

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>DISNEY SALARIED PENSION PLAN D</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>010</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TWDC ENTERPRISES 18 CORP.</u></p> <p><u>500 SOUTH BUENA VISTA STREET</u> <u>BURBANK, CA 91521-7382</u></p>	<p>1c Effective date of plan <u>05/01/1984</u></p> <p>2b Employer Identification Number (EIN) <u>95-4545390</u></p> <p>2c Plan Sponsor's telephone number <u>818-560-2611</u></p> <p>2d Business code (see instructions) <u>512100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	EUGENE HOLMES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	EUGENE HOLMES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor INVESTMENT AND ADMINISTRATIVE COMMITTEE C/O ENTERPRISE BENEFITS 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521-7381	3b Administrator's EIN 27-3578379 3c Administrator's telephone number 818-560-2611																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 35703																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="width:90%;">9984</td></tr> <tr><td>6a(2)</td><td>9470</td></tr> <tr><td>6b</td><td>10102</td></tr> <tr><td>6c</td><td>14123</td></tr> <tr><td>6d</td><td>33695</td></tr> <tr><td>6e</td><td>1188</td></tr> <tr><td>6f</td><td>34883</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td>1</td></tr> </table>	6a(1)	9984	6a(2)	9470	6b	10102	6c	14123	6d	33695	6e	1188	6f	34883	6g(1)		6g(2)		6h	1
6a(1)	9984																				
6a(2)	9470																				
6b	10102																				
6c	14123																				
6d	33695																				
6e	1188																				
6f	34883																				
6g(1)																					
6g(2)																					
6h	1																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1E 3F 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 _____

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

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

A Name of plan <u>DISNEY SALARIED PENSION PLAN D</u>	B Three-digit plan number (PN) ▶	<u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TWDC ENTERPRISES 18 CORP.</u>	D Employer Identification Number (EIN) <u>95-4545390</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>9390434213</u>
	b Actuarial value	2b	<u>9702144657</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>10729</u>	<u>2831928267</u>
	b For terminated vested participants	<u>15253</u>	<u>1928363702</u>
	c For active participants	<u>9985</u>	<u>2663421518</u>
	d Total	<u>35967</u>	<u>7423713487</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.26 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>179754946</u>
	b Expected plan-related expenses	6b	<u>5436000</u>
	c Target normal cost	6c	<u>185190946</u>

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

SIGN HERE <u>CRAIG P. ROSENTHAL</u> Signature of actuary <u>MERCER</u> Type or print name of actuary <u>1166 AVENUE OF THE AMERICAS</u> <u>NEW YORK, NY 10036-2708</u> Address of the firm	<u>09/02/2025</u> Date <u>23-05270</u> Most recent enrollment number <u>212-345-7000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1290928593
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1290928593
10	Interest on line 9 using prior year's actual return of <u>12.26</u> %	0	158267846
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1449196439

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.74 %
15	Adjusted funding target attainment percentage	15	130.18 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.99 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 185190946
b Excess assets, if applicable, but not greater than line 31a				31b 185190946
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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 DISNEY SALARIED PENSION PLAN D	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 TWDC ENTERPRISES 18 CORP.	D Employer Identification Number (EIN) 95-4545390	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

STATE STREET CORPORATION

04-1867445

(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?
25 28 50 63 99	NONE	504413	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	259829	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)

ALBOURNE AMERICA LLC

91-2164625

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	152314	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MERCER HUMAN RESOURCES CONSULTING

13-1439577

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	151235	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GROOM LAW GROUP

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	97648	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)

MOSS ADAMS LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	57000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NEWPORT TRUST COMPANY

27-4411131

(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?
28 50	NONE	46013	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)

BSR & CO.

LODHA EXCELUS 1ST FLOOR APOLLO MILLS
MUMBAI, MUMBAI 400011 IN

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	29389	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)

COVINGTON & BURLING, LLP

53-0018841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	28683	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EVESTMENT

58-1433845

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	22988	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)

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: MOSS ADAMS LLP	b EIN: 91-0189318
c Position: ACCOUNTANT	
d Address: 21700 OXNARD STREET SUITE 300 WOODLAND HILLS, CA 91367	e Telephone: 818-577-1900

Explanation: MOSS ADAMS LLP WAS REPLACED BY WITHUMSMITH + BROWN, PC DUE TO AICPA INDEPENDENCE RULES AFTER THEIR MERGER WITH BAKER TILLY US, LLP.

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 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 DISNEY SALARIED PENSION PLAN D	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 TWDC ENTERPRISES 18 CORP.	D Employer Identification Number (EIN) 95-4545390

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	21229137	23561843
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	10035865929	10403144427
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10057095066	10426706270
Liabilities			
g Benefit claims payable.....	1g	6363766	5520692
h Operating payables.....	1h	360943	426600
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	6724709	5947292
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10050370357	10420758978

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)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		671520642
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		671520642

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	294962144	
(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)		294962144
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)	57000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	690160	
(7) Actuarial fees	2i(7)	117317	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1699397	
(11) Other expenses.....	2i(11)	3606003	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6169877
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		301132021

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		370388621
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: WITHUMSMITH + BROWN, PC

(2) EIN: 22-2027092

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.)		X	
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?	X		100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 557364.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 <u>DISNEY SALARIED PENSION PLAN D</u>	B Three-digit plan number (PN) ▶	<u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TWDC ENTERPRISES 18 CORP.</u>	D Employer Identification Number (EIN) <u>95-4545390</u>	

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-3275867

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	634
--	---	-----

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 35.8 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 46.2 %
 High-Yield Debt: 16.8 % Real Assets: _____% Cash or Cash Equivalents: 0.6 % Other: 0.6 %

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

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

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

DISNEY SALARIED PENSION PLAN D
REPORT ON FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

**DISNEY SALARIED PENSION PLAN D
INDEX TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

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Other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”) have been omitted because they are either not applicable or have been filed directly with the Department of Labor as part of The Walt Disney Company Retirement Plan Master Trust filing.

Independent Auditor's Report

To the Investment and Administrative Committee of The Walt Disney Company Sponsored Qualified Benefit Plans and Key Employees Deferred Compensation and Retirement Plan and Participants of Disney Salaried Pension Plan D:

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

We have performed an audit of the financial statements of Disney Salaried Pension Plan D, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2024, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

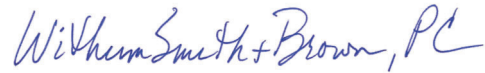
Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified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

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

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

Other Matter - 2023 Financial Statements

Predecessor auditors performed an audit of the 2023 financial statements of Disney Salaried Pension Plan D. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior-year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 1, 2024 indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



October 3, 2025

**DISNEY SALARIED PENSION PLAN D
STATEMENTS OF
NET ASSETS AVAILABLE FOR BENEFITS**

	December 31,	
	2024	2023
Assets		
Investments at fair value:		
Undivided interest in net assets of The Walt Disney Company Retirement Plan Master Trust (Note 7)	\$ 9,712,906,385	\$ 9,373,490,366
Net assets of 401(h) Account (Notes 5 and 7)	690,209,730	662,355,108
Prepaid benefits	23,561,843	21,229,137
Total assets	10,426,677,958	10,057,074,611
Liabilities		
Accrued administrative expenses	398,288	340,488
	10,426,279,670	10,056,734,123
Less: 401(h) Account assets	690,209,730	662,355,108
Net assets available for benefits	\$ 9,736,069,940	\$ 9,394,379,015

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

**DISNEY SALARIED PENSION PLAN D
STATEMENT OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS**

	<u>Year Ended December 31, 2024</u>
Share of net income of The Walt Disney Company Retirement Plan Master Trust (Note 7)	<u>\$ 627,016,828</u>
Benefit payments to participants	(279,314,575)
Administrative expenses	(2,405,325)
Pension Benefit Guaranty Corporation premium payments	<u>(3,606,003)</u>
	<u>(285,325,903)</u>
Net increase	341,690,925
Net assets available for benefits:	
Beginning of year	<u>9,394,379,015</u>
End of year	<u><u>\$ 9,736,069,940</u></u>

