 E MICHIGAN ST		MILWAUKEE	WI	53202	0.40%
CALAMOS MARKET NEUTRAL INCOME CL A	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.40%
CALAMOS MARKET NEUTRAL INCOME CL I	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.15%
CALVERT US LRG CAPCORE RESPNSBL INDX A	4550 MONTGOMERY AVE STE	1000 N	BETHESDA	MD	20814	0.40%
CALVERT EQUITY FUND CLASS A	4550 MONTGOMERY AVE STE	1000 N	BETHESDA	MD	20814	0.40%
CALVERT BOND FUND CLASS A	4550 MONTGOMERY AVE STE	1000 N	BETHESDA	MD	20814	0.40%
CALVERT SMALL CAP CL A	4550 MONTGOMERY AVE STE	1000 N	BETHESDA	MD	20814	0.40%
CALVERT GREEN BOND FUND CL A	4550 MONTGOMERY AVE STE	1000 N	BETHESDA	MD	20814	0.40%
CALVERT US MID CAP CORE RSPNSBL INDEX A	4550 MONTGOMERY AVE STE	1000 N	BETHESDA	MD	20814	0.40%
CALVERT INTRNTL RESPBL INDEX A	4550 MONTGOMERY AVE STE	1000 N	BETHESDA	MD	20814	0.40%
CALVERT MID-CAP FUND CL A	4550 MONTGOMERY AVE STE	1000 N	BETHESDA	MD	20814	0.40%
CALVERT EMERGING MARKETS EQUITY CL I	4550 MONTGOMERY AVE STE	1000 N	BETHESDA	MD	20814	0.10%
CALVERT INTERNATL OPPORTUNITIES CL I	4550 MONTGOMERY AVE STE	1000 N	BETHESDA	MD	20814	0.10%
AMERICAN CAPITAL INCOME BUILDER CL A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$18.00
AMERICAN CAPITAL INCOME BUILDER CL F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN CAPITAL WORLD BOND CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$18.00
AMERICAN CAPITAL WORLD GRWTH & INC F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
CARILLON SCOUT MID CAP FUND CL I	P O BOX 33022		ST PETERSBURG	FL	33733-8022	0.40%
CAUSEWAY INTERNATNALVALUE INVESTOR	P O BOX 1100		OAKS	PA	19456	0.40%
CAUSEWAY INTERNATNALVALUE INSTL	P O BOX 1100		OAKS	PA	19456	0.15%
CLIFFWATER CORPORATELENDING FUND I	4640 ADMIRALTY WAY	11TH FL	MARINA DEL REY	CA	90292	0.18%
CLIFFWATER ENHANCED LENDING FUND INSTL	4640 ADMIRALTY WAY	11TH FL	MARINA DEL REY	CA	90292	0.18%
COHEN & STEERS REALTY SHARES	280 PARK AVE 10TH FL		NEW YORK	NY	10017	0.40%
COHEN & STEERS REALTY CLASS A	280 PARK AVE 10TH FL		NEW YORK	NY	10017	0.40%
COHEN & STEERS PREF SECURITIES INCOME I	280 PARK AVE 10TH FL		NEW YORK	NY	10017	0.15%
COLUMBIA ACORN INTERNATIONAL SEL S	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA BALANCED FUND CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA GLOBAL TECHGROWTH CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SELIGMAN GLOBAL TECHNOLOGY A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SELIGMAN TECH AND INFO CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA INTEGRATED LARGE CAP VALUE FD A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COMMERCE VALUE INSTITUTIONAL	922 WALNUT ST	4TH FL	KANSAS CITY	MO	64106	0.35%
CONESTOGA SMALL CAP INVESTOR CLASS	225 PICTORIA DR	STE 450	CINCINNATI	OH	45246	0.40%
CULLEN HIGH DIVIDENDEQUITY FUND RETAIL	645 FIFTH AVE		NEW YORK	NY	10022	0.40%
DFA INFLATION PROTECTED SEC PORT	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL CORE EQUITY	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US CORE EQUITY II	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US CORE EQUITY I	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA EMERGING MRKTS CORE EQU PORTF	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US MICRO CAP PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DIMENSIONAL EMERGING MKTS VAL PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US TARGETED VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL SMALL COMPANY PORT	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INT'L SMALL CAP VALUE	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US SMALL CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US LARGE CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA REAL ESTATE SEC PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERMEDIATE GOVT F/I PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA DIVERSIFIED FIX INCOME PORT INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INVESTMENT GRADE PORTFOLIO INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA COMMODITY STRATEGY PORT INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA SHORT TERM EXTENDED QUAL INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA GLOBAL REAL ESTATE SEC PORTFOLIO	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA WORLD EX US CORE EQUITY PORTFOLIO IN	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL VALUE PORT III	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US LARGE CAP VALUE PORT III	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DIREXION MONTHLY S&P 500 BULL 2X INV	155 SEAPORT BOULEVARD	STE P8	BOSTON	MA	02210	0.40%
DOMINI IMPACT EQUITYINVESTOR	536 BROADWAY	7TH FL	NEW YORK	NY	10012	0.40%
DOUBLELINE TOTAL RT BOND FD CL N	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
DRIEHAUS EMERGING MARKETS	25 EAST ERIE ST		CHICAGO	IL	60611	0.40%
DRIEHAUS SMALL CAP GROWTH INVESTOR CL	25 EAST ERIE ST		CHICAGO	IL	60611	0.40%
EATON VANCE GREATER INDIA FUND CLASS A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	\$16.00
PARAMETRIC COMMODITYSTRATEGIC CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	0.40%
EATON VANCE HIGH INCOPPORTUNITIES CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	\$16.00
EATON VANCE GLOBAL MACRO ABSLTE RT CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	\$16.00
EATON VANCE EMERGING MRKTS DEBT OPPOR A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	0.40%
AMERICAN EUROPACIFICGROWTH CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$18.00
AMERICAN EUROPACIFICGROWTH CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
FPA NEW INCOME FUND INVESTOR CLASS	11601 WILSHIRE BLVD	STE 1200	LOS ANGELES	CA	90025	0.40%
FPA CRESCENT FUND	11601 WILSHIRE BLVD	STE 1200	LOS ANGELES	CA	90025	0.35%
FMI LARGE CAP FUND	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%

