

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: A&E TELEVISION NETWORKS, LLC. RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1988
2a Plan sponsor's name (employer, if for a single-employer plan): A&E TELEVISION NETWORKS, LLC.
2b Employer Identification Number (EIN): 13-3091639
2c Plan Sponsor's telephone number: 212-210-1400
2d Business code (see instructions): 515210

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	1650
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.....	6a(1)	473
	6a(2)	371
	6b	311
	6c	928
	6d	1610
	6e	41
	6f	1651
	6g(1)	
6g(2)		
6h		0
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 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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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>A&E TELEVISION NETWORKS, LLC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>A&E TELEVISION NETWORKS, LLC.</u>	D Employer Identification Number (EIN) <u>13-3091639</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>356667948</u>	
b Actuarial value	2b	<u>392334742</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>309</u>	<u>71243734</u>	<u>71243734</u>
b For terminated vested participants	<u>876</u>	<u>100397378</u>	<u>100397378</u>
c For active participants	<u>473</u>	<u>112691640</u>	<u>113416798</u>
d Total	<u>1658</u>	<u>284332752</u>	<u>285057910</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>5.30 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>14039686</u>	
b Expected plan-related expenses	6b	<u>352000</u>	
c Target normal cost	6c	<u>14391686</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		
	Signature of actuary	<u>07/01/2025</u> Date
	<u>BRIANNA ZAMBITO F.S.A, E.A.</u> Type or print name of actuary	<u>23-08617</u> Most recent enrollment number
	<u>FIDELITY INVESTMENTS</u> Firm name	<u>212-335-5639</u> Telephone number (including area code)
	<u>640 FIFTH AVENUE NEW YORK, NY 10019</u> Address of the firm	

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

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	117073724
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	15575583
9	Amount remaining (line 7 minus line 8)	0	101498141
10	Interest on line 9 using prior year's actual return of <u>7.86</u> %	0	7977754
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		9154619
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>5.40</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		719553
c	Total available at beginning of current plan year to add to prefunding balance		9874172
d	Portion of (c) to be added to prefunding balance		9874172
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	119350067

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.76 %
15	Adjusted funding target attainment percentage	15	137.63 %
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	92.46 %
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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 64
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 type="checkbox"/> Yes	<input checked="" 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	14391686	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	12073235	1187646	
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	15579332	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	15579332	15579332
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		
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
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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 A&E TELEVISION NETWORKS, LLC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 A&E TELEVISION NETWORKS, LLC.	D Employer Identification Number (EIN) 13-3091639	

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)

FIDELITY

04-3532603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	INV ADV	294583	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)

NORTHERN TRUST

36-1561860

(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?
21 50	TRUSTEE	90766	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)

MORGAN STANLEY DOMESTIC HOLDING INC

20-8764829

(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?
13 50	CONTRACT	62541	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)

SAGE ADVISOR SERVICES

74-2708841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	INV ADV	48686	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)

CROWE HORWATH LLC

35-0921680

(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	AUDIT	31700	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"/>

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 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>A&E TELEVISION NETWORKS, LLC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>A&E TELEVISION NETWORKS, LLC.</u>	D Employer Identification Number (EIN) <u>13-3091639</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE S&P 500 INDEX FUND NL</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18921639</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE S&P 400 INDEX FUND NL</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3524644</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
b Name of sponsor of entity listed in (a): <u>NT COLLECTIVE RUSSELL 2000 INDEX FUND-NON LENDING</u>		
c EIN-PN <u>45-6138589-096</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
b Name of sponsor of entity listed in (a): <u>NT COLLECTIVE ACWI EX-US FUND NON LENDING</u>		
c EIN-PN <u>45-6138589-103</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13288994</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE GOVERNMENT SHORT TERM</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3914615</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 A&E TELEVISION NETWORKS, LLC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 A&E TELEVISION NETWORKS, LLC.	D Employer Identification Number (EIN) 13-3091639

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2735682	2745164
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	110609537	87871005
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	172405448	189059565
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3423134	1703953
(5) Partnership/joint venture interests	1c(5)	10781500	12380371
(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)	42895894	39649892
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	3333064
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4167784	4483430

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	347018979	341226444
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	347018979	341226444

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)	10000000	
(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)		10000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-5	
(B) U.S. Government securities.....	2b(1)(B)	517122	
(C) Corporate debt instruments.....	2b(1)(C)	9372893	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	7388	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9897398
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	212	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	551700	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		551912
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	139779263	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	144436696	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-4657433
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-19222676	
(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)		5568897
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-154229
c Other income	2c		328419
d Total income. Add all income amounts in column (b) and enter total.....	2d		2312288

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6887037	
(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)		6887037
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)	162541	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	31700	
(5) Investment advisory and investment management fees	2i(5)	781369	
(6) Bank or trust company trustee/custodial fees	2i(6)	90766	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	151410	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1217786
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8104823

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-5792535
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: CROWE LLP

(2) EIN: 35-0921680

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		10000000
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.)			
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 537560.

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>A&E TELEVISION NETWORKS, LLC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>A&E TELEVISION NETWORKS, LLC.</u>	D Employer Identification Number (EIN) <u>13-3091639</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		<u>0</u>
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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): 91-1116938

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		<u>0</u>
----------	--	----------

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
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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: 12.0 % Private Equity: 3.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 80.0 %
 High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: 1.0 % Other: 4.0 %

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 _____.

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN

FINANCIAL STATEMENTS

December 31, 2024 and 2023

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
A&E Television Networks, LLC Retirement Plan
New York, New York

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

We have performed audits of the financial statements of the A&E Television Networks, LLC Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

(Continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

(Continued)

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held At End of Year) as of December 31, 2024 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Crowe LLP

Crowe LLP

New York, New York
October 14, 2025

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 338,481,280	\$ 344,283,297
Total investments	338,481,280	344,283,297
Receivables		
Accrued Income	<u>2,745,164</u>	<u>2,735,682</u>
Total receivables	<u>2,745,164</u>	<u>2,735,682</u>
Total assets	<u>341,226,444</u>	<u>347,018,979</u>
Net assets available for benefits	<u>\$ 341,226,444</u>	<u>\$ 347,018,979</u>

See accompanying notes to financial statements

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 Years ended December 31, 2024 and 2023

	Year ended December 31,	
	<u>2024</u>	<u>2023</u>
Additions		
Employer contributions	\$ 10,000,000	\$ -
Interest and dividends	10,449,310	10,893,212
Net appreciation in fair value of investments	<u>-</u>	<u>15,612,112</u>
Total additions	20,449,310	26,505,324
Deductions		
Net depreciation in fair value of investments	18,137,022	-
Benefits paid directly to participants, net	6,887,037	5,864,677
Administrative expenses	<u>1,217,786</u>	<u>1,007,765</u>
Total deductions	<u>26,241,845</u>	<u>6,872,442</u>
Net (decrease) increase	(5,792,535)	19,632,882
Net assets available for benefits, beginning of year	<u>347,018,979</u>	<u>327,386,097</u>
Net assets available for benefits, end of year	<u>\$ 341,226,444</u>	<u>\$ 347,018,979</u>

See accompanying notes to financial statements

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of the A&E Television Networks, LLC Retirement Plan (the “Plan” or “A&E Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General: The Plan is a noncontributory defined benefit plan under which employer contributions are determined by actuarial computation. The Plan is funded by contributions from A&E Television Networks, LLC (the “Company”). Generally, the Plan covers all eligible employees of the Company who have completed 1 year of service with 1,000 hours. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan is administered by the A&E Retirement Plans Subcommittee (“Committee”), which has responsibility for oversight of the administration of the Plan and compliance reporting to governmental agencies for the Plan.