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

**DISNEY SALARIED PENSION PLAN D
STATEMENTS OF ACCUMULATED PLAN BENEFITS AND
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**

Accumulated Plan Benefits

	December 31,	
	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested Benefits:		
Participants currently receiving payments	\$ 2,702,652,304	\$ 2,515,091,758
Other participants	3,628,872,914	3,681,563,595
	6,331,525,218	6,196,655,353
Nonvested benefits	19,094,518	18,336,409
Total actuarial present value of accumulated plan benefits	\$ 6,350,619,736	\$ 6,214,991,762

Changes in Accumulated Plan Benefits

	Year Ended December 31, 2024
Actuarial present value of accumulated plan benefits at beginning of year	\$ 6,214,991,762
Increase (decrease) during the year due to:	
Accumulation of benefits	150,760,938
Interest	424,473,531
Benefits paid	(279,314,575)
Other adjustments:	
Change in actuarial assumptions	(178,592,126)
Actuarial losses	18,300,206
Net increase	135,627,974
Actuarial present value of accumulated plan benefits at end of year	\$ 6,350,619,736

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

DISNEY SALARIED PENSION PLAN D NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan

The following description of the Disney Salaried Pension Plan D (“the Plan”) provides only general information. Participants should refer to the Summary Plan Description, Plan Document or Trust Agreement for specific Plan provisions.

General

The Plan is a noncontributory defined benefit plan to provide retirement, disability and postretirement health care benefits for eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Administration

The Plan is administered by the Investment and Administrative Committee of The Walt Disney Company Sponsored Qualified Benefit Plans and Key Employees’ Deferred Compensation and Retirement Plan (the “Committee” or “Plan Administrator”). Plan assets are held by State Street Bank & Trust Company (“State Street” or the “Trustee”) and are under the overall direction of the Committee. Administrative expenses of the Plan are paid from the assets of the Plan, unless TWDC Enterprises 18 Corp. (the “Company”), at its discretion, pays such expenses.

Trust

The net assets of the Plan are included in The Walt Disney Company Retirement Plan Master Trust (the “Master Trust”). The Master Trust includes the net assets of five pension plans and three medical benefit accounts sponsored by The Walt Disney Company (“Disney”).

Each plan has an undivided interest in the net assets of the Master Trust (Note 7).

Income Tax Status

The Master Trust was established to hold the Plan’s cash and investments and is qualified pursuant to Section 501(a) of the Internal Revenue Code (the “Code”). Accordingly, the Master Trust’s net investment income is exempt from income taxes. On September 22, 2017, the Company received a favorable determination letter from the Internal Revenue Service (“IRS”) stating that the Plan is qualified under Section 401(a) of the Code. The Plan has been amended since the September 22, 2017 favorable determination letter. The Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Code.

Generally accepted accounting principles in the United States (“U.S. GAAP”) require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. As of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits in progress.

Participation

The Plan covers most domestic salaried employees of the Company and its subsidiaries hired prior to January 2012.

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

Benefits

Benefits are determined by a salary-related benefit formula based on average monthly compensation and years of benefit service. The Plan provides monthly retirement income at age 65 and reduced benefits for early retirement, as early as age 55, after completing three years of vesting service. Terminated vested participants with a present value benefit equal to or less than \$100,000 can elect a single lump sum payment. For terminated participants with a present value between \$1,000 and \$7,000, the Plan Administrator will distribute the participant's account in a direct rollover to an individual retirement account designated by the Plan Administrator, unless the participant elects another form of payment available under the Plan. For terminated participants with a present value under \$1,000, the participant's account will be cashed out upon termination.

Plan Termination

The Company anticipates that the Plan will continue without interruption but reserves the right to discontinue the Plan at any time. In the event the Plan is discontinued, the net assets of the Plan would be allocated among the participants and beneficiaries of the Plan in the order provided for by Section 4044 of ERISA. Whether a particular participant's accumulated plan benefit will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (the "PBGC") at that time. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the adequacy, at that time, of the Plan's net assets and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

Party-In-Interest Transactions

Under ERISA rules, transactions with related parties of the Plan such as a sponsor, administrator, trustee or participant (Parties-in-Interest) are considered either exempt or non-exempt from ERISA prohibited transaction provisions. Non-exempt transactions are subject to penalty taxes.

The Plan had the following exempt party-in-interest transactions:

- State Street, which is the Trustee of the Plan, manages certain Plan investments.
- The Master Trust invests in the common stock of Disney, of which 2,883,941 shares and 2,924,018 shares were held at December 31, 2024 and 2023 (valued at \$321,126,830 and \$264,009,585), respectively.
- The Company paid certain administrative expenses on behalf of the Plan totaling \$1,487,787 during the year ended December 31, 2024. In addition, the Plan incurred administrative expenses of \$174,720 for the year ended December 31, 2024, which were paid by the Company in 2025.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, the actuarial present value of accumulated plan benefits and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts in the Statement of Changes in Net Assets Available for Benefits and the Statement of Changes in Accumulated Plan Benefits during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The Master Trust holds investments that are exposed to various risks such as interest rate, market, foreign currency and credit. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the level of these risks will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

The Master Trust invests in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations and commercial mortgage-backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income (loss) of these securities are sensitive to changes in economic conditions, including real estate values, delinquencies and/or defaults, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

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

Income Recognition

The Statement of Changes in Net Assets Available for Benefits presents the Plan's share of the Master Trust's net income (loss), which includes interest, dividends, realized gains or losses, the unrealized appreciation or depreciation of investments included in the Master Trust, investment management expenses and administrative expenses allocable to the plans (Note 7). Interest income is recorded on the accrual basis. Dividends are recorded on ex-dividend dates. Net appreciation / depreciation includes unrealized and realized gains and losses on investments. Realized gains and losses are determined based on the trade date of the underlying purchases and sales.

Investments at Fair Value

The value of the Plan's undivided interest in the Master Trust is based on the Plan's share of the fair value of the Master Trust's net assets at the beginning of the year plus contributions and allocated net investment income (loss) less benefit payments and allocated administrative expenses.

Benefit Payments and Prepaid Benefits

Master Trust assets used to fund benefit payments that will occur in the following month are first removed from the Master Trust and are recorded as prepaid benefits. Benefit payments are recorded as a reduction in net assets available for benefits when paid to the participants.

At December 31, 2024 and 2023, the Plan had benefit liabilities of \$3,555,329 and \$3,945,265, respectively. These amounts are not recorded as benefit payments in the Statement of Changes in Net Assets Available for Benefits but are reflected as liabilities in the Form 5500 (See Note 8).

Expenses

The Plan incurs PBGC fees and administrative expenses directly related to the Plan, which consist primarily of trustee fees and actuarial fees. These expenses are reported on the Statement of Changes in Net Assets Available for Benefits as administrative expenses. Administrative and investment management expenses related to the Master Trust are allocated to the Plan and are reflected in the net investment income or loss from the Master Trust. Certain administrative expenses are paid by the Company on behalf of the Plan.

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

Derivative Financial Instruments

Assets of the Master Trust include derivative financial instruments, which are used to maximize investment returns or minimize risks. These instruments include, but are not limited to, options, forwards and futures related to investments in both U.S. and foreign financial markets. The fair value of derivative financial instruments held by the Master Trust was a net asset of \$8,015,123 and \$20,752,236 at December 31, 2024 and 2023, respectively. Derivative financial instruments were reported at their gross fair values on the Statements of Net Assets of the Master Trust. The gross notional amount of derivatives at December 31, 2024 and 2023 was \$1,591,053,195 and \$4,539,595,877, respectively. The gross notional amount of derivatives at December 31, 2024 comprised of \$1,084,977,143 in the asset position and \$506,076,051 in the liability position. The gross notional amount of derivatives at December 31, 2023 comprised of \$2,708,298,911 in the asset position and \$1,831,296,965 in the liability position. At December 31, 2024 and 2023, the amount of cash collateral posted by the Master Trust against certain of these derivatives was not material.