Schedule C Line 2(h) Formula Descriptions

Warner Bros Discovery Defined Contribution Master Trust

EIN: 88-1660993 PN: 001

Plan Year Ending: December 31 2024

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
FMI INTERNATIONAL	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
FMI COMMON STOCK FUND	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
FMI INTERNATIONAL FUND INSTITUTIONAL FAIRHOLME FUND	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.10%
EMERALD FINANCE AND BANKING INNOV INV	4400 BISCAYNE BOULEVARD		SOUTH MIAMI	FL	33143	0.10%
FIRST EAGLE GOLD CLASS A	3175 OREGON PIKE		LEOLA	PA	17540	0.40%
FIRSTHAND ALTERNATIVE ENERGY	1345 AVE OF THE AMERICAS	48TH FLR	NEW YORK	NY	10105	0.40%
AUXIER FOCUS FUND INVESTOR CLASS	150 ALMADEN BLVD	STE 1250	SAN JOSE	CA	95113	0.40%
FRANKLIN DYNATECH FUND A	3 CANAL PLAZA	STE 600	PORTLAND	ME	04101	0.40%
FRANKLIN GOLD AND PRECIOUS METALS CL A	100 FOUNTAIN PARKWAY		ST PETERSBURG	FL	33716	\$16.00
FRANKLIN SMALL-MID CAP GROWTH A	100 FOUNTAIN PARKWAY		ST PETERSBURG	FL	33716	\$16.00
AMERICAN FUNDAMENTALINVESTORS CL F1	100 FOUNTAIN PARKWAY		ST PETERSBURG	FL	33716	\$16.00
AMERICAN FUNDAMENTALINVESTORS CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
GOTHAM ENHANCED RETURN FUND INSTL	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.15%
GABELLI GOLD FUND CLAAA	535 MADISON AVE	30TH FLR	NEW YORK	NY	10022	0.10%
GABELLI GOLD FUND CL A	401 THEODORE FREMD AVE		RYE	NY	10580	0.40%
GABELLI EQUITY INCOME FUND AAA	401 THEODORE FREMD AVE		RYE	NY	10580	0.10%
GABELLI UTILITIES	401 THEODORE FREMD AVE		RYE	NY	10580	0.35%
GLENMEDE SMALL CAP EQUITY - ADVISOR CL	1650 MARKET ST	STE 1200	PHILADELPHIA	PA	19103	0.40%
GLENMEDE LARGE CAP GROWTH	1650 MARKET ST	STE 1200	PHILADELPHIA	PA	19103	0.40%
GOLDMAN SACHS GQG PART INTERNTL OPP A	71 S WACKER DR 4TH FL		CHICAGO	IL	60606	0.40%
GRANDEUR PEAK INTL STALWARTS INV	1290 BROADWAY STREET	SUITE 1100	DENVER	CO	80203	0.40%
AMERICAN GROWTH FUND OF AMERICA CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN GROWTH FUND OF AMERICA CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.15%
GUGGENHEIM TOTAL RETURN BOND FD INSTL	9601 BLACKWELL RD	STE 500	ROCKVILLE	MD	20850	0.15%
GUGGENHEIM MACRO OPPORTUNITIES INSTL	9601 BLACKWELL RD	STE 500	ROCKVILLE	MD	20850	0.15%
GUGGENHEIM TOTAL RETURN BOND CL P	9601 BLACKWELL RD	STE 500	ROCKVILLE	MD	20850	0.40%
GUINNESS ATKINSON GLOBAL INNOVATORS	2220 E ROUTE 66	STE 226	GLENDORA	CA	91740	0.40%
GUINNESS ATKINSON ALTERNATIVE ENERGY	2220 E ROUTE 66	STE 226	GLENDORA	CA	91740	0.40%
HARBOR INTL INV	111 S WACKER DR	34TH FL	CHICAGO	IL	60606	0.35%
HARBOR MCV INV	111 S WACKER DR	34TH FL	CHICAGO	IL	60606	0.35%
HARBOR CAP APP INV	111 S WACKER DR	34TH FL	CHICAGO	IL	60606	0.35%
HARDING LOEVNER INTL EQUITY PORT INSTL	PO BOX 4766		CHICAGO	IL	60680	0.15%
HARDING LOEVNER INTL EQUITY PORT INV	PO BOX 4766		CHICAGO	IL	60680	0.40%
OAKMARK FUND INVESTOR CLASS	111 SOUTH WACKER DR		CHICAGO	IL	60606	0.35%
OAKMARK INTL INVESTOR CL	111 SOUTH WACKER DR		CHICAGO	IL	60606	0.35%
OAKMARK SELECT INVESTOR CL	111 SOUTH WACKER DR		CHICAGO	IL	60606	0.35%
HARTFORD MIDCAP VALUE FD CL I	100 MATSONFORD RD	STE 300	RADNOR	PA	19087	0.15%
HARTFORD INTL VALUE FD CLASS I	100 MATSONFORD RD	STE 300	RADNOR	PA	19087	0.15%
HARTFORD INTL VALUE FD CLASS A	100 MATSONFORD RD	STE 300	RADNOR	PA	19087	0.40%
HARTFORD SCHRODERS INTL STOCK FUND CL F	100 MATSONFORD RD	STE 300	RADNOR	PA	19087	0.10%
HEARTLAND VALUE PLUS	789 N WATER ST		MILWAUKEE	WI	53202	0.40%
HENNESSY CORNERSTONEMID CAP 30 INV CL	7250 REDWOOD BLVD	STE 200	NOVATO	CA	94945	0.40%
HENNESSY GAS UTILITYINVESTOR CL	7250 REDWOOD BLVD	STE 200	NOVATO	CA	94945	0.40%
HENNESSY SMALL CAP FINANCIAL INVSTR CL	7250 REDWOOD BLVD	STE 200	NOVATO	CA	94945	0.40%
HENNESSY JAPAN SMALLCAP INVESTOR CL	7250 REDWOOD BLVD	STE 200	NOVATO	CA	94945	0.40%
HOTCHKIS & WILEY HIGH YIELD FUND CL A	725 S FIGUEROA	39TH FL	LOS ANGELES	CA	90017	0.40%
HUSSMAN STRATEGIC TOTAL RETURN	225 PICTORIA DR	STE 450	CINCINNATI	OH	45246	\$12.00
AMERICAN INCOME FUND OF AMERICA CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
THE INTERNET FUND	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
AMERICAN INVESTMENT CO OF AMERICA F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.15%
EUROPAC INTERNATNL DIVIDEND INC CL A	LOTS 81 82 ST	C STE 204	DORADO	PR	00646	0.08%
MACQUARIE EMERG MARKETS EQUITY A	2005 MARKET ST		PHILADELPHIA	PA	19103	0.40%
JPMORGAN SMARTRETRMT 2055 R5	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.08%
JPMORGAN HEDGED EQUITY CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN HEDGED EQUITY CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN SHORT DURATION CORE PLUS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN GL BOND OPPORTUNITIES FUND A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN EQUITY PREMIUM INCOME CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JANUS HENDERSON GROWTH & INCOME T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOBAL RESEACH T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOB TECH & INNOV I	151 DETROIT ST		DENVER	CO	80206	\$15.00
JANUS HENDERSON GL LIFE SCIENCES I	151 DETROIT ST		DENVER	CO	80206	\$15.00
JANUS HENDERSON VENTURE T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON TRITON T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON SMALL CAP VALUE T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON MID CAP VALUE T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON FLEXIBLE BOND T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOBAL SELECT T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON CONTRARIAN T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOB TECH & INNOV T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON GL LIFE SCIENCES T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON ENTERPRISE T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON OVERSEAS T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON RESEARCH T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON BALANCED T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON FORTY T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON ENTERPRISE I	151 DETROIT ST		DENVER	CO	80206	\$15.00
JANUS HENDERSON GLBLEQUITY INCOME T	151 DETROIT ST		DENVER	CO	80206	0.35%
JENSEN QUALITY GROWTH FD CL J	811 E WISCONSIN AVE	8TH FL	MILWAUKEE	WI	53202	0.40%
JOHN HANCOCK INTL GROWTH FUND CL I	601 CONGRESS ST	9TH FL	BOSTON	MA	02210	0.15%
JPMORGAN VALUE ADVANTAGE CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%