The Northern Trust Company (“NT” or “Trustee”) serves as the trustee of the Plan.

The Plan was amended on October 7, 2015. Any employee who commences work with the Company on or after January 1, 2016 will not be eligible to participate in the Plan but will participate in the Company’s sponsored defined contribution plan.

Vesting: A vesting year is any calendar year in which an employee is credited with at least 1,000 hours of service. An employee must be credited with 5 vesting years of service to be fully vested under the Plan. An employee will also be fully vested at age 65 regardless of years of service. If an employee terminates before rendering 5 years of continuous service, the right to receive pension benefits upon retirement is forfeited.

Retirement Benefits: Participants may accrue benefits based upon years of service and covered compensation. The 5 consecutive calendar years which reflect the highest salary preceding January 1st of the Plan year during which the participant retires or terminates are selected and averaged to calculate the final average compensation. A participant’s covered compensation is calculated using the average of the taxable wage base for the 35 years ending in the year coincident with the participant’s Social Security retirement age. The amount of the normal retirement benefit is the sum of (a) 1% of the final average compensation, up to the covered compensation, multiplied by the number of years of credited service up to 35, (b) 1.55% of the excess of the final average compensation over the covered compensation multiplied by the number of years of credited service up to 35, and (c) 1.2% of the final average compensation multiplied by the number of years of credited service in excess of 35 up to 5 additional years.

Plan participants can elect to receive early retirement income if they are at least age 55 and have completed 10 years of service. If a participant elects early retirement, the retirement benefit will be calculated using the final average compensation and credited service as of the early retirement date, reduced by 0.5% for each of the first 60 months and 0.33% for each of the next 60 months that benefits commence prior to the participant’s normal retirement date. A participant’s normal retirement date is the first day of the month coinciding with or next following his or her 65th birthday.

Participants who terminate employment with 10 years of service before the age of 55 is attained may elect to receive their retirement benefit in the month following the attainment of age 55. This benefit is calculated using the final average compensation and credited service reduced by actuarial early retirement factors.

(Continued)

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Benefit Payment Options: The normal form of benefit payments to an unmarried Plan participant is in the form of a life annuity. If the Plan participant is married at the time retirement income is scheduled to begin, unless otherwise waived by the spouse, the participant will receive a monthly retirement income for life, which is lower than the normal retirement benefit. After the death of the employee, the spouse will receive one-half of the monthly retirement income.

An employee may choose one of the following optional forms of benefit payment: (1) life annuity, (2) 50%, 75% or 100% joint and survivor annuity, (3) 5 years certain and life, or (4) 10 years certain and life. While each is different from the normal retirement benefit detailed above, each will be the actuarial equivalent of the normal retirement benefit.

The Plan requires an immediate lump sum distribution when the actuarial equivalent of such benefit does not exceed \$5,000. Unless otherwise directed by the participant, such distribution is made to an IRA provider chosen by the Plan Administrator. Benefit payments that are less than \$1,000 are immediately distributed directly to the participant.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Investment Valuation and Income Recognition: Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a description of the valuation methods.

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

Plan Expenses: Trustee fees and investment-related expenses of the Plan are paid by the Plan. Certain investment-related expenses are deducted from net appreciation (depreciation) in fair value of investments and not separately presented. Trustee fees and certain other investment-related expenses are shown separately as “Administrative expenses.” The Company provides accounting and other administrative services to the Plan at no charge.

Benefit Payments: Benefit payments to participants are recorded upon distribution.

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

(Continued)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risks and Uncertainties: The Plan holds various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, Plan management believes it is reasonably possible that changes in the values of investment securities could occur in the near term and that such change could materially affect the amounts reported in the financial statements.

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

Subsequent Events: The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued and concluded that no subsequent events require adjustment to or disclosure in the financial statements.

Reclassifications: Some items in the prior year financial statements were reclassified to the current presentation. Reclassifications had no effect on prior year net assets available for benefits.

NOTE 3 – CERTIFIED INFORMATION

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments for the years then ended was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee of the Plan, as defined in Note 1.

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, attributable under the Plan's provisions to the service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements are presented using the beginning of year benefit information date. The actuarial present value of accumulated plan benefits below is measured as of January 1, 2024, which is a proxy for December 31, 2023.

(Continued)

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated plan benefits at December 31, 2023 consists of the following:

Vested benefits:	
Participants currently receiving benefits	\$ 63,300,425
Inactive participants entitled to deferred benefits	83,577,063
Active participants entitled to deferred benefits	<u>92,116,122</u>
Total vested benefits	238,993,610
 Nonvested benefits	 <u>1,051,354</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 240,044,964</u></u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2023 are as follows:

Actuarial present value of accumulated plan benefits at December 31, 2022	\$ 227,321,051
Increase (decrease) attributable to:	
Decrease in discount period	14,363,788
Benefits paid	(5,864,677)
Assumption changes	(6,645,556)
Accumulated of benefits including experience gains and losses	<u>10,870,358</u>
	<u>12,723,913</u>
Actuarial present value of accumulated plan benefits at December 31, 2023	<u><u>\$ 240,044,964</u></u>

The present value of total accumulated plan benefits was calculated by an independent actuary using the following significant assumptions as of December 31, 2023:

2023

Expected rate of return on plan assets	6.60% per annum, (previously 6.40%)
Average salary increase	6.50% per annum, compounded annually
Mortality rates	Pri-2012 Total Mortality Table projected with MP-2021 Mortality Improvement Scale applied on a generational basis.
Retirement age	Various rates between the ages of 55 and 70
Terminations	Various rates depending upon years of service during the first five years of service. For six years of service more, rates were projected with Crocker-Sarason Straight T9.

(Continued)

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements. An actuarial valuation as of December 31, 2024 has not yet been completed.

NOTE 5 – FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to periodically make contributions to the Plan in an amount sufficient, on an actuarial basis, to fund the costs of the Plan. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

During the years ended December 31, 2024 and 2023, the Company made contributions of \$10,000,000 and \$0, respectively.

NOTE 6 – FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC 820"), *Fair Value Measurements*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows (from highest to lowest): Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques: Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets at fair value.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded. (Level 1 inputs)

Corporate Debt Instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available. (Level 2 inputs)

U.S. Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities. (Level 2 inputs).