The Master Trust is exposed to credit loss in the event of counterparty nonperformance related to derivative financial instruments. Based on the fair value of the investment in these derivatives with any one counterparty, the risk of loss to the Master Trust as of December 31, 2024 and 2023 in the event of nonperformance by a counterparty was not material.

3. Funding Policy

The Plan is funded by employer contributions. It is the policy of the Company to fund the Plan and the related medical benefit account in compliance with the minimum funding requirements of ERISA as calculated by the Plan's actuary; however, at times the Company may fund additional amounts.

4. Accumulated Plan Benefits

Accumulated plan benefits are the aggregate projected future periodic payments, including lump-sum distributions, as determined by the Plan's actuary that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary as of December 31, 2024 and 2023, and is the amount that results from adjusting the accumulated plan benefits to reflect the time value of money.

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

The key assumptions used in the actuarial valuation as of December 31, 2024 are as follows:

Mortality – Healthy	Pri-2012 sex-distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors and white collar adjustments applied, and projected generationally from that time with a modified version of the MP-2021 scale with an ultimate rate of 1.20% at age 64, grading down to 0% at age 115 in a straight line (MMP-2021)
Mortality – Disabled	2015 Select and Ultimate Pension Disability Mortality Table for males and females
Interest Rate	7.25% per annum
Turnover	Varies by service and age
Retirement Age	From age 55 to age 70
Disability	1985 Pension Disability Table Class 1
Pre-retirement Spouse’s Benefit	100% of participants are assumed to be married. Females are assumed to be two years older than their spouses. Males are assumed to be two years younger than their spouses.

The foregoing actuarial assumptions are based on continuation of the Plan. In the event of Plan termination, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Changes in actuarial assumptions from 2023 to 2024 included a change in the assumption used for the interest rate from 7.00% per annum to 7.25% per annum and changes in assumptions used to calculate optional forms of benefit payments, including lump sum payments. Changes in actuarial assumptions decreased the actuarial present value of accumulated plan benefits by \$178,592,126.

5. 401(h) Account

The Plan includes a medical-benefit component, which funds a portion of the postretirement obligations for qualified employees and their beneficiaries. This medical-benefit component is a separate health and welfare plan in accordance with Section 401(h) of the Code (“401(h) Account”). Participants hired before January 1994 that have at least 20 credited years of service and 30,000 credited hours and work for the Company until at least age 55 (or in some cases, age 50) are eligible for postretirement medical benefits. The postretirement medical benefit is not available for employees hired on or after January 1994.

A separate account has been established in the Master Trust for the net assets related to the 401(h) Account. In accordance with Section 401(h) of the Code, the Plan’s investments in the 401(h) Account may not be used for, or diverted to, any purpose other than providing health benefits for qualified employees and their beneficiaries. The related obligations for health benefits are not included in the Plan’s obligations in the statements of accumulated plan benefits, but rather are the obligations of the health and welfare plan. Plan participants do not contribute to the 401(h) Account. The Company’s contributions to the 401(h) Account are determined annually.

6. Certified Financial Data

The Trustee holds all of the Plan’s assets and executes all investment transactions and disbursements based upon instructions from the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that the investment information provided to the Plan Administrator by the Trustee is complete and accurate. The Master Trust investment holdings, income (loss) and valuation information included in the accompanying

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

financial statements and in the following notes to the financial statements has been prepared from the data certified by the Trustee:

- Note 1 - Party-In-Interest Transactions;
- Note 2 - Derivative Financial Instruments; and
- Notes 7 and 9

The fair value level classifications, as more fully described in Note 9, are not obtained from data certified by the Trustee but are recommended by the Trustee and approved by the Plan Administrator.

7. The Walt Disney Company Retirement Plan Master Trust

Allocation of the Master Trust Assets

The net assets available for benefits of the individual plans in the Master Trust and the allocation of income and expenses are determined by the Trustee. The net assets available for benefits are increased by employer contributions received by the Master Trust and reduced by benefit payments and administrative expenses paid that are specifically identifiable to the individual plan. In addition, net assets available for benefits are increased (decreased) by investment income (loss) and reduced by administrative and investment management expenses allocated from the Master Trust to each plan. Investment income (loss) and administrative and investment management expenses are allocated at the end of each month to the various plans based on their relative share of the Master Trust assets.

Financial information related to the Master Trust is as follows:

ALLOCATION OF NET ASSETS OF THE MASTER TRUST

	December 31,			
	2024		2023	
	Amount	%	Amount	%
Disney Salaried Pension Plan D	\$ 9,712,906,385	57.5	\$ 9,373,490,366	57.2
Disney Salaried Pension Plan A	4,150,310,179	24.6	4,032,738,141	24.7
Disney Associated Companies' Retirement Plan	1,708,100,856	10.1	1,696,180,731	10.4
21 st Century Fox America Retirement Plan	431,700,081	2.6	419,794,966	2.5
Pension Plan for Union Employees of 21 st Century Fox America, Inc.	7,063,850	0.1	7,173,122	0.1
401(h) Account - Disney Salaried Pension Plan D	690,238,042	4.1	662,375,563	4.0
401(h) Account - Disney Associated Companies' Retirement Plan	123,026,713	0.7	124,903,796	0.8
401(h) Account - Disney Salaried Pension Plan A	42,288,473	0.3	41,849,143	0.3
	<u>\$ 16,865,634,579</u>	100.0	<u>\$ 16,358,505,828</u>	100.0

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

STATEMENTS OF NET ASSETS OF THE MASTER TRUST

	December 31,	
	2024	2023
Assets		
Cash	\$ 29,701,834	\$ 18,870,959
Investments, at fair value (includes cash collateral from securities lending invested in a money market fund of \$75,446,756 and \$60,509,046 at December 31, 2024 and 2023, respectively)	17,222,417,284	16,072,662,395
Interest receivable	62,393,304	27,014,880
Dividends receivable	3,740,672	5,505,454
Other investment income receivable	9,795,544	29,905,509
Receivable for investments sold	53,281,765	423,500,279
Total assets	17,381,330,403	16,577,459,476
Liabilities		
Investment management and administrative expenses payable	6,885,499	8,063,032
Payable for securities lending collateral	75,446,756	60,509,046
Payable for investments purchased and other	433,363,569	150,381,570
Total liabilities	515,695,824	218,953,648
Net assets of the Master Trust	\$ 16,865,634,579	\$ 16,358,505,828

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

The following table presents the fair values of investments in the Master Trust:

	December 31,	
	2024	2023
Money market funds	\$ 1,007,886,710	\$ 475,024,128
Government and federal agency bonds, notes and mortgage-backed securities (MBS)	4,333,871,288	2,368,828,590
Corporate bonds	1,880,561,827	544,333,353
Other mortgage- and asset-backed securities	131,154,888	105,670,381
Common and preferred stocks ⁽¹⁾	3,101,666,179	4,274,900,176
Mutual funds	481,410,924	1,232,263,743
Common collective funds	1,994,714,406	2,899,054,351
Alternative investments	4,262,927,207	4,136,663,380
Derivatives and related cash collateral – asset position	28,223,855	35,924,293
	<u>17,222,417,284</u>	<u>16,072,662,395</u>
Derivatives and other – liability position ⁽²⁾	<u>\$ (11,101,731)</u>	<u>\$ (16,094,083)</u>

⁽¹⁾ Includes Disney common stock valued at \$321,126,830 and \$264,009,585 at December 31, 2024 and December 31, 2023, respectively

⁽²⁾ Reported in “Payable for investments purchased and other” on the Statements of Net Assets of the Master Trust

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

The Plan's share of the Master Trust's investments and other assets and liabilities is as follows:

	December 31,	
	2024	2023
Assets		
Money market funds	\$ 580,441,205	\$ 272,190,757
Government and federal agency bonds, notes and MBS	2,495,873,246	1,357,348,416
Corporate bonds	1,083,014,155	311,905,225
Other mortgage- and asset-backed securities	75,532,002	60,549,558
Common and preferred stocks	1,786,247,241	2,449,535,186
Mutual funds	277,244,192	706,092,136
Common collective funds	1,148,754,540	1,661,169,932
Alternative investments	2,455,016,602	2,370,324,940
Derivatives and related cash collateral – asset position	16,254,097	20,584,766
Total investments at fair value	<u>9,918,377,280</u>	<u>9,209,700,916</u>
Cash	17,105,264	10,813,136
Interest receivable	35,932,257	15,479,636
Dividends receivable	2,154,250	3,154,648
Other investment income receivable	5,641,246	17,135,978
Receivable for investments sold	30,684,929	242,667,382
Total assets	<u>10,009,895,226</u>	<u>9,498,951,696</u>
Liabilities		
Investment management and administrative expenses payable	3,965,354	4,620,150
Payable for securities lending collateral	43,449,731	34,671,929
Payable for investments purchased and other	249,573,756	86,169,251
Total liabilities	<u>296,988,841</u>	<u>125,461,330</u>
Plan's share of the net assets of the Master Trust	<u>\$ 9,712,906,385</u>	<u>\$ 9,373,490,366</u>

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

The changes in net assets for the Master Trust are as follows:

	Year Ended December 31, 2024
Investment income:	
Interest income	\$ 213,336,973
Dividend income	97,913,834
Net appreciation in fair value of investments	799,307,991
Other investment income	15,689,910
Net investment income	1,126,248,708
Less: investment management and administrative expenses	(33,351,251)
Net income allocable to plans	1,092,897,457
Contributions received, benefits paid and other, net	(585,768,706)
Increase in net assets	507,128,751
Net assets:	
Beginning of year	16,358,505,828
End of year	\$ 16,865,634,579
Plan's share in the net income of the Master Trust	\$ 627,016,828

Securities Lending

The Master Trust participates in a securities lending program. The statements of net assets of the Master Trust reflects as an asset the fair value of cash collateral received under the securities lending arrangement with an offsetting liability representing the Master Trust's obligation to return the collateral to the borrower.

State Street is the Master Trust's securities lending agent and, on behalf of the Master Trust, receives cash or other collateral including securities issued or guaranteed by the United States government equal to at least 100% of the market value of the loaned securities. On a daily basis, collateral is paid to or received from the borrower to maintain a collateral fair value of at least 100% of the fair value of the loaned securities. Each securities lending transaction can be canceled at any time by the Master Trust or the borrower upon notice. State Street indemnifies the Master Trust against a collateral shortfall due to a borrower default. This would cover events where the value of the collateral held is less than the value needed to purchase replacement securities in the Master Trust. To date, there have been no borrower defaults.

Cash and non-cash collateral of \$75,446,756 and \$24,920,581, respectively, was received by State Street on behalf of the Master Trust for securities on loan at December 31, 2024. Cash and non-cash collateral of \$60,509,046 and \$42,125,661, respectively, was received by State Street on behalf of the Master Trust for securities on loan at December 31, 2023. Cash collateral is invested in a money market fund. Non-cash collateral consists primarily of government and federal agency bonds and is held by State Street on behalf of the Master Trust. Investment income from securities lending was \$800,625 for the year ended December 31, 2024 and is included in "Other investment income".

The Master Trust maintains ownership of securities loaned and, accordingly, classifies loaned securities as investments.

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

The following table presents Master Trust securities on loan under the securities lending program:

	December 31,	
	2024	2023
Government and federal agency bonds, notes and MBS	\$ 22,435,352	\$ 37,879,546
Corporate bonds	47,612,951	9,840,904
Common and preferred stocks	4,652,554	24,476,305
Mutual funds	13,828,015	27,512,156
Other mortgage- and asset-backed securities	9,414,468	—
	<u>\$ 97,943,340</u>	<u>\$ 99,708,911</u>

8. Reconciliation of Financial Statements to Form 5500

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

	December 31,	
	2024	2023
Net assets available for benefits per the financial statements	\$ 9,736,069,940	\$ 9,394,379,015
Net assets held in 401(h) Account included in Form 5500	690,209,730	662,355,108
Amounts allocated to withdrawing participants	(5,520,692)	(6,363,766)
Net assets available for benefits per Form 5500	<u>\$ 10,420,758,978</u>	<u>\$ 10,050,370,357</u>

The following is a reconciliation of the interest in the Master Trust as reported in the financial statements to Form 5500:

	December 31,	
	2024	2023
Undivided interest in the Master Trust per the financial statements	\$ 9,712,906,385	\$ 9,373,490,366
401(h) Account assets included in Form 5500	690,238,042	662,375,563
Undivided interest in the Disney Master Trust per Form 5500	<u>\$ 10,403,144,427</u>	<u>\$ 10,035,865,929</u>

The net assets of the 401(h) Account are required to be included in Form 5500.

The following is a reconciliation of benefits paid to participants according to the financial statements to Form 5500:

	Year Ended December 31, 2024
Benefits paid to participants per the financial statements	\$ 279,314,575
401(h) benefits paid	16,490,643
Add: Amounts allocated to withdrawing participants at December 31, 2024	5,520,692
Less: Amounts allocated to withdrawing participants at December 31, 2023	(6,363,766)
Benefits paid to participants per Form 5500	<u>\$ 294,962,144</u>

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

Amounts allocated to withdrawing participants are recorded on Form 5500 for benefit claims that have been processed and approved for payment prior to year end, but have not yet been paid.

The following is a reconciliation of the Plan's share in the net income of the Master Trust according to the financial statements to Form 5500:

	Year Ended December 31, 2024
Plan's share in the net income of the Master Trust per the financial statements	\$ 627,016,828
Add: Amounts allocated to 401(h) Account	44,503,814
Plan's share in the net income of the Master Trust per Form 5500	\$ 671,520,642

The following is a reconciliation of the benefits payable as reported in Note 2 to the financial statements to Form 5500:

	December 31,	
	2024	2023
Benefits payable per Note 2	\$ 3,555,329	\$ 3,945,265
401(h) Account benefit payable included in Form 5500	1,965,363	2,418,501
Benefits payable per Form 5500	\$ 5,520,692	\$ 6,363,766

The following is a reconciliation of administrative expenses according to the financial statements to Form 5500:

	Year Ended December 31, 2024
Administrative expenses per the financial statements	\$ (2,405,325)
Add: Administrative expenses for the 401(h) Account	(158,549)
Administrative expenses per Form 5500	\$ (2,563,874)

The following is a reconciliation of accrued administrative expenses as reported in the financial statements to Form 5500:

	December 31,	
	2024	2023
Accrued administrative expenses per the financial statements	\$ 398,288	\$ 340,488
401(h) Account accrued administrative expenses included in Form 5500	28,312	20,455
Accrued administrative expenses per Form 5500	\$ 426,600	\$ 360,943

9. Fair Value Measurement

Fair value is defined as the amount that would be received for selling an asset or paid to transfer a liability in an orderly transaction between market participants and is generally classified in one of the following categories:

- Level 1 – Quoted prices for identical instruments in active markets

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

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

Investments that are valued using the net asset value (“NAV”) per share practical expedient are not classified in the fair value hierarchy. NAV per share is determined based on the fair value using the underlying assets divided by the number of units outstanding.

The following is a description of the valuation methodologies used for assets reported at fair value. State Street provides recommendations of valuation methodologies, which are approved by the Plan Administrator. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Level 1 investments are valued based on reported market prices on the last trading day of the year. Investments in common and preferred stocks and mutual funds are valued based on the securities exchange-listed price or a broker’s quote in an active market. Investments in U.S. Treasury securities are valued based on a broker’s quote in an active market.