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Warner Bros Discovery Defined Contribution Master Trust

EIN: 88-1660993 PN: 001

Plan Year Ending: December 31 2024

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
JP MORGAN STRATEGIC INCOME OPPORT A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JP MORGAN SMART RETIREMENT 2050 CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN CORE BOND FUND CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.38%
JPMORGAN EQUITY INCOME FUND CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN LARGE CAP GROWTH CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN EQUITY INDEX FUND CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.25%
JPMORGAN LARGE CAP VALUE FUND CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN MID CAP GROWTH FUND CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN INVESTOR GROWTH FUND CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
KINETICS PARADIGM FUND	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
LAZARD GLOBAL LISTEDINFRASTRUCTURE OPEN	30 ROCKEFELLER PLAZA	57TH FL	NEW YORK	NY	10112	0.40%
LAZARD US EQTY CONCENTRATED PRT OPEN SHS	30 ROCKEFELLER PLAZA	57TH FL	NEW YORK	NY	10112	0.40%
BRANDYWINEGLOBAL GBLB OPPOR BD CL A	100 FOUNTAIN PARKWAY		ST PETERSBURG	FL	33716	0.40%
CLEARBRIDGE GROWTH FUND A	100 FOUNTAIN PARKWAY		ST PETERSBURG	FL	33716	0.40%
CLEARBRIDGE DIVIDENDSTRATEGY FUND A	100 FOUNTAIN PARKWAY		ST PETERSBURG	FL	33716	0.40%
LOCORR LONG/SHORT COMMODITIES STRGY I	261 SCHOOL AVE	4TH FL	EXCELSIOR	MN	55331	0.15%
LOOMIS SAYLES BOND RETAIL SHARES	399 BOYLSTON ST	8TH FL	BOSTON	MA	02116	0.35%
LORD ABBETT GROWTH LEADERS FUND CL A	90 HUDSON ST	10TH FL	JERSEY CITY	NJ	07302	0.45%
LORD ABBETT SHORT DURATION INCOME CL A	90 HUDSON ST	10TH FL	JERSEY CITY	NJ	07302	0.37%
MFS INTERNATIONAL DIVERSIFICATION FD A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS CORE EQUITY FUND CL A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS GROWTH FUND CLASS A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS MID CAP GROWTH CLASS A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MADISON MID CAP FUNDCL Y	550 SCIENCE DR		MADISON	WI	53711	0.40%
NYLI MACKAY HIGH YIELD CORP BD CL I	30 HUDSON ST	23RD FL	ARLINGTON	NJ	07032	0.10%
NYLI MACKAY SHRT DURATION HIGH INC A	30 HUDSON ST	23RD FL	ARLINGTON	NJ	07032	0.40%
NYLI FIERA SMID GROWTH CLASS I	30 HUDSON ST	23RD FL	ARLINGTON	NJ	07032	0.10%
MANNING & NAPIER PROBLEND MAX TERM CL S	290 WOODCLIFF DR		FAIRPORT	NY	14450	0.40%
MANNING & NAPIER HIGH YIELD BD SRS S	290 WOODCLIFF DR		FAIRPORT	NY	14450	0.40%
MANNING & NAPIER DISCIPL VALUE SER I	290 WOODCLIFF DR		FAIRPORT	NY	14450	0.10%
MARSICO GLOBAL FUND	235 WEST GALENA ST		MILWAUKEE	WI	53212	0.40%
MATTHEWS ASIA DIVIDEND FUND	4 EMBARCADERO CENTER	STE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS EMERG MRKTSSM COMPANIES INVSTR	4 EMBARCADERO CENTER	STE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA SMALLCOMPANIES INVESTOR	4 EMBARCADERO CENTER	STE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS PACIFIC TIGER FUND	4 EMBARCADERO CENTER	STE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS ASIAN GROWTH & INCOME FUND	4 EMBARCADERO CENTER	STE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA FUND	4 EMBARCADERO CENTER	STE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS INDIA FUND	4 EMBARCADERO CENTER	STE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS ASIAN INNOVATORS FD INVST	4 EMBARCADERO CENTER	STE 550	SAN FRANCISCO	CA	94111	0.40%
MEEDER MUIRFIELD	6125 MEMORIAL DR		DUBLIN	OH	43017	0.40%