(Continued)

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 6 – FAIR VALUE MEASUREMENTS (Continued)

Common Collective Trust Funds: The common collective trust funds are valued at the Net Asset Value (“NAV”) of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The funds invest primarily in U.S. and international equity and debt securities which are valued at the closing price reported in the active market in which the individual security is traded.

Limited Partnerships and Hedge Funds: The net asset value, as provided by the general partner or fund manager, is used as a practical expedient to estimate fair value. The fair value of these investments is estimated based on the net asset value derived from the latest audited financial statements or most recent capital account statements provided by the funds’ investment manager, or third-party service providers, as a practical expedient. This practical expedient is not used when it is determined to be probable that the partnership or fund manager will sell the investment for an amount different than the reported net asset value. Were the Plan to initiate a full redemption from the partnerships, the general partner reserves the right to temporarily delay withdrawal from the partnership in order to confirm that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level within the fair value hierarchy a summary of the Plan’s investments measured at fair value on a recurring basis at December 31, 2024 and 2023:

	Fair Value of Assets Measurements at December 31, 2024			
	Level 1	Level 2	Level 3	Total
U.S. government securities	\$ -	\$ 87,871,005		\$ 87,871,005
Corporate debt instruments	-	190,491,483	-	190,491,483
Common stock	4,894,021	-	-	4,894,021
Total investments at fair value	\$ 4,894,021	\$ 278,362,488	\$ -	283,256,509
Investments measured at NAV*				55,224,771
Total investments				\$ 338,481,280

	Fair Value of Assets Measurements at December 31, 2023			
	Level 1	Level 2	Level 3	Total
U.S. government securities	\$ -	\$ 110,609,537		\$ 110,609,537
Corporate debt instruments	-	172,405,448	-	172,405,448
Common stock	3,423,134	-	-	3,423,134
Total investments at fair value	\$ 3,423,134	\$ 283,014,985	\$ -	286,438,119
Investments measured at NAV*				57,845,178
Total investments				\$ 344,283,297

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

(Continued)

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 7 – FAIR VALUE OF INVESTMENTS THAT CALCULATE NAV PER SHARE

Below is a summary of the Plan's investments at December 31, 2024 and 2023, respectively, where fair value is estimated based on the NAV:

<u>Investment</u>	December 31, 2024 <u>Fair value*</u>	December 31, 2023 <u>Fair value*</u>	December 31, 2024 <u>Unfunded Commitment</u>	December 31, 2023 <u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Restrictions</u>	<u>Notice Period</u>
NT Collective S&P 400 Index Fund - Non Lending	\$ 3,524,644	\$ 3,892,806	\$ -	\$ -	Immediately	None	None
NT Collective S&P 500 Index Fund - Non Lending	18,921,639	18,397,724	-	-	Immediately	None	None
NTGI ColTV Short Term Investment Fund	3,914,615	4,040,701	-	-	Immediately	None	None
Millenium International, LTD (a)	-	1,639,527	-	1,250,000	Quarterly	5% per quarter	None
Millenium International, LTD (a)	3,194,508	1,202,470	1,283,361	1,250,000	Quarterly	5% per quarter	None
Hudson Bay International Fund LTD Class A (b)	-	1,325,786	-	-	Quarterly	None	65 days
NT Collective Russell 2000 Index Fund	-	3,975,666	-	-	Immediately	None	None
NT Collective MSCI ACWI EX-US Index Fund	13,288,994	12,588,997	-	-	Immediately	None	None
Harbourvest Partners Co-invest Feeder Fund IV (d)	7,441,561	5,458,396	1,125,000	2,250,000	None	None	None
Ares Private Credit Solutions (Offshore) II, L.P. (c)	<u>4,938,810</u>	<u>5,323,104</u>	<u>3,373,681</u>	<u>2,598,242</u>	None	None	None
	<u>\$ 55,224,771</u>	<u>\$ 57,845,178</u>	<u>\$ 5,782,042</u>	<u>\$ 7,348,242</u>			

* The fair values of the investments have been estimated using NAV of the investments

- a. Millennium's strategy is global and highly diversified, with a focus on investment strategies that exploit market inefficiencies to produce absolute return with low correlation to global capital markets. Millennium seeks to deliver absolute returns with relatively low volatility by focusing on a high level of diversification, tight control of directional market exposures, and a risk management framework that can result in a high level of liquidity and systematic movement of capital based on real-time trading profit and losses.
- b. Hudson Bay is a multi-strategy, relative value hedge fund that focuses on generating alpha by employing a diverse set of catalyst-driven absolute return strategies that are intended to be uncorrelated to each other and to the major indices. Catalyst driven trading-oriented strategies include convertible arbitrage, merger and event-driven arbitrage, long/short equity, volatility trading and credit.
- c. Ares PCS II has a primary objective of generating significant current income and long-term capital appreciation from investing in directly originated second lien, mezzanine, other private high yield debt securities, preferred equity securities and equity co-investments of performing, high quality upper middle market companies (generally defined as companies with EBITDA ranging from \$75 million to \$750 million, or companies the Manager believes will achieve similar financial metrics). The Plan's investment cannot be redeemed, but will be liquidated upon expiration of the term of the partnership.

(Continued)

NOTE 7 – FAIR VALUE OF INVESTMENTS THAT CALCULATE NAV PER SHARE (Continued)

- d. HarbourVest Partners Co-Invest Fund makes investments with a primary emphasis on equity-oriented investments in management buy-in, management buy-out, leveraged buy-out, recapitalization, growth equity, special situation and mezzanine transactions. The Plan's investment cannot be redeemed, but will be liquidated upon expiration of the term of the partnership.

NOTE 8 – PLAN TERMINATION

Subject to the provisions of ERISA, the Company reserves the right to amend, change, or terminate the Plan at any time. Although it has not expressed any intention to do so, upon termination of the Plan, participants would be fully vested in their accrued benefit as determined at the date of termination, to the extent funded. The benefits will either be distributed to the participant, transferred to another qualified plan, or used to purchase an annuity contract. ERISA, applicable regulations thereunder, and the Plan document provide the manner in which the assets of terminated plans are to be allocated and also provides that certain benefits payable to participants are insured by the Pension Benefit Guaranty Corporation ("PBGC"). Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

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

NOTE 9 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated September 8, 2020 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

(Continued)

NOTE 10 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of common collective trusts managed by NT, the Trustee as defined by the Plan, and therefore, these transactions qualify as exempt party-in-interest transactions. Trustee fees and certain investment-related expenses of the Plan are paid by the Plan and are shown as administrative expenses on the Statements of Changes in Net Assets Available for Benefits, and other investment-related expenses are deducted from net appreciation (depreciation) in fair value of investments. Additionally, certain employees and officers of the Company, who may also be participants in the Plan, perform administrative services for the Plan at no cost.