Level 2 investments in government and federal agency bonds and notes (excluding U.S. Treasury securities), corporate bonds and mortgage-backed and asset-backed securities are valued using a broker’s quote in a non-active market or an evaluated price based on a compilation of reported market information, such as benchmark yield curves, credit spreads and estimated default rates. Derivative financial instruments are valued based on models that incorporate observable inputs for the underlying securities, such as interest rates or foreign currency exchange rates.

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

The Master Trust's assets and liabilities measured at fair value are summarized by level in the following tables:

	December 31, 2024		
	Level 1	Level 2	Total
Investments held by the Master Trust:			
Government and federal agency bonds, notes and MBS	\$ 2,607,503,817	\$ 1,726,367,471	\$ 4,333,871,288
Corporate bonds	—	1,880,561,827	1,880,561,827
Other mortgage- and asset-backed securities	—	131,154,888	131,154,888
Common and preferred stocks	3,101,666,179	—	3,101,666,179
Mutual funds	481,410,924	—	481,410,924
Derivatives and related cash collateral – asset position	11,428,010	16,795,845	28,223,855
Total investments in the fair value hierarchy	<u>\$ 6,202,008,930</u>	<u>\$ 3,754,880,031</u>	\$ 9,956,888,961
Investments valued using the NAV per share practical expedient:			
Alternative investments			4,262,927,207
Common collective funds			1,994,714,406
Money market funds			<u>1,007,886,710</u>
Total investments at fair value			<u>\$ 17,222,417,284</u>
Derivatives and other – liability position	<u>\$ (194,899)</u>	<u>\$ (10,906,832)</u>	<u>\$ (11,101,731)</u>

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

	December 31, 2023		
	Level 1	Level 2	Total
Investments held by the Master Trust:			
Government and federal agency bonds, notes and MBS	\$ 1,969,320,110	\$ 399,508,480	\$ 2,368,828,590
Corporate bonds	—	544,333,353	544,333,353
Other mortgage- and asset-backed securities	—	105,670,381	105,670,381
Common and preferred stocks	4,274,900,176	—	4,274,900,176
Mutual funds	1,232,263,743	—	1,232,263,743
Derivatives and related cash collateral – asset position	6,884,707	29,039,586	35,924,293
Total investments in the fair value hierarchy	<u>\$ 7,483,368,736</u>	<u>\$ 1,078,551,800</u>	\$ 8,561,920,536
Investments valued using the NAV per share practical expedient:			
Alternative investments			4,136,663,380
Common collective funds			2,899,054,351
Money market fund			475,024,128
Total investments at fair value			<u>\$ 16,072,662,395</u>
Derivatives and other – liability position	<u>\$ (1,158,442)</u>	<u>\$ (14,935,641)</u>	<u>\$ (16,094,083)</u>

Transfers Between Levels

Changes in economic conditions or in the use and type of model-based valuation methodologies may require the transfer of financial instruments from one fair value level to another. There were no material transfers between Levels 1, 2 and 3 for the years ended December 31, 2024 or December 31, 2023.

Alternative Investments

Alternative investments consist of funds with the following strategies:

- Diversified – Multi-strategy private investment funds and hedge funds
- Distressed – Private funds consisting of distressed debt
- Private Equity – Private equity funds
- Venture Capital – Venture capital private equity investment funds
- Real Estate – Private real estate funds
- Commodities – Primarily through an index-based fund

The Master Trust holds alternative investments, which generally offer no redemption rights to investors and for which the return of capital is determined by the investment manager or general partner according to the terms of the investment agreements. The investments generally have initial terms of eight to ten years, subject to extensions of up to two years at the option of the investment manager or general partner. At times, the investment manager may request longer extensions.

DISNEY SALARIED PENSION PLAN D
NOTES TO FINANCIAL STATEMENTS
(continued)

Common Collective Funds

Common collective funds held by the Master Trust generally hold public equity and fixed income assets and allow for redemption terms ranging from one month to five years. Additionally, the investments may have an initial lock-up period, which is then followed by quarterly liquidity allowances.

Money Market Funds

Money market funds are invested in short-term debt securities, primarily U.S. Treasury bills, commercial deposits and commercial paper.

Uncalled Capital Commitments

The Master Trust includes interests in investments, which have rights to make capital calls to the investors. In such cases, the Master Trust would be contractually obligated to make a cash contribution at the time of a capital call. Capital calls are generally funded by proceeds from sales of or income generated by other investments in the Master Trust.

The following table shows the uncalled capital commitments as of December 31, 2024, by alternative investment category:

Distressed	\$ 39,219,071
Private Equity	821,258,489
Venture Capital	162,026,320
Real Estate	338,059,841
Commodities	2,390,717
Total	<u>\$ 1,362,954,438</u>

10. Subsequent Events

The Plan Administrator has evaluated subsequent events through October 3, 2025, the date the financial statements were available to be issued, and made any necessary adjustments and disclosures, as applicable.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34	2	5	*	16							23
	*	*	*	*							*
35–39	12	113	52	307	153						637
	*	116,538	126,026	148,006	151,843						*
40–44	7	161	94	314	604	99					1,279
	*	122,712	120,063	142,832	153,760	163,129					*
45–49	4	168	119	286	607	451	100				1,735
	*	143,594	135,219	161,123	149,561	157,773	182,469				*
50–54	4	181	154	287	578	545	453	36			2,238
	*	115,266	134,395	150,581	154,033	157,784	182,145	187,379			*
55–59	8	140	125	198	417	451	494	191	27		2,051
	*	123,189	131,652	144,525	152,511	150,596	170,751	187,824	201,902		*
60–64	4	112	71	137	246	298	339	217	85	11	1,520
	*	88,199	116,599	137,676	127,213	148,938	164,408	182,378	189,482	*	*
65–69	1	32	28	39	72	75	84	52	27	23	433
	*	100,580	110,828	107,891	138,045	157,934	157,857	197,595	220,117	201,742	*
70 & up		10	8	3	15	10	8	7	3	5	69
		*	*	*	*	*	*	*	*	*	*
Total	42	922	651	1,587	2,692	1,929	1,478	503	142	39	9,985
	*	*	*	*	*	*	*	*	*	*	*

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay for 2023 limited to \$330,000. Average pay is not shown for cells with less than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	0	
	Stabilized	Nonstabilized
• First 5 years	4.75%	4.37%
• Next 15 years	4.96%	4.96%
• Over 20 years	5.59%	4.95%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.	
• Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995.	
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits.	
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates and pre-commencement mortality rather than 417(e) interest rates and current year 417(e) unisex mortality. However, unisex 417(e) mortality is used after retirement.	
Other economic assumptions		
• Salary increases	See table of sample rates.	
• Social Security taxable wage base increases	Not applicable	
• Inflation	Not applicable	
• Actuarial equivalence for optional forms of payment	417(e) interest rates and mortality in effect for the 2024 plan year (September 2023), projected to the year of payment with implied future spot rates.	
• Expected investment return	7.00% per year for 2022 and 2023, not to exceed third segment rate for applicable plan year.	
• Expenses	\$ 5,436,000 added to current year normal cost	

Rationale for economic assumptions

- Discount rate – Prescribed by the IRS
- Mortality – Prescribed by the IRS
- 417(e) lump sums – Prescribed by the IRS

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- Actuarial Equivalence – Actuarial equivalence assumptions are defined by the Plan, which are the same as the 417(e) assumptions updated annually. The valuation assumptions include projection of implied future spot rates and mortality.
- Salary increases - The salary scale rates were developed based on an experience study undertaken in 2024, which considered historical experience from 2017-2022 and future expectations. This assumption is reviewed annually for reasonableness.
- Inflation – Not applicable for funding.
- Expected return on assets – The expected rate of return on plan assets is based on an average of the hypothetical past performance, adjusted for current market conditions, and future performance of the plan’s target asset mix. The expected return on assets assumption is net of an adjustment of 20 bps for investment expenses assumed to be paid from plan assets.
- Expenses – Prior year actual administrative expenses (excluding PBGC premiums), plus expected current plan year PBGC premiums, rounded up to the next \$1,000.