MERGER FUND CLASS A	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.40%
THE MERGER FUND CL I	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.10%
TCW METWEST TOTAL RETURN BOND CL M	865 S FIGUEROA ST 1400		LOS ANGELES	CA	90071	0.35%
TCW METWEST TOTAL RETURN BOND CLASS I	865 S FIGUEROA ST 1400		LOS ANGELES	CA	90071	0.10%
TCW METWEST HIGH YLDBOND CL M	865 S FIGUEROA ST 1400		LOS ANGELES	CA	90071	0.40%
MORGAN STANLEY DISCOVERY PORT CL A	522 FIFTH AVE 4TH FL		NEW YORK	NY	10036	0.40%
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVE 4TH FL		NEW YORK	NY	10036	0.40%
MORGAN STAN INSTL INC EMERG MKT PORT A	522 FIFTH AVE 4TH FL		NEW YORK	NY	10036	0.40%
MORGAN STA INST INCINCEPTION PORT CL A	522 FIFTH AVE 4TH FL		NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSIGHT A	522 FIFTH AVE 4TH FL		NEW YORK	NY	10036	0.40%
MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVE 4TH FL		NEW YORK	NY	10036	0.40%
MSIF INTERNATIONAL OPPORTUNITIES CL I	522 FIFTH AVE 4TH FL		NEW YORK	NY	10036	0.10%
JPMORGAN GROWTH ADVANTAGE FUND CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
EVENTIDE HEALTHCARE AND LIFE SCIENCES N	80 ARKAY STE 110		HAUPPAUGE	NY	11788	0.40%
EVENTIDE HEALTHCARE AND LIFE SCIENCES I	80 ARKAY STE 110		HAUPPAUGE	NY	11788	0.15%
FRANKLIN MUTUAL SHARES FD CLASS A	100 FOUNTAIN PARKWAY		ST PETERSBURG	FL	33716	\$16.00
FRANKLIN MUTUAL GBLDISCOVERY CLASS A	100 FOUNTAIN PARKWAY		ST PETERSBURG	FL	33716	\$16.00
VAUGHAN NELSON SMALL CAP VALUE FD CL A	399 BOYLSTON ST 8TH FL		BOSTON	MA	02116	0.40%
NEEDHAM SMALL CAP GROWTH	445 PARK AVE 15TH FL		NEW YORK	NY	10022	0.40%
ADVISORS CAPITAL ACTIVE ALL CAP FD	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL TACTICAL FX INC INVS	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL US DIVIDEND FD INVESTOR	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
NEUBERGER BERMAN GENESIS TRUST CLASS	1290 AVE OF THE AMERICAS	22ND FL	NEW YORK	NY	10104-0002	0.40%
NEUBERGER BERMAN LRG CAP VALUE TRUST	1290 AVE OF THE AMERICAS	22ND FL	NEW YORK	NY	10104-0002	0.40%
NEUBERGER BERMAN FOCUS TRUST CLASS	1290 AVE OF THE AMERICAS	22ND FL	NEW YORK	NY	10104-0002	0.40%
NEUBERGER BERMAN SUSTAINABLE EQTY TRT	1290 AVE OF THE AMERICAS	22ND FL	NEW YORK	NY	10104-0002	0.40%
NEUBERGER BERMAN ABSRTN MULTI-MGR CL A	1290 AVE OF THE AMERICAS	22ND FL	NEW YORK	NY	10104-0002	0.40%
AMERICAN NEW ECONOMYCLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN THE NEW ECONOMY FUND CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.15%
AMERICAN NEW PERSPECTIVE CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN NEW PERSPECTIVE CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.15%
AMERICAN NEW WORLD CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
NORTHERN SMALL CAP VALUE	801 SOUTH CANAL C5S		CHICAGO	IL	60675	0.40%
HCM INCOME PLUS FUNDINVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
ABSOLUTE CAPITAL ASSET ALLOCATOR INVS	101 PENNSYLVANIA BLVD		PITTSBURGH	PA	15228	0.40%
HCM DIVIDEND SECTOR PLUS FUND INVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
COUNTERPOINT TACTICAL INCOME CL C	12760 HIGH BLUFF DR	STE 280	SAN DIEGO	CA	92130	0.10%
HCM TACTICAL GROWTH FUND INVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
PFG US EQUITY INDEX STRATEGY CLASS R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG GLOBAL EQUITY INDEX STRATEGY CL R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG MFS AGGRESSIVE GROWTH STRATEGY R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG JP MORGAN TACTICAGGRESSIVE STRAT R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%