SUPPLEMENTAL SCHEDULES

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor: A&E Television Networks, LLC
EIN: 13-3091639
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Cost	(d) Market Value
		U.S. Government Securities		
	U.S. Treasury Bond	UTD STATES TREAS ZERO CPN 0% DUE	\$ 37,877,879	\$ 34,929,563
	U.S. Treasury Bond	UTD STATES TREAS ZERO CPN 0% DUE	15,067,475	11,423,077
	U.S. Treasury Bond	UTD STATES TREAS ZERO CPN 0% DUE	40,817,691	27,638,978
	U.S. Treasury Bond	UTD STATES TREAS ZERO CPN 0% DUE	2,630,627	1,365,960
	U.S. Treasury Bond	UNITED STATES TREAS BD STRIPPED PRIN PMT00123 08-15-2048 (UNDDATE) REG CUSIP: 912803FE8	15,396,101	12,513,427
		Total U.S. Government Securities		87,871,005
		Corporate Debt Instruments		
	ABBOTT LABS	4.9% DUE 11-30-2046	1,719,618	1,392,293
	AFLAC INC	4.75% DUE 01-15-2049	2,111,534	2,043,062
	AGREE RLTY CORP COM	AGREE RLTY CORP COM	15,552	14,654
	ALABAMA POWER CO SR NT	3% 03-15-2052	2,817,623	2,822,915
	AMAZON COM INC	2.5% DUE 06-03-2050	696,027	457,184
	AMAZON COM	4.05% 08-22-2047	1,864,719	1,302,909
	AMAZON COM	3.95% 04-13-2052	2,192,462	2,081,292
	AMERICAN WATER CAPITAL CORP	5.45% 03-01-2054	1,235,434	1,182,456
	AMERN WTR CAP CORP	3.75% DUE 09-01-2047	3,182,938	2,148,141
	AMGEN	4.4% 05-01-2045	3,564,814	2,996,669
	ANHEUSER-BUSCH	COS LLC CORP	2,812,536	2,739,631
	ANTHEM INC	4.375% 12-01-2047	1,954,383	1,417,600
	APPLE INC	3.85% DUE 05-04-2043	1,739,381	1,488,905
	APPLE INC	3.85% DUE 08-04-2046	5,071,209	4,080,789
	ATMOS ENERGY CORP	4.125% DUE 10-15-2044	3,011,665	2,456,967
	ATMOS ENERGY CORP FIXED	4.3% DUE 10-01-2048	2,754,472	2,029,834
	BANK AMER	4.083% 03-20-2051	1,729,326	1,509,674
	BANK OF AMERICA CORPORATION	19-2041/06-19-2020	2,207,612	2,238,961
	BANK OF AMERICA CORPORATION	4.078% DUE 04-23-2040	2,415,467	2,378,036
	BERKSHIRE HATHAWAY	4.4% DUE 05-15-2042	2,750,113	2,170,294
	BERKSHIRE HATHAWAY ENERGY	3.8% 07-15-2048	4,682,881	3,338,568
	BERKSHIRE HATHAWAY FINANCE	3.85% 03-15-2052	1,370,501	1,314,667
	BHP BILLITON FIN	5% DUE 09-30-2043	1,726,749	1,398,091
	BP CAP	BP CAP	3,287,313	2,194,551
	BRISTOL MYERS	2.55% DUE 11-13-2050	1,668,312	1,593,698
	BRISTOL MYERS FIXED	4.25% DUE 10-26-2049	1,735,080	1,347,500
	BRISTOL -MYERS SQUIBB	3.7% 03-15-2052	1,844,261	1,589,182
	BURL NORTHN SANTA	5.75% DUE 05-01-2040	3,266,267	2,527,475
	CATERPILLAR INC FIXED	4.25% DUE 09-19-2049	1,158,001	1,091,506
	CENTERPOINT ENERGY	3.5% 03-01-2048	2,852,046	1,998,779
	CF MILLENIUM INTERNATIONAL	LTD-CL GG-2C1 - SER 06A	1,216,639	1,289,132
	CISCO SYS INC	5.3% 02-26-2054	965,346	919,270
	CITIGROUP INC	5.875 DUE 01-30-2042	3,075,951	2,520,664
	CLEV CLINIC FNDTN	4.858% DUE 01-01-2114	1,964,555	1,328,212

(Continued)

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor:	A&E Television Networks, LLC
EIN:	13-3091639
Plan Number:	002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Cost	(d) Market Value
		Corporate Debt Instruments (continued)		
	COMCAST COR	0.055	\$ 2,661,515	\$ 2,489,676
	COMCAST CORP	4.6% 10-15-2038	899,404	937,459
	COMCAST CORP NEW	4.75% DUE 03-01-2044	289,417	192,168
	COMWLTH EDISON CO FIXED	3% DUE 03-01-2050	2,677,141	1,869,760
	CONOCO PHILLIPS CO	5.55% 03-15-2054	1,336,589	1,263,975
	CONOCOPHILLIPS GTD NT	6.5 DUE 02-15-2039	1,434,119	1,202,776
	CONSOLIDATED EDISON CO(N.Y)	6.15% DUE 11-15-2052	2,162,844	2,025,109
	CSX CORP 4.	4.4 DUE 03-01-2043	1,797,167	1,415,086
	DELL INTL L L	8.35% 07-15-2046	3,000,977	2,716,066
	DIGNITY HEALTH	5.267% DUE 11-01-2064	1,494,668	1,087,105
	DOMINION RESOURCES	4.9% 08-01-2041	2,492,453	1,845,415
	DTE ELEC CO	3.75% DUE 08-15-2047	3,044,837	2,324,253
	DUKE ENERGY	3.2% DUE 08-15-2049	2,445,296	1,937,980
	DUKE ENERGY	6.05% DUE 04-15-2038	1,465,098	1,120,167
	ELI LILLY AND COMPANY	5.0% 02-09-2054	932,661	859,848
	ENTERGY LA LLC	5.7% 03-15-2054	766,841	771,429
	ENTERPRISE PRODS	6.125% DUE 10-15-2039	3,315,604	2,665,002
	EVERSOURCE	3.45% DUE	2,149,728	1,488,180
	EXXON MOBIL CORP	4.114% DUE 03-01-2046	3,041,999	2,468,420
	FEDEX CORP	5.25% DUE 05-15-2050	1,924,179	1,361,293
	GOLDMAN SACHS	6.75% DUE 10-01-2037	3,782,633	2,837,579
	GOLDMAN SACHS GROUP INC	3.21% DUE 04-22-2042	2,831,316	2,692,401
	GOLDMAN	4.017% 10-31-2038	401,585	292,250
	HCA INC	5.5% DUE	2,356,904	1,868,109
	HCP INC	6.75% DUE	2,497,111	1,765,273
	HEWLETT PACKARD STEP CPN	6.35% DUE 10-15-2045	3,200,803	2,759,962
	HOME DEPOT INC	3.35% DUE 04-15-2050	1,256,225	924,572
	HOME DEPOT INC	5.95% DUE 04-01-2041	1,498,910	1,223,823
	JPMORGAN CHASE & CO	3.882% 07-24-2038	4,038,853	3,658,774
	JPMORGAN CHASE & CO	2.525% DUE	2,923,314	2,878,556
	KIMCO RLTY	4.45% 09-01-2047	2,975,441	2,139,823
	LILLY ELI & CO	5.05% 08-14-2054	1,280,030	1,192,405
	LOWE'S COMPANIES INC	5.625% DUE 04-15-2053	2,073,348	2,001,931
	MERCK & CO INC	2.75% DUE 12-10-2051	1,327,991	1,077,677
	MERCK & CO	3.7% DUE	1,617,661	1,283,045
	META PLATFORMS	5.4% DUE 08-15-2054	1,030,496	998,104
	META PLATFORMS	5.6% DUE 05-15-2053	956,940	1,016,753
	MICROSOFT CORP	2.675% DUE 06-01-2060	2,089,989	1,518,767
	MICROSOFT CORP	4.2% DUE 11-03-2035	452,547	431,221
	MOODYS CORP	3.1% 11-29-2061	768,516	715,081
	MYLAN N V FIXED	5.25% DUE 06-15-2046	2,259,403	1,951,229
	NATIONAL RURAL UTILS	0.043	2,681,637	1,857,473
	NEW JERSEY ST TRANSN TR FD	AUTH 6.561% 12	156,962	112,065
	NEW YORK	4.763% DUE 08-01-2116	929,572	663,742
	NORFOLK SOUTHN	SR NT 4.1%	1,698,737	1,258,893
	NVIDIA CORP	3.5% DUE	639,874	483,741