Demographic assumptions		
• Withdrawal	See table of sample rates.	
• Disability incidence	The 1985 Pension Disability Table Class 1 for males and females. See table of Sample rates.	
• Valuation Pay	Base Pay¹	% of Base Pay
	< \$50,000	105%
	\$50,000 - \$100,000	105%
	\$100,000 - \$150,000	115%
	\$150,000 - \$200,000	125%
	\$200,000 - \$250,000	140%
	\$250,000 - \$300,000	155%
	\$300,000 - \$400,000	165%
• Retirement age	Attained age	Percentage
	Under 55	0.00%
	55-59	5.50%
	60-61	7.50%
	62-63	12.00%
	64	15.50%
	65-69	26.00%
	70 and above	100.00%
• Benefit commencement age for		
	— Future vested deferred	64
— Current vested deferred	64	
• Spouse assumptions	Male participants	Female participants

¹ Base pay bands are projected to increase 3.5% per year in the future.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

– Percentage married for non-Marvel participants	100%	100%
– Percentage married for Marvel participants	80%	80%
– Spouse age difference	2 years younger	2 years older

Form of payment — Lump Sums

– Active participants who terminate or retire and are prior to normal retirement age at the valuation date	10% are assumed to elect an immediate lump sum if it less than \$100,000 and 75% are assumed to elect a deferred lump sum at age 65 if it is less than \$100,000. Remaining terminating participants are assumed to elect a deferred annuity at their assumed commencement age shown above. Remaining retiring participants are assumed to elect an immediate annuity in accordance with the annuity assumptions below.
– Active participants who terminate or retire and are after normal retirement age at the valuation date	30% are assumed to elect an immediate lump sum if it is less than \$100,000. Remaining terminating and retiring participants are assumed to elect an immediate annuity in accordance with the annuity assumptions below.
– Current deferred beneficiaries	100% of deferred beneficiaries are assumed to elect an immediate lump sum if it is less than \$100,000, otherwise they are assumed to commence the survivor annuity at the participant’s assumed commencement age shown above.
– Current vested deferreds who have terminated within the past two years and are prior to normal retirement age at the valuation date	10% are assumed to elect an immediate lump sum if it less than \$100,000 and 75% are assumed to elect a deferred lump sum at age 65 if it is less than \$100,000. Remaining vested deferreds are assumed to elect a deferred annuity at their assumed commencement age shown above in accordance with the annuity assumptions below.
– Current vested deferreds who have terminated more than two years ago and are prior to normal retirement age at the valuation date	80% are assumed to elect a deferred lump sum at age 65 if it is less than \$100,000. Remaining vested deferreds are assumed to elect a deferred annuity at their assumed commencement age shown above in accordance with the annuity assumptions below.
– Current vested deferreds who are past normal retirement age at the valuation date	40% are assumed to elect an immediate lump sum if it is less than \$100,000. Remaining vested deferreds are assumed to elect an immediate annuity in accordance with the annuity assumptions below.

Form of payment — Annuities	10-year Certain and				
	Single Life	Life	50% J&S	75% J&S	100% J&S
• Active retirements	40%	5%	20%	10%	25%
• Future vested deferred	40%	5%	20%	10%	25%
• Future disabilities	40%	5%	20%	10%	25%
• Future deaths	0%	0%	100%	0%	0%
• Current vested deferred	45%	10%	15%	5%	25%
Unpredictable contingent event assumptions	Not applicable				

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

Attained age	Withdrawal percentage	Disability incidence		Salary increase at attained age
		Male	Female	
30	7.67%	0.048%	0.080%	6.00%
35	6.24%	0.069%	0.136%	5.30%
40	5.59%	0.117%	0.211%	4.70%
45	4.94%	0.202%	0.323%	4.00%
50	4.29%	0.358%	0.533%	3.40%
55	0.00%	0.722%	0.952%	2.70%
60	0.00%	1.256%	1.159%	2.10%
65	0.00%	1.753%	1.358%	1.40%

Rationale for demographic assumptions

- Withdrawal and retirement rates, valuation pay, benefit commencement age, forms of payment, spousal assumptions – These were developed based on an experience study undertaken in 2024, which considered historical experience from 2017-2022 and future expectations. These assumptions are reviewed annually for reasonableness.
- Disability incidence – The disability incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates because the plan's disability requirements are the same as Social Security Disability, which was the basis of the 1985 study.

Actuarial methods for funding**Asset methods**

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan administrator provides us with data on all employees as of the valuation date on behalf of the plan sponsor and identifies those employees who have been identified as eligible for the plan by completing the plan's eligibility requirements. Only those employees identified as eligible for the plan are included in the valuation of liabilities.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- This plan provides disability benefits that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the ratio of the participant's service at the beginning of the plan year to their service at each decrement age and is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

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

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


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

A Name of plan DISNEY SALARIED PENSION PLAN D	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TWDC ENTERPRISES 18 CORP.	D Employer Identification Number (EIN) 95-4545390	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	9,390,434,213
	b Actuarial value	2b	9,702,144,657
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	10,729	2,831,928,267
	b For terminated vested participants	15,253	1,928,363,702
	c For active participants	9,985	2,663,421,518
	d Total	35,967	7,423,713,487
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.26%
6	Target normal cost		
	a Present value of current plan year accruals	6a	179,754,946
	b Expected plan-related expenses	6b	5,436,000
	c Target normal cost	6c	185,190,946

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>9/2/2025</u> Date
	Craig P. Rosenthal Type or print name of actuary	2305270 Most recent enrollment number
	Mercer Firm name	212-345-7000 Telephone number (including area code)
	1166 AVENUE OF THE AMERICAS NEW YORK NY 10036-2708 Address of the firm	

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

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

Schedule SB (Form 5500) 2024
v. 240311

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,290,928,593
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1,290,928,593
10	Interest on line 9 using prior year's actual return of <u>12.26%</u>	0	158,267,846
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	1,449,196,439

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.74%
15	Adjusted funding target attainment percentage	15	130.18%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.99%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	185,190,946
b Excess assets, if applicable, but not greater than line 31a	31b	185,190,946

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.50%	10,000	550	30,250
56	5.50%	9,450	520	29,106
57	5.50%	8,930	491	27,996
58	5.50%	8,439	464	26,921
59	5.50%	7,975	439	25,879
60	7.50%	7,536	565	33,913
61	7.50%	6,971	523	31,893
62	12.00%	6,448	774	47,975
63	12.00%	5,674	681	42,899
64	15.50%	4,994	774	49,536
65	26.00%	4,220	1,097	71,310
66	26.00%	3,122	812	53,581
67	26.00%	2,311	601	40,251
68	26.00%	1,710	445	30,230
69	26.00%	1,265	329	22,699
70	100.00%	936	936	65,542
Total			10,000	629,982
Average				63