Schedule C Line 2(h) Formula Descriptions

Warner Bros Discovery Defined Contribution Master Trust

EIN: 88-1660993 PN: 001

Plan Year Ending: December 31 2024

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
PFG BNY MELLON DIVERSIFIER STRAT R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG MEEDER TACTICAL STRATEGY FUND R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG JP MORGAN TACTICMODERATE STRATEGY R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG ACTIVE CORE BOND STRATEGY FUND CL R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG INVESCO EQ FACTRROTATION STRATEGY R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG JANUS HENDERSON BALANCED STRATEGY R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG FIDELITY INST AMCORE PLUS BD STRG R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG TACTICAL INCOME STRATEGY CL R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG EQUITY INDEX FOCUSED STRATEGY R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG SECTOR EQUITY BUS CYCLE STRAT R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG BR TRGT ALLOCAT EQ STRATEGY FD CL R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG AMERICAN FUNDS GROWTH STRAT CL R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG AMERICAN FDS CONS INC STRAT CL R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
OBERWEIS CHINA OPPORTUNITIES FUND	3333 WARRENVILLE RD	STE 500	LISLE	IL	60532	0.40%
PIMCO GLBL BD OPPOR (USD-HEDGED) A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO TOTAL RETURN CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO SHORT TERM CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.38%
PIMCO INTL BD FD U SDOLLAR-HEDGED A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PARNASSUS VALUE EQUITY INVESTOR	1 MARKET ST STEUART TOWER	STE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS MID CAP	1 MARKET ST STEUART TOWER	STE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS CORE EQUITY INVESTOR	1 MARKET ST STEUART TOWER	STE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS CORE EQUITY INSTL	1 MARKET ST STEUART TOWER	STE 1600	SAN FRANCISCO	CA	94105	0.10%
PAYDEN GLOBAL FIXED INCOME INVESTOR CL	333 S GRAND AVE 32ND FL		LOS ANGELES	CA	90071	0.35%
PEAR TREE QUALITY FUND ORDINARY	55 OLD BEDFORD ROAD		LINCOLN	MA	01773	0.40%
PEAR TREE POLARIS INTL OPP ORDINARY	55 OLD BEDFORD ROAD		LINCOLN	MA	01773	0.40%
PERMANENT PORTFOLIO	600 MONTGOMERY ST	STE 4100	SAN FRANCISCO	CA	94111-2702	0.38%
PIMCO REAL ESTATE REAL RETURN STRAT A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO STOCKSPUS ABSOLUTE RTRN CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO ALL ASSET FUNDCLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO EMERG MKTS CY AND S/T INVMTS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INCOME FUND CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO STOCKSPUS SMALL FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO RAE FUNDAMNTALADVTG PLUS FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO COMMODITIES PLUS STRATEGY CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO HIGH YIELD SPECTRUM FUND CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO STOCKSPUS FUND CL I3	1633 BROADWAY		NEW YORK	NY	10019	0.10%
PIMCO PREFERRED AND CAPITAL SECS CL I3	1633 BROADWAY		NEW YORK	NY	10019	0.10%
PIMCO PREFERRED AND CAPITAL SECS CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIONEER EQUITY PREM INCOM FUND A	60 STATE ST 17TH FL		BOSTON	MA	02109	0.40%
T ROWE PRICE COMM & TECHNOLOGY INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE HEALTH SCIENCES	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RET 2030 FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RETIREMENT 2025 FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
PRIMECAP ODYSSEY GROWTH FUND	2020 E FINANCIAL WAY	STE 100	GLENDORA	CA	91741	0.10%
PRIMECAP ODYSSEY AGGRESSIVE GRWTH FD	2020 E FINANCIAL WAY	STE 100	GLENDORA	CA	91741	0.10%
PRIMECAP ODYSSEY STO CK FUND	2020 E FINANCIAL WAY	STE 100	GLENDORA	CA	91741	0.10%
PRINCIPAL SPECTRUM PREF CAPT SEC INC A	620 COOLIDGE DR STE 300		FOLSOM	CA	95630	0.40%
PRINCIPAL HIGH YIELDCL A	620 COOLIDGE DR STE 300		FOLSOM	CA	95630	0.40%
PRINCIPAL BLUE CHIP CL C	620 COOLIDGE DR STE 300		FOLSOM	CA	95630	0.10%
AKRE FOCUS FUND RETAIL	777 E WISCONSIN AVE 4TH FL		MILWAUKEE	WI	53202	0.40%
THE OSTERWEIS STRATEGIC INCOME FD	777 E WISCONSIN AVE 4TH FL		MILWAUKEE	WI	53202	0.15%
ENERGY ULTRASECTOR PROFUND INVESTOR CL	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
UTILITIES ULTRA SECTOR PRO FUND INV	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
REAL ESTATE ULTRA SECTOR PRO FD INVSTR	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA JAPAN PRO FUNDINVESTORS SHS	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA EMERGING MRKTSPRO FD INVT CL	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
PGIM JEN INTL OPPORTUNITIES CL Z	655 BROAD ST		NEWARK	NJ	07102	0.15%
PUTNAM LARGE CAP VALCLASS A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM GLOBAL TECHNOLOGY FUND CL A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
BOSTON PARTNERS ALL CAP VALUE INVS	223 WILMINGTON W CHESTER PIKE	216	CHADDS FORD	PA	19317	0.40%
BOSTON PARTNERS SM CAP VALUE II INVS	223 WILMINGTON W CHESTER PIKE	216	CHADDS FORD	PA	19317	0.40%
RIVERNORTH/DOUBLE LINE STRATEGIC INC R	325 NORTH LASALLE ST	STE 645	CHICAGO	IL	60654	0.40%
T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE CAP APPRECIATION	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE US EQUITY RESEARCH FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EQUITY INDEX 500 FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EXTEND EQU MKT INDEX FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE MID CAP GROWTH	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE ALL CAOPPORTUNITIES INVST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EMERG MKTS DIS STK INVEST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE NEW ASIA	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EMERGING EUROPE FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL STOCK	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE LATIN AMERICA FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SPECT MOD GRWTH ALLOC	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SPECT CONS ALLOCATION	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE ULTRA SHORT TERM BD INVEST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE MID CAP VALUE	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SPECTRM INTERNATIONAL EQUITY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INTRTD US SM CAP GR EQUITY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
ROYCE INTRNL PREMIER FD INVESTMENT CLASS	745 FIFTH AVE STE 2400		NEW YORK	NY	10151	0.10%