(Continued)

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor: A&E Television Networks, LLC
EIN: 13-3091639
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Cost	(d) Market Value
Corporate Debt Instruments (Continued)				
	NYU HOSPS CTR	4.368% DUE 07-01-2047	\$ 2,040,152	\$ 1,846,644
	ORACLE CORP	3.6% DUE 04-01-2050	1,395,523	1,097,411
	ORACLE CORP	5.375 DUE 07-15-2040	1,773,618	1,349,239
	PEPSICO INC	4.45% DUE 04-14-2046	1,959,846	1,552,164
	PFIZER INVESTMENT	5.34% 05-19-2063	476,628	459,721
	PG&E RECOVERY FDG LLC SR SECD NT			
	CL	2.822% 07-15-2048	1,015,061	803,611
	PHILLIPS 66 COMPANY	5.65% 06-15-2054	1,297,828	1,106,258
	PIEDMONT NAT GAS CO INC SR NT	5.05% 05-15-2052	1,069,024	1,039,673
	PHILIP MORRIS INTL	4.25% DUE 11-10-2044	2,288,480	2,219,303
	PROGRESS ENERGY	6.5% DUE 02-01-2042	2,232,559	2,046,987
	PRUDENTIAL FINL	3.905% DUE 12-07-2047	2,575,618	1,850,136
	PRUDENTIAL	3.935% DUE 12-07-2049	1,200,031	1,136,271
	PUGET ENERGY INC SR	2.893% 09-15-2051	1,322,565	917,310
	RAYMOND JAMES FINL	4.95% DUE 07-15-2046	3,325,532	2,619,135
	RIO TINTO		2,165,141	1,842,089
	SELECTIVE INS GROUP	5.375% 03-01-2049	2,519,586	1,845,883
	SEMPRA	4% DUE 02-01-2048	4,383,365	3,119,510
	SHELL INTL FIN B V	3.625% DUE 08-21-2042	1,431,197	1,200,157
	SIMON PPTY GROUP L	6.65% 01-15-2054	1,140,863	1,232,762
	SOUTHERN CALIF EDISON CO	3.65% 02-01-2050	1,659,601	1,573,947
	SOUTHERN CALIF EDISON CO	0.04125 03-01-2048	1,272,965	911,871
	SOUTHWESTERN ELEC PWR CO SR NT			
	SER	3.25% 11-01-2051	1,452,623	1,003,110
	STATOIL ASA	3.95 DUE 05-15-2043	1,498,224	1,061,781
	SYSCO CORP FIXED	6.6% DUE 04-01-2050	3,267,180	2,506,044
	TARGET CORP SR NT	2.95% 01-15-2052	870,690	778,618
	TOTALENERGIES CAPITAL SA	5.488% 04-05-2054	690,000	662,456
	UNITED PARCEL	5.3% 04-01-2050	2,792,913	2,508,271
	UNITED PARC		485,577	445,334
	UNITEDHEALTH GROUP	4.75% DUE 07-15-2045	1,245,161	1,186,058
	UNITEDHEALTH GROUP	5.8% DUE 03-15-2036	864,497	810,106
	UNITEDHEALTH GROUP	4.75% 05-15-2052	1,897,183	1,776,649
	VALERO ENERGY CORP	6.625% DUE 06-15-2037	1,952,895	1,610,206
	WALMART INC	4.5% DUE	997,241	970,184
	AvalonBay Communities, Inc	AVALONBAY CMNTYS REIT	16,691	16,278
	WELLS FARGO & CO	4.9% DUE 11-17-2045	5,665,841	4,533,498
	WESLEYAN UNIV CONN	4.781% DUE 07-01-2116	1,595,558	1,139,985
	WYETH NT	5.95 DUE 04-01-2037/03-27-2007	1,702,528	1,655,180
	XCEL ENERGY INC	3.5% DUE 12-01-2049	1,457,745	<u>1,009,659</u>
		Total Corporate Debt Instruments		190,491,483

(Continued)

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor: A&E Television Networks, LLC
EIN: 13-3091639
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Cost	(d) Market Value
		Common Stock		
	AMERICAN HOMES 4 RENT	AMERICAN HOMES 4 RENT COMMON	\$ 23,089	\$ 24,997
	AMERICAN TOWER CORP	AMERICAN TOWER CORP	169,317	152,597
	AMERICOLD RLTY TR INC	AMERICOLD RLTY TR INC COM	27,696,369	18,853
	BOYD GAMING CORP	BOYD GAMING CORP	16,837	24,083
	CAESARS ENTMT INC	CAESARS ENTMT INC	21,085	17,746
	CROWN CASTLE INC	CROWN CASTLE INC COM	111,269	78,961
	DIGITAL RLTY TR INC	DIGITAL RLTY TR INC COM	84,144	122,003
	EQTY LIFESTYLE PPTYS	EQTY LIFESTYLE PPTYS	15,510	15,784
	EQUINIX INC	EQUINIX INC	59,477	78,260
	ESSEX PPTY TR REIT	ESSEX PPTY TR REIT	38,829	47,383
	EXTRA SPACE STORAGE INC	EXTRA SPACE STORAGE INC	38,308	40,542
	HEALTHCARE REALTY TRUST INC	HEALTHCARE REALTY TRUST INC COM USD0.01 CL A	44,192	33,493
	HIGHWOODS PPTYS INC	HIGHWOODS PPTYS INC COM	29,189	21,712
	HOST HOTELS & RESORTS INC		20,424	21,497
	INVITATION HOMES INC	INVITATION HOMES INC COM	74,654	60,583
	KIMCO REALTY CORPORATION	KIMCO REALTY CORPORATION	23,117	28,093
	LAMAR ADVERTISING CO	LAMAR ADVERTISING CO	17,118	16,313
	LINEAGE INC	LINEAGE INC	11,445	8,083
	MFO CAPITOL SERIES TRUST	MFO CAPITOL SERIES TRUST	3,487,293	3,333,064
	OMEGA HEALTHCARE INVS INC	OMEGA HEALTHCARE INVS INC	37,762	38,872
	PACS GROUP INC	PACS GROUP	11,346	3,881
	PROLOGIS INC	PROLOGIS INC COM	107,226	99,992
	PUB STORAGE	PUB STORAGE COM	50,070	52,402
	REALTY INCOME CORP	REALTY INCOME CORP COM	31,745	26,064
	SBA COMMUNICATIONS CORP	SBA COMMUNICATIONS CORP	15,772	12,839
	SIMON PROPERTY GROUP INC	SIMON PROPERTY GROUP INC COM	56,728	103,843
	SUN COMMUNITIES INC	SUN COMMUNITIES INC COM	78,492	65,051
	UDR INC	UDR INC COM STK	31,317	33,860
	VICI PPTYS INC	VICI PPTYS INC	52,576	49,891
	IRON MTN INC NEW	IRON MTN INC NEW COM	30,853	53,921
	WELLTOWER INC	WELLTOWER INC COM REIT	96,073	152,748
	WEYERHAUSER CO	WEYERHAEUSER CO COM	65,153	56,610
				<u>4,894,021</u>
		Partnerships		
	ARES Private Credit Solutions	ARES Private Credit Solutions Offshore II L.P.	4,562,685	4,938,810
	HARBOURVEST PARTNERS	CO-INVESTMENT VI FEEDER FUND L.P.	6,334,570	7,441,561
				<u>12,380,371</u>