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	20,509,970	38,823,929	246,429,436	305,763,335
2025	38,979,113	31,947,700	242,860,321	313,787,134
2026	57,341,875	44,330,901	239,065,234	340,738,010
2027	75,222,570	57,452,193	234,964,165	367,638,928
2028	92,955,592	68,579,274	230,522,959	392,057,825
2029	109,534,912	79,764,322	225,667,976	414,967,210
2030	125,365,994	91,699,313	220,612,544	437,677,851
2031	140,433,446	102,539,187	215,063,994	458,036,627
2032	154,541,012	112,522,589	209,119,041	476,182,642
2033	167,506,151	121,913,596	202,687,712	492,107,459
2034	179,899,471	131,774,647	195,944,096	507,618,214
2035	191,653,911	141,069,923	188,838,217	521,562,051
2036	202,938,686	148,754,964	181,255,573	532,949,223
2037	212,855,497	155,145,508	173,272,194	541,273,199
2038	221,376,021	160,334,454	164,975,240	546,685,715
2039	228,724,469	164,293,966	156,217,407	549,235,842
2040	234,786,374	167,897,218	147,102,625	549,786,217
2041	239,934,284	170,436,821	137,846,310	548,217,415
2042	243,556,574	171,273,502	128,293,289	543,123,365
2043	245,595,649	171,690,809	118,313,225	535,599,683
2044	246,747,480	171,122,323	108,693,204	526,563,007
2045	246,646,919	169,966,091	99,197,626	515,810,636
2046	245,155,337	168,231,338	89,827,881	503,214,556
2047	242,714,336	166,015,476	80,673,732	489,403,544
2048	238,884,669	162,666,537	71,825,774	473,376,980
2049	233,957,371	158,627,767	63,372,133	455,957,271
2050	227,976,139	153,689,841	55,393,873	437,059,853
2051	220,812,518	148,121,241	47,959,592	416,893,351
2052	212,871,989	142,100,042	41,122,489	396,094,520
2053	203,959,984	135,526,324	34,918,715	374,405,023
2054	194,265,683	128,479,562	29,365,663	352,110,908
2055	184,097,340	121,050,222	24,462,510	329,610,072
2056	173,628,191	113,455,380	20,191,615	307,275,186
2057	162,987,197	105,788,846	16,521,105	285,297,148
2058	152,293,673	98,121,895	13,408,319	263,823,887
2059	141,619,671	90,525,263	10,802,872	242,947,806
2060	131,060,476	83,064,850	8,649,697	222,775,023
2061	120,697,984	75,801,478	6,891,879	203,391,341
2062	110,603,500	68,789,689	5,473,285	184,866,474
2063	100,840,512	62,076,445	4,340,615	167,257,572
2064	91,463,935	55,700,508	3,444,986	150,609,429
2065	82,520,221	49,691,975	2,742,830	134,955,026
2066	74,046,781	44,072,516	2,196,251	120,315,548
2067	66,072,101	38,856,050	1,773,073	106,701,224
2068	58,616,174	34,048,910	1,446,555	94,111,639
2069	51,690,141	29,650,486	1,194,918	82,535,545
2070	45,297,874	25,654,270	1,000,712	71,952,856
2071	39,436,488	22,048,746	850,148	62,335,382
2072	34,097,246	18,818,416	732,482	53,648,144
2073	29,266,570	15,944,922	639,434	45,850,926

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: May 1, 1984 Restated plan: January 1, 2012 Plan year: Calendar year ending on December 31
Status of the plan	The plan has ongoing benefit accruals for covered employees as of December 31, 2011 and no newly hired employees are eligible to participate in the plan on or after January 1, 2012. Rehires on or after January 1, 2012 do not earn future benefit accruals or credited service.
Significant events that occurred during the year	None

Definitions

<ul style="list-style-type: none"> Covered employees 	<p>Salaried employees as of December 31, 2011 excluding:</p> <ul style="list-style-type: none"> Employees covered by a collective bargaining agreement, unless the agreement specifically provides for participation in the Disney Salaried Retirement Plan; Employees who are eligible to participate in another Disney sponsored qualified retirement plan; Leased employees; Employees who are non-resident aliens with no U.S. source income; and Employees covered by an agreement that precludes participation in the Disney Salaried Retirement Plan D.
<ul style="list-style-type: none"> Participation 	<p>A covered employee becomes a plan participant on the first day of the month following the date he completes one eligibility computation period with at least 1,000 hours of service. An eligibility computation period is a 12-month consecutive period beginning on either:</p> <ul style="list-style-type: none"> The employee’s employment commencement date or The plan year beginning after the employee’s employment commencement date and each anniversary thereafter in which the employee has been credited with at least 1,000 hours of service. <p>Employees hired at age 60 or older before January 1, 1988 become participants on the later of January 1, 1988 or the completion of one eligibility computation period.</p> <p>No employee newly hired on or after January 1, 2012 is eligible to participate in the plan.</p>
<ul style="list-style-type: none"> Employee contributions 	<p>Participants are not required or permitted to make contributions to the plan. Participant contributions may remain in the plan if required under a predecessor plan prior to May 1, 1984.</p>
<ul style="list-style-type: none"> Vesting service 	<p>For plan years on or after January 1, 1984, any plan year in which the employee completes 1,000 or more hours of service. For service prior to May 1, 1984 or after December 31, 2011, not less than uninterrupted months of service before May 1, 1984 or after December 31, 2011 as a covered employee, nor less than years of vesting service under the Associated Plans. Service during leave of absence included only to the extent necessary to be consistent with military leave or rules adopted by Committee.</p> <p>Vesting Service shall also include vesting service under the Motion Picture Plan.</p>

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Credited service 	<p><i>Past Service Months:</i> Prior to May 1, 1984, the most recent uninterrupted months of service prior to May 1, 1984. Excludes months in which the employee was eligible to participate but declined participation in the Key Plan, the Associated Plans or the Motion Picture Plan.</p> <p><i>Years of Benefit Service:</i> For plan years on or after January 1, 1984 and before January 1, 2012, any plan year in which the employee completes 1,000 or more hours of service. For plan years on or after January 1, 2012, years and fractions of a year, rounded to the next full month, of employment in an eligible group of employees while eligible to participate in the plan.</p> <p>Credited Years of Service: Past Service Months divided by 12 plus Years of Benefit Service.</p>
<ul style="list-style-type: none"> Pensionable earnings 	<p><i>Pre-2012 definition:</i> Base pay paid during the calendar year excluding overtime, bonuses, commissions, relocation reimbursement, stock options, other extraordinary payments, payments after termination, and compensation in lieu of unused vacation and/or sick pay.</p> <p><i>Post-2011 definition:</i> Base pay and bonuses paid during the calendar year. Apart from bonuses the same exceptions applicable to pre-January 1, 2012 pay apply.</p>
<ul style="list-style-type: none"> Final average earnings 	<p><i>Average Monthly Compensation</i> is the average under the Pre-2012 definition of the highest 60 consecutive months in the 120 months preceding the earliest of the date the employee ceases to be a covered employee and the month in which a break in service begins.</p> <p><i>Final Average Pay</i> is the average under the Post-2011 definition of the highest 60 consecutive months in the 120 months preceding the earliest of the date the employee ceases to be a covered employee and the month in which a break in service begins.</p> <p><i>Past Service Average Monthly Compensation</i> is the average of the highest 60 consecutive months in the 120 months preceding May 1, 1984.</p> <p>If there are less than 60 months of service on the determination date, the average is determined based on the number of full consecutive calendar months.</p>
<ul style="list-style-type: none"> Accrued benefit 	<p>The normal retirement benefit payable as a life annuity commencing on the first of the month coincident with or immediately following the participant’s normal retirement age or immediately if the participant has already attained his normal retirement age. The participant’s accrued benefit is reduced by the accrued benefit payable under other Disney Plans for service considered in determining the accrued benefit from this plan.</p>
<p>Normal retirement</p>	
<ul style="list-style-type: none"> Eligibility 	<p>Age 65</p>
<ul style="list-style-type: none"> Benefit 	<p>Sum of Pre-2012 Service Benefit Component plus Post-2011 Service Benefit Component.</p> <p>Pre-2012 Service Benefit Component</p> <p>A monthly benefit equal to 1. + 2. + 3., but not greater than 4.</p> <p>1. <i>Flat dollar benefit (A plus B):</i></p> <p>A. \$20.00 for each of the first 10 years of credited service before January 1, 2012 plus \$21.50 for each of the next 10 years of credited service before January 1, 2012 plus \$23.50 for each of the third 10 years of credited service before January 1, 2012</p>

Schedule SB, Part V — Summary of Plan Provisions

B. If less than 30 years of credited service before January 1, 2012 and credited hours of service before January 1, 2012 exceeds 1,500 times credited years of service before January 1, 2012 plus 750, monthly benefit can be increased up to an additional \$11.75.