Schedule C Line 2(h) Formula Descriptions

Warner Bros Discovery Defined Contribution Master Trust
 EIN: 88-1660993 PN: 001
 Plan Year Ending: December 31 2024

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
ROYCE INTERNATIONAL PREMIER SERVICE CL	745 FIFTH AVE STE 2400		NEW YORK	NY	10151	0.40%
ROYCE PREMIER SVCS CL SH	745 FIFTH AVE STE 2400		NEW YORK	NY	10151	0.40%
ROYCE MICRO CAP SVSCCL	745 FIFTH AVE STE 2400		NEW YORK	NY	10151	0.40%
ROYCE SMALLER CO GROWTH SERVICE CL	745 FIFTH AVE STE 2400		NEW YORK	NY	10151	0.40%
ROYCE SMALL-CAP OPPORTUNITY SERVICE	745 FIFTH AVE STE 2400		NEW YORK	NY	10151	0.40%
RYDEX INVERSE S&P 500 STRATEGY INV CL	9601 BLACKWELL RD	STE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE NASDAQ 100 STRATEGY INV	9601 BLACKWELL RD	STE 500	ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 INV CLASS	9601 BLACKWELL RD	STE 500	ROCKVILLE	MD	20850	0.40%
RYDEX ELECTRONICS FD CL A	9601 BLACKWELL RD	STE 500	ROCKVILLE	MD	20850	0.07%
RYDEX S&P 500 PURE GROWTH H CLASS	9601 BLACKWELL RD	STE 500	ROCKVILLE	MD	20850	0.40%
RYDEX S&P MIDCAP 400PURE GROWTH CLASS H	9601 BLACKWELL RD	STE 500	ROCKVILLE	MD	20850	0.40%
STATE STREET S&P INDEX FUND	ONE LINCOLN ST		BOSTON	MA	02111-2900	0.05%
SHELTON SUSTAINABLE EQUITY INVESTOR	PO BOX 87		DENVER	CO	80201-0087	0.40%
AMERICAN SMALLCAP WORLD CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN SMALLCAP WORLD FUND CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.15%
SPROTT GOLD EQUITY FUND INVESTOR	200 BAY ST STE 2600		TORONTO	CA	M5J 2J1	0.40%
STATE STREET SM/MID CAP EQ INDEX CLASS A	ONE LINCOLN ST		BOSTON	MA	02111-2900	0.40%
STEWART GLOBAL EQ INCOME CL A	15375 MEMORIAL DR	STE 200	HOUSTON	TX	77079	0.40%
STONE RIDGE HIGH YLD REINSRNC RSK PREM	510 MADISON AVE		NEW YORK	NY	10022	0.10%
STONERIDGE REINSURAC RISK PREM INTERVAL	510 MADISON AVE		NEW YORK	NY	10022	0.20%
STONERIDGE ALTERNTV LENDING RISK PREM I	510 MADISON AVE		NEW YORK	NY	10022	0.20%
TCW EMERGING MARKETS INCOME CL N	865 S FIGUERA ST	22ND FL	LOS ANGELES	CA	90071	0.40%
TCW CORE FIX ED INC CLASS I	865 S FIGUERA ST	22ND FL	LOS ANGELES	CA	90071	0.10%
TCW SECURITIZED BONDFUND CLASS N	865 S FIGUERA ST	22ND FL	LOS ANGELES	CA	90071	0.35%
NUVEEN INTERNATNL OPPORTUNITIES A	333 WEST WACKER DR		NEW YORK	NY	10017	0.12%
T ROWE PRICE FLOATING RATE INVEST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLBL ALLOCATION INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
TEMPLETON GLOBAL BOND CLASS A	100 FOUNTAIN PARKWAY		ST PETERSBURG	FL	33716	\$16.00
TETON WESTWOOD EQUITY CL AAA	401 THEODORE FREMD AVE		RYE	NY	10580	0.40%
THIRD AVENUE VALUE INSTL CLASS	622 THIRD AVE 32 FL		NEW YORK	NY	10017	0.35%
THIRD AVENUE SMALL CAP VALUE INSTL CL	622 THIRD AVE 32 FL		NEW YORK	NY	10017	0.35%
THIRD AVENUE REAL ESTATE VALUE INSTL	622 THIRD AVE 32 FL		NEW YORK	NY	10017	0.35%
THIRD AVENUE REAL ESTATE VALUE INVST	622 THIRD AVE 32 FL		NEW YORK	NY	10017	0.40%
THOMPSON BOND FUND	1255 FOURIER DR	STE 200	MADISON	WI	53717	0.25%
THORNBURG LTD TERM INCOME CLASS A	2300 NORTH RIDGETOP RD		SANTA FE	NM	87506	0.40%
THORNBURG INTL EQUITY FUND CL A	2300 NORTH RIDGETOP RD		SANTA FE	NM	87506	0.40%
THRIVENT SMALL CAP STOCK FUND CL S	4321 N BALLARD ROAD		APPLETON	WI	54919-0001	0.15%
THRIVENT MID CAP STOCK FUND CL S	4321 N BALLARD ROAD		APPLETON	WI	54919-0001	0.15%
TOUCHSTONE MID CAP FUND CL Z	303 BROADWAY	STE 1100	CINCINNATI	OH	45202-4203	0.40%