(Continued)

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor: A&E Television Networks, LLC
EIN: 13-3091639
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Cost	(d) Market Value
		<u>Common Collective Trusts</u>		
*	NORTHERN TRUST	NT COLLECTIVE GOV'T SHORT TERM INVT FD CUSIP: 66586U445	\$ 3,914,615	\$ 3,914,615
*	NORTHERN TRUST	MFB NT COLLECTIVE S&P500 INDEX FUND-	11,835,812	18,921,639
*	NORTHERN TRUST	MFB NT COLLECTIVE S&P400 INDEX FUND - NON	2,324,546	3,524,644
*	NORTHERN TRUST	MFB NT COLLECTIVE MSCI ACWI EX-US INDEX FUND-NON LENDING CUSIP: 003999323	11,258,380	<u>13,288,994</u>
				<u>39,649,892</u>
		<u>Hedge Funds</u>		
	MILLENNIUM INTERNATIONAL	MILLENNIUM INTERNATIONAL, LTD. - CL GG- 2C1 - SER 01A	25,020,296	<u>3,194,508</u>
				<u>3,194,508</u>
		Total Investments		<u>\$ 338,481,280</u>

See independent auditor's report.

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

Plan Sponsor: A&E Television Networks, LLC
EIN: 13-3091639
Plan Number: 002

<u>Security Description</u>	<u>Purchase Price</u>	<u>Sale Price</u>	<u>Cost</u>	<u>Current Value on Transaction Date</u>	<u>Net Gain/Loss</u>
Part (iii) - Series of Transactions by Issue in Excess of 5%					
* NT COLLECTIVE GOVT SHORT TERM INVT FD	\$ 52,790,132		\$ 52,790,132	\$ 52,790,132	\$ -
		52,916,218	52,916,218	52,916,218	-
UNITED STATES TREAS ZERO CPN 0% 05/15/2051	37,877,879		37,877,879	37,877,879	
		-			
UNITED STATES TREAS BDS 2.0% 02/15/2052	4,619,951		4,619,951	4,619,951	-
		35,377,264	40,489,106	35,377,264	(5,111,842)

* Indicates party-in-interest

See Independent Auditor's Report.

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26a – Schedule of Active Participant Data
A&E Television Networks, LLC. Retirement Plan
For Plan Year Ended December 31, 2024

EIN: 13-3091639
Plan Number: 002

Age and Service Distribution of Active Members¹

Completed Years of Credited Service on January 1, 2024

Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 29											
Number											
Average Pay											
30-34											
Number		1	11	5							17
Average Pay											
35-39											
Number		2	17	35	3						57
Average Pay				173,908							188,653
40-44											
Number			15	37	39	2					93
Average Pay				223,994	201,113						216,672
45-49											
Number		1	11	32	33	11	5				93
Average Pay				239,964	200,691						227,712
50-54											
Number			9	21	25	14	9	1			79
Average Pay				268,383	227,706						247,275
55-59											
Number			11	10	20	12	15	5	1		74
Average Pay					256,873						263,590
60-64											
Number			5	5	7	11	6	1	5	1	41
Average Pay											238,872
65-69											
Number			2	2	7	3	3				17
Average Pay											
Over 69										1	
Number					1						2
Average Pay											
Total											
Number		4	81	147	135	53	38	8	6	1	473
Average Pay			231,097	224,698	217,515	242,290	266,117				230,056

¹ Compensation is capped at the IRC Section 401(a)(17) limit and average compensation is not reported for cells with fewer than 20 participants.

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

Purpose	2024 Plan Year		2023 Plan Year	
	Minimum	Maximum	Minimum	Maximum
Interest Rate Type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	0	0	0	0
First 5 years	4.75%	4.37%	4.75%	2.13%
Next 15 years	4.96%	4.96%	5.00%	3.62%
Over 20 years	5.59%	4.95%	5.74%	3.93%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Salary Scale: 6.50%. This is a long-term assumption based on an estimate of plan experience determined by the prior actuary for this plan.

Increase in Consumer Price Index (CPI): 2.75%. This is based on long-term historical inflation rates of about 3.25%, adjusted lower by 0.50% to reflect forward-looking inflation forecasts.

Increase in Social Security Taxable Wage Base: 3.50%. This is based on the CPI assumption, increased 0.75% based on the historical difference between the CPI and TWB of 0.50% - 1.00%.

Administrative Expenses included in Target Normal Cost: \$352,000. Estimated based on the average of the non-investment related administrative expenses paid from the Trust in the prior year.

Actuarial Assumptions and Methods (continued)

Mortality:

ERISA: IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables.

FASB ASC 960: Pri-2012 Total Mortality Tables with MP-2021 Mortality Improvement Scale applied on a generational basis (unchanged). This plan does not have a large enough population to vary from the standard tables.

Retirement Rates: The below table is based on a study of experience under this plan conducted by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Active employees are assumed to retire according to the following table:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55	3.20%	63	2.00%
56	3.30%	64	2.00%
57	3.40%	65	4.00%
58	3.50%	66	4.00%
59	3.60%	67	4.00%
60	3.70%	68	4.00%
61	3.80%	69	4.00%
62	2.00%	70 & over	100%

Retirement Rates (Terminated Vested): Age 65

Actuarial Assumptions and Methods (continued)

Termination Rates: Select and ultimate rates varying by age and service based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample rates are shown below:

<u>Years of Service</u>	<u>Turnover Rate</u>
1	17%
2	17%
3	15%
4	15%
5	12%
> 6	Crocker-Sarason Straight T9

Marital Status: 80% of males and 60% of females are assumed married, with females 4 years younger than males. This is based on a study of experience under this plan conducted by the prior actuary, and there has been no significant change in the population to affect this assumption.