2. *Pre-May 1984 service benefit:*

The sum of 1.15% of Past Service Average Monthly Compensation and 0.35% of Past Service Average Monthly Compensation greater than \$2,500 multiplied by Past Service Months divided by 12.

3. *Formula benefit (A plus B):*

A. Past Service Months multiplied by 1/12 of the sum of 0.65% of Average Monthly Compensation and 0.025% of Average Monthly Compensation greater than \$2,500

B. Years of Benefit Service multiplied by the sum of 1.55% of Average Monthly Compensation and 0.375% of Average Monthly Compensation greater than \$2,500

4. The normal retirement benefit defined above is reduced as necessary (but in no event less than 1. above) so that this benefit plus the accrued benefits under the Associated Plans, the Disney Associated Companies' Retirement Plan, and the Motion Picture Plan shall not exceed 60% of Average Monthly Compensation if Average Monthly Compensation is less than \$1,750, increasing to 85% of Average Monthly Compensation if it is greater than or equal to \$3,750 at a rate of 1% for every \$1,000 increase in annual compensation.

Post- 2011 Service Benefit Component

Years of Benefit Service accrued after December 31, 2011 multiplied by 1.25% of Final Average Pay.

In no event shall the normal retirement benefit from this plan be less than the participant's accrued benefit on December 31, 1993 reflecting Final Average Salary as limited under IRC 401(a)(17) at that time plus his accrued pension determined as of his normal retirement date using Years of Benefit Service and compensation earned on and after January 1, 1994. Includes benefits accrued under Fleer/Skybox International Retirement Plan and merged into Disney Salaried Pension Plan D effective July 1, 2013.

Early retirement

- | | |
|---|---|
| <ul style="list-style-type: none"> • Eligibility | <ul style="list-style-type: none"> • Skybox: Age 55 and 10 years of vesting service. • Fleer: Age 55 and 15 years of vesting service. • Otherwise: Age 55 and 3 years of vesting service. (5 years of vesting service for a participant who does not complete at least one hour of service after January 1, 2012.) |
| <ul style="list-style-type: none"> • Benefit | <p>Accrued benefit with the following reductions:</p> <ul style="list-style-type: none"> • Skybox employed before 1/1/1983: None. • Skybox and 20 years of vesting service: 1/4th of 1% for each month the Early Retirement Date precedes age 62. • Skybox: 1/4th of 1% for each month the Early Retirement Date precedes the Normal Retirement Date. • Fleer and Rule of 65: 1/2 of 1% for each of the first 60 months and 1/4th of 1% for each of the next 60 months preceding the Normal Retirement Date. • Fleer: Actuarially equivalent from Normal Retirement Date. |

Schedule SB, Part V — Summary of Plan Provisions

- Otherwise:
 - Pre-2012 Service Benefit Component normal retirement benefit reduced 1/180th for each of the first 60 months and 1/360th for each of the next 60 months preceding the normal retirement date plus
 - Post-2011 Service Benefit Component reduced by 5/12th of 1% for each month the Early Retirement Date precedes the Normal Retirement Date.
 - If 25 or more years of vesting service, the participant's minimum early retirement benefit is the participant's accrued benefit on February 28, 1994 reduced 5% per year before age 62.

Late retirement

- Eligibility Any participant who works beyond age 65
- Benefit The accrued benefit is calculated based on compensation and service at actual retirement.

Deferred vested

- Eligibility 3 years of vesting service (5 years of vesting service for a participant who does not complete at least one hour of service on or after January 1, 2012) or has attained age 65, whichever comes first.
- Benefit Normal retirement benefit. Can elect an early retirement benefit at any time after age 55. Refer to Early Retirement provisions above.

Disability

- Eligibility Prior to January 1, 2012: Totally and permanently disabled after attaining age 55 but prior to age 65 with 10 or more years of vesting service and eligible for Social Security Disability benefits.
 After January 1, 2012: Any eligible participant who is entitled to a disability benefit under the Social Security Act.
- Benefit Normal retirement benefit defined above commencing at age 65. Continue to earn credited service while disabled prior to January 1, 2012 at a rate of 45 hours per week and after January 1, 2012 with Years of Credited Service. Compensation during disability deemed to be at the same rate of pay in effect for the calendar month prior to disability date.

Pre-retirement death

- Benefit If a participant who is vested in his accrued benefit dies
 - prior to his earliest early retirement date, the spouse will receive a benefit equal to 50% of the joint and 50% survivor option on the participant's earliest early retirement date.
 - after his earliest early retirement date, the spouse will receive a benefit equal to 50% of the joint and 50% survivor option on the first of the month following the participant's death.
 Effective January 1, 2006, the beneficiary of an unmarried participant will receive the same pre-retirement death benefit as a married participant.

Form of benefits

- Automatic form for unmarried participants Life annuity
- Automatic form for married participants Reduced Joint and 50% survivor benefit actuarially equivalent to life annuity

Schedule SB, Part V — Summary of Plan Provisions

• Optional forms	The optional forms of retirement benefits available are <ul style="list-style-type: none"> • life annuity • 10 and 20 year guaranteed life annuity • a joint and survivor annuity (100%, 75%, or 50% continuance) • Special lump sum payment option equal to the present value of the Pre-May 1984 Service Benefit, if applicable. • A voluntary lump sum distribution is available when the present value of the vested accrued benefit does not exceed \$100,000. • Mandatory lump sum if present value of the vested accrued benefit is less than \$7,000.
• Optional form conversion factors	The applicable interest rate described in Code Section 417(e)(3) for the month of September preceding the valuation date and the mortality table prescribed by the Internal Revenue Service for purposes of Code Section 417(e)(3).
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.
• Other Welfare Benefits	Participants hired prior to January 1, 1994 with at least 20 years of vesting service may also be eligible for certain health, dental and/or vision benefits under the terms of the plan. Please see Disney Postretirement Health Care Plan for a more detailed explanation of these benefits.
• QSERP Benefits	Effective September 30, 2018, non-qualified active accrued benefits as of January 1, 2018 from the Disney Key Employees Deferred Compensation and Retirement Plan will be payable from the Disney Salaried Pension Plan D.
• Administration	A committee is responsible for the general administration and executing the provisions of the plan.
• Funding medium	Funds of the plan held by a Trustee.
• Benefits not included in valuation	<ul style="list-style-type: none"> • Grandfathered benefit at June 30, 1992 • Special early retirement reduction for participants who have completed at least 25 years of vesting service • Employee contributions under Key Plan or under an Hourly Plan prior to May 1, 1984 • Other Welfare benefits are valued separately under IRC Section 401(h) and separate 401(h) valuation results are shown in the Appendix to this report. • Frozen accrued benefit under the Motion Picture Plan for Employees who transferred from the Motion Picture Plan prior to 1977.

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Most recent plan amendments included:** The plan was amended effective January 1, 2024.

Schedule SB, Part V — Summary of Plan Provisions

- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation does not include increases for current participants over age 70 as they are relatively few and are expected to retire immediately.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including a one-time lump sum payment to reimburse them for missed payments with interest. The interest rate used is 5% as noted in the plan document.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations of the qualified plan benefits.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding**Additional Benefits Included or Excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan Amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes since Prior Valuation

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.
- The mandatory lump sum threshold was changed from \$1,000 to \$7,000.

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- The expense component of normal cost changed from \$19,959,000 to \$5,436,000 to reflect our expectations for the current plan year.
- The interest rates used for actuarial equivalence purposes were updated to the 417(e) interest rates in effect for the 2024 plan year (September 2023), projected to the year of payment with implied future spot rates to better reflect expected experience.
- Salary increases, valuation pay, withdrawal and retirement rates, benefit commencement age, spouse age differences, and form of payment assumptions were all updated to reflect results of the 2024 experience study.