TOUCHSTONE SANDS CAP SEL GRWTH Z	303 BROADWAY	STE 1100	CINCINNATI	OH	45202-4203	0.40%
PERFORMANCE TRUST TOTAL RETRN BND INST	500 WEST MADISON	STE 470	CHICAGO	IL	60661	0.40%
MAIRS & POWER GROWTH FUND	777 E WISCONSIN AVE	FL 4	MILWAUKEE	WI	53202	0.12%
RECURRENT MLP & ENGY INFRASTRUCTURE I	3801 KIRBY DR	STE 654	HOUSTON	TX	77098	0.10%
HOLBROOK STRUCTURED INCOME FUND A	2933 NE 16TH ST		PORTLAND	OR	97212	0.40%
VICTORY SCIENCE & TECHNOLOGY FD A	4900 TIEDEMAN RD	4TH FL	BROOKLYN	OH	44114	0.40%
VICTORY NASDAQ-100 INDEX FUND CL A	4900 TIEDEMAN RD	4TH FL	BROOKLYN	OH	44114	0.40%
UNDISCOVERED MANAGERBEHAVIORAL VAL CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
GLOBAL RESOURCES FUND	3 CANAL PLAZA	STE 600	PORTLAND	ME	04101	0.40%
VALUE LINE CAPITAL APPRECIATION INV	7 TIMES SQUARE	STE 1606	NEW YORK	NY	10036	0.40%
VICTORY SYCAMORE ESTABLISHED VALUE A	4900 TIEDEMAN RD	4TH FL	BROOKLYN	OH	44114	0.40%
VICTORY TRIVALENT INTL SMALL CAP Y	4900 TIEDEMAN RD	4TH FL	BROOKLYN	OH	44114	0.10%
VICTORY GLOBAL ENERGY TRANSITION A	4900 TIEDEMAN RD	4TH FL	BROOKLYN	OH	44114	0.40%
VIRTUS KAR SMALL MID CAP CORE FD CL I	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.10%
VIRTUS KAR SMALL MID CAP CORE CL A	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.40%
VIRTUS KAR MID CAP GROWTH FUND CL A	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.40%
VIRTUS TACTICAL ALLOCATION FUND A	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.40%
VIRTUS SEIX FLOATING RATE HIGH INCOME I	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.10%
VIRTUS NFJ DIVIDEND VALUE A	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.40%
VIRTUS INTERNATIONAL SMALL CAP FUND C	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.10%
VOYA LARGE CAP GROWTH CLASS A	7337 E DOUBLETREE RANCH RD		SCOTTSDALE	AZ	85258	0.40%
WASATCH CORE GROWTH	505 WAKARA WAY	STE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH ULTRA GROWTH	505 WAKARA WAY	STE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH MICROCAP	505 WAKARA WAY	STE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH CORE GROWTH INSTITUTIONAL	505 WAKARA WAY	STE 300	SALT LAKE CITY	UT	84108	0.15%
WASATCH FRONTIER EMERGING SMALL CO'S	505 WAKARA WAY	STE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH EMERGING INDIA FUND	505 WAKARA WAY	STE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH GLOBAL OPPORTUNITIES RETAIL	505 WAKARA WAY	STE 300	SALT LAKE CITY	UT	84108	0.40%
AMERICAN WASHINGTON MUTUAL INVESTORS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
WEITZ CORE PLUS INCOME FD INVESTOR	1125 SOUTH 103RD ST		OMAHA	NE	68124	0.40%
ALLSPRING EMERGING MRKTS EQY INCM A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING ABSOLUTE RETURN FD A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING SPECIAL MID CAP VLUE INST	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.15%
ALLSPRING GROWTH FUND A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING SPECIAL MID CAP VLUE FD A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING DISCOVERY SMID CAP GROWTH A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
WESTERN ASSET CORE BOND FUND CL A	100 FOUNTAIN PARKWAY		ST PETERSBURG	FL	33716	0.40%
DAVENPORT SMALL CAP FOCUS FUND	ONE JAMES CENTER 901 EAST CARY STREET		RICHMOND	VA	23219	0.15%
APPLIED FIN EXPLORERFUND INVESTOR	8730 STONY POINT PKWY	STE 205	RICHMOND	VA	23235	0.40%
APPLIED FIN DIVIDENDFUND INVSTR CL	8730 STONY POINT PKWY	STE 205	RICHMOND	VA	23235	0.40%

WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST

EIN: 88-1660993, PN: 001

Schedule of Assets 4(i) – (Held at End of Year)

Plan Year Ending: December 31, 2024

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Current value
*	FIDELITY GOVERNMENT PORTFOLIO INSTITUTIONAL	Interest Bearing Cash	580,415
*	BROKERAGELINK	Self-directed brokerage (Various mutual funds, non-employer stock, etc.)	300,296,183
	SCHRODER INTERNATIONAL ALPHA TRUST CLASS	Common/Collective Trust	23,498,581
	JANUS INTERNATIONAL ALPHA EQ CF CL III	Common/Collective Trust	23,498,581
	PIMCO CORE BOND CIT CL R3	Common/Collective Trust	146,796,521
	GUGGENHEIM CORE PLUS CIT - CL R	Common/Collective Trust	58,718,608
	BLACKROCK MSCI ACWI EX-U.S. INDEX F	Common/Collective Trust	367,904,692
	BTC US EQUITY MARKET FUND CL F	Common/Collective Trust	222,381,764
	BTC EQUITY INDEX FUND CL F	Common/Collective Trust	1,587,278,326
	BTC EXTENDED MARKET FUND F	Common/Collective Trust	490,494,848
	BLACKROCK U.S. DEBT INDEX F	Common/Collective Trust	88,077,913
	JHANCOCK U.S. SMALL CAP CORE CIT CLASS P	Common/Collective Trust	13,854,843
*	FIAM SMALL CAPITALIZATION CORE COMMINGLED SS D	Common/Collective Trust	13,876,900
*	FIDELITY FREEDOM BLEND 2005 COMMINGLED P S I	Common/Collective Trust	40,094,668
*	FIDELITY FREEDOM BLEND 2015 COMMINGLED P S I	Common/Collective Trust	21,794,572
*	FIDELITY FREEDOM BLEND 2020 COMMINGLED P S I	Common/Collective Trust	67,213,845
*	FIDELITY FREEDOM BLEND 2025 COMMINGLED P S I	Common/Collective Trust	164,562,518
*	FIDELITY FREEDOM BLEND 2030 COMMINGLED P S I	Common/Collective Trust	387,069,954
*	FIDELITY FREEDOM BLEND 2035 COMMINGLED P S I	Common/Collective Trust	613,028,815
*	FIDELITY FREEDOM BLEND 2040 COMMINGLED P S I	Common/Collective Trust	741,168,962
*	FIDELITY FREEDOM BLEND 2045 COMMINGLED P S I	Common/Collective Trust	706,563,021
*	FIDELITY FREEDOM BLEND 2050 COMMINGLED P S I	Common/Collective Trust	620,033,909
*	FIDELITY FREEDOM BLEND 2055 COMMINGLED P S I	Common/Collective Trust	443,752,086
*	FIDELITY FREEDOM BLEND 2060 COMMINGLED P S I	Common/Collective Trust	273,473,652
*	FIDELITY FREEDOM BLEND 2065 COMMINGLED P S I	Common/Collective Trust	102,046,134
*	FIDELITY FREEDOM BLEND INCOME COMMINGLED POOL CLASS I	Common/Collective Trust	10,296,949
		Total Common/Collective Trust:	<u>7,227,480,662</u>
	DFA EMERGING MARKETS CORE EQUI	Registered Investment Companies	3,721,962
*	FIAM EMERGING MARKETS COMM PL	Registered Investment Companies	3,721,962
		Total Registered Investment Companies:	<u>7,443,925</u>
	STABLE VALUE FUND		
	AMERICAN GENERAL LIFE WBS	Wrapper Insurance Contract	67,455,591
	METROPOLITAN LIFE INC CO WBS	Wrapper Insurance Contract	67,465,650
	PRUDENTIAL INS CO AMERICA WBS	Wrapper Insurance Contract	67,464,053
	RGA REINSURANCE COMPANY WBS	Wrapper Insurance Contract	67,463,370
	STATE ST BK & TR CO BOSTON WBS	Wrapper Insurance Contract	67,469,859
	VOYA WBS	Wrapper Insurance Contract	67,463,508
		Total Stable Value Fund:	<u>404,782,031</u>
*	WBD COMMON STOCK	Common Stock	97,404,389
		Total Investments:	<u>8,037,987,605</u>
*	Represents party-in-interest		