Maximum Benefit: \$275,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: \$345,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

Form of Payment: It has been assumed benefits will be paid in the normal annuity form. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated.

Data Assumptions: None.

Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
 - i) 67% of the prior year, and
 - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA Funding Target (FT) and FASB ASC 960 purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Disclosure of Reliance on Models

ProVal valuation software was used to develop the liabilities, financial results, and contribution calculations for the plan year. ProVal, developed by Winklevoss Technologies, has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose. Participant data, assumptions, methods, and plan provisions for this Plan were entered and programmed into ProVal and reviewed for completeness.

The expected return on assets is reviewed for reasonability using the Fidelity Mean Variance Model. The model combines (1) a forward-looking capital markets model, developed by the Institutional Solutions team within Fidelity's Global Asset Allocation Division and (2) the sponsor's current policy mix (also referred to as "target allocation") of plan assets. The output of that combination is a distribution of expected long term, forward-looking, average annual asset returns for the plan sponsor's multi-asset class portfolio. The model has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
 SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
 Year ended December 31, 2024

Plan Sponsor: A&E Television Networks, LLC
 EIN: 13-3091639
 Plan Number: 002

<u>Security Description</u>	<u>Purchase Price</u>	<u>Sale Price</u>	<u>Cost</u>	<u>Current Value on Transaction Date</u>	<u>Net Gain/Loss</u>
Part (iii) - Series of Transactions by Issue in Excess of 5%					
* NT COLLECTIVE GOVT SHORT TERM INVT FD	\$ 52,790,132		\$ 52,790,132	\$ 52,790,132	\$ -
		52,916,218	52,916,218	52,916,218	-
UNITED STATES TREAS ZERO CPN 0% 05/15/2051	37,877,879		37,877,879	37,877,879	
		-			
UNITED STATES TREAS BDS 2.0% 02/15/2052	4,619,951		4,619,951	4,619,951	-
		35,377,264	40,489,106	35,377,264	(5,111,842)

* Indicates party-in-interest

See Independent Auditor's Report.

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 A&E TELEVISION NETWORKS, LLC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF A&E TELEVISION NETWORKS, LLC.	D Employer Identification Number (EIN) 13-3091639	
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	356,667,948	
b Actuarial value	2b	392,334,742	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	309	71,243,734	71,243,734
b For terminated vested participants	876	100,397,378	100,397,378
c For active participants	473	112,691,640	113,416,798
d Total	1,658	284,332,752	285,057,910
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	5.30%	
6 Target normal cost			
a Present value of current plan year accruals	6a	14,039,686	
b Expected plan-related expenses	6b	352,000	
c Target normal cost	6c	14,391,686	

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>07/01/2025</u> Date
	Brianna Zambito F.S.A, E.A. Type or print name of actuary	2308617 Most recent enrollment number
	Fidelity Investments Firm name	212-335-5639 Telephone number (including area code)
	640 Fifth Avenue New York NY 10019 Address of the firm	

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** 64

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	14,391,686
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	12,073,235	1,187,646
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** 15,579,332

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	15,579,332	15,579,332

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	

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

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b – Projection of Expected Benefits
A&E Television Networks, LLC. Retirement Plan
For Plan Year Ended December 31, 2024

EIN: 13-3091639
Plan Number: 002

Plan Year	Active	Terminated Vested	Retired Beneficiaries	Total
2024	\$597,277	\$1,160,227	\$6,206,909	\$7,964,413
2025	\$1,389,785	\$1,674,293	\$6,120,293	\$9,184,371
2026	\$2,059,094	\$2,503,492	\$6,020,643	\$10,583,229
2027	\$2,710,882	\$2,978,055	\$5,915,133	\$11,604,070
2028	\$3,346,587	\$3,474,201	\$5,809,251	\$12,630,039
2029	\$3,999,364	\$3,871,537	\$5,687,871	\$13,558,772
2030	\$4,664,366	\$4,560,923	\$5,555,637	\$14,780,926
2031	\$5,304,995	\$5,170,316	\$5,408,075	\$15,883,386
2032	\$5,907,194	\$5,601,657	\$5,252,217	\$16,761,068
2033	\$6,534,638	\$6,324,163	\$5,083,303	\$17,942,104
2034	\$7,106,442	\$6,837,478	\$4,903,453	\$18,847,373
2035	\$7,615,936	\$7,438,498	\$4,728,633	\$19,783,067
2036	\$8,102,030	\$7,914,962	\$4,536,085	\$20,553,077
2037	\$8,513,478	\$8,421,364	\$4,337,223	\$21,272,065
2038	\$8,843,055	\$8,681,707	\$4,127,750	\$21,652,512
2039	\$9,127,704	\$8,718,829	\$3,912,378	\$21,758,911
2040	\$9,416,659	\$8,842,226	\$3,691,688	\$21,950,573
2041	\$9,747,330	\$9,050,743	\$3,460,968	\$22,259,041
2042	\$10,042,647	\$8,997,132	\$3,225,132	\$22,264,911
2043	\$10,307,384	\$9,078,211	\$2,985,654	\$22,371,249
2044	\$10,573,459	\$9,034,884	\$2,744,365	\$22,352,708
2045	\$10,740,559	\$9,079,202	\$2,503,399	\$22,323,160
2046	\$10,851,687	\$9,035,815	\$2,265,054	\$22,152,556
2047	\$11,007,552	\$8,932,872	\$2,031,775	\$21,972,199
2048	\$10,973,845	\$8,669,251	\$1,806,022	\$21,449,118
2049	\$11,005,863	\$8,419,663	\$1,590,188	\$21,015,714
2050	\$10,781,940	\$8,127,510	\$1,386,534	\$20,295,984
2051	\$10,556,620	\$7,802,625	\$1,196,975	\$19,556,220
2052	\$10,305,299	\$7,490,191	\$1,023,806	\$18,819,296
2053	\$10,061,563	\$7,179,000	\$867,235	\$18,107,798
2054	\$9,698,108	\$6,782,273	\$726,950	\$17,207,331
2055	\$9,315,473	\$6,385,167	\$603,724	\$16,304,364
2056	\$8,888,050	\$5,971,602	\$497,063	\$15,356,715
2057	\$8,451,169	\$5,558,836	\$406,061	\$14,416,066
2058	\$7,979,795	\$5,161,841	\$329,507	\$13,471,143
2059	\$7,498,313	\$4,759,301	\$265,989	\$12,523,603
2060	\$7,019,222	\$4,366,209	\$213,975	\$11,599,406
2061	\$6,545,668	\$3,985,260	\$171,901	\$10,702,829
2062	\$6,080,895	\$3,619,040	\$138,257	\$9,838,192

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b – Projection of Expected Benefits
A&E Television Networks, LLC. Retirement Plan
For Plan Year Ended December 31, 2024

EIN: 13-3091639
Plan Number: 002

2063	\$5,627,426	\$3,269,817	\$111,622	\$9,008,865
2064	\$5,187,434	\$2,939,397	\$90,719	\$8,217,550
2065	\$4,762,589	\$2,629,115	\$74,429	\$7,466,133
2066	\$4,354,119	\$2,339,814	\$61,800	\$6,755,733
2067	\$3,962,948	\$2,071,895	\$52,044	\$6,086,887
2068	\$3,589,826	\$1,825,292	\$44,516	\$5,459,634
2069	\$3,235,299	\$1,599,570	\$38,700	\$4,873,569
2070	\$2,899,811	\$1,394,050	\$34,188	\$4,328,049
2071	\$2,583,764	\$1,207,894	\$30,654	\$3,822,312
2072	\$2,287,522	\$1,040,234	\$27,845	\$3,355,601
2073	\$2,011,468	\$890,114	\$25,567	\$2,927,149

Weighted Average Retirement Age

Rates varying by age for active participants are based on expected experience given the provision to allow commencement of benefits while actively employed. The average of weighted retirement ages for Line 22 is calculated based on the retirement rates by age shown below. Other than retirement, no decrements are reflected in this calculation.

(1) Age	(2) Lives	(3) Retirement Percent	(4) Retirements (2) * (3)	(5) Weighted Age (1) * (4)
55	201.7646	3.2%	6.3886	351.3752
56	212.9978	3.3%	6.9892	391.3957
57	220.5931	3.4%	7.4582	425.1163
58	226.6619	3.5%	7.8189	453.4977
59	233.2996	3.6%	8.3522	492.7825
60	234.349	3.7%	8.6586	519.5153
61	239.0366	3.8%	9.0693	553.2301
62	236.2421	19.9%	46.9697	2912.1219
63	196.5611	20.0%	39.2412	2472.1965
64	161.6808	20.0%	32.2736	2065.5106
65	133.8442	39.9%	53.4264	3472.7175
66	83.9728	39.9%	33.5132	2211.8719
67	54.156	39.9%	21.6091	1447.8110
68	34.3338	39.9%	13.6970	931.3949
69	23.4907	39.9%	9.3687	646.4418
70	15.0118	100.0%	15.0118	1050.8230
71	0	100.0%	0.0000	0.0000
72	0	100.0%	0.0000	0.0000
73	1	100.0%	1.0000	73.0000
74	0	100.0%	0.0000	0.0000
75	0	100.0%	0.0000	0.0000
76	1	100.0%	1.0000	76.0000
Totals			321.849	20,546.8018
Total Weighted Age (4) Divided by Number of Retirements (5)				63.84
Weighted Average Retirement Age				64.00

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V - Summary of Plan Provisions
A&E Networks, LLC. Retirement Plan
For Plan Year Ended December 31, 2024**

**EIN: 13-3091639
Plan Number: 002**

Plan Provisions

Name of Plan: A&E Networks, LLC. Retirement Plan

Employer Identification Number / Plan Number: 13-3091639 / 002.

Effective Date: January 1, 1988 (restated effective January 1, 2020). Effective date of most recent amendment, January 1, 2021.

Covered Employees: All employees except leased employees and those represented by a collective bargaining agreement.

Participation Date: The first day of the month coincident or next following the date a covered employee completes one year of service with 1,000 hours. Those hired on or after January 1, 2016 will not enter the plan.

Definitions:

Month of Service: A calendar month any part of which is in a period of employment or credited absence.

Year of Service: 12 consecutive Months of Service.

Credited Service: One month of credited service is provided for each completed Month of Service.

Vesting: A participant becomes fully vested upon completion of 5 Years of Service.

Compensation: Wages for the plan year as reported in box 1 of Form W-2. Excludes housing and auto allowances, welfare benefits, fringe benefits, reimbursed expenses, and moving expenses.

Average Compensation: The Compensation of a Participant averaged over any five consecutive calendar years (or the number of full and fractional calendar years if less than five) which produces the highest average of the calendar years during the Participant's total period of employment ending before the Anniversary Date of the year during which occurs the Participant's Normal or actual Retirement Date, whichever is applicable, or if applicable and earlier, the date such Participant ceases to be an Active Participant.

Notwithstanding the above, Compensation for a calendar year during which a Participant performs no Service as a Covered Employee shall not be included in determine Average Compensation.

Plan Provisions (continued)

Covered Compensation: Average of the taxable wage bases for each of the thirty-five years ending with the year of Social Security Retirement Age.

Normal retirement date (NRD): The first day of the month coincident with or next following the date the Participant attains age 65.

Normal Retirement Benefit: 1.0% of the Participant's Average Compensation up to Covered Compensation plus 1.55% of the Participant's Average Compensation in excess of his Covered Compensation, multiplied by his full and fractional years of Credited Service not to exceed 35 years; plus 1.2% of such Participant's Average Compensation for each of the next five years of Credited Service over 35.

Pre-retirement death benefit: The eligible surviving spouse or child/children (under age 24) will receive the actuarial present value of the survivor portion of the 50% joint and survivor annuity that the deceased participant would have been entitled to had they terminated employment on the day before their death, survived to their early retirement date, and elected to retire immediately. The benefit is paid in the form of a single life annuity, payable monthly, with the last installment to be paid in the month the eligible survivor dies. The commencement date shall be payable on or after the first of the month following the date of the participant's death, provided that the participant was over age 55 or had 10 Years of Service. If upon death, the participant is less than age 55 or has less than 10 Years of Service, the commencement date shall be payable at the participant's NRD.

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Retirement prior to NRD, after attainment of age 55 and 10 Years of Service.

Deferred retirement: Retirement after NRD.

Disability retirement: Any physical or mental condition for which a Participant shall be eligible to receive benefits under the disability insurance provisions of the Social Security Act.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five years of credited service.

Plan Provisions (continued)

Pre-retirement death benefit: Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with an eligible surviving spouse, domestic partner, or child.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly pension benefit at NRD.

Early retirement: Monthly pension benefit determined under the same formula as for normal retirement reduced by $\frac{1}{2}$ of 1% for each of the first 60 months, $\frac{1}{3}$ of 1% for each of the next 60 months by which the commencement of benefits precedes the participant's NRD.

Deferred retirement: Monthly pension benefit determined under the same formula as for normal retirement based on current Credited Service and Average Final Compensation, no less than the benefit payable as of the participant's NRD increased by 8% per year to the Deferred Retirement Date.

Termination with deferred vested benefit: Retirement Benefit determined as of termination date payable at NRD.

Disability retirement: Retirement Benefit determined on the basis of imputed Compensation and Credited Service until the earlier of the date the Participant ceases to have a Disability or reaches NRD. If a Participant is a vested participant or is eligible for Early retirement, in lieu of continuing to receive imputed Compensation and Credited Service, the participant may elect to receive the applicable Deferred retirement or Early retirement benefit.

Death with pre-retirement benefit: Monthly pre-retirement benefit is payable in the form of a single life annuity, as described above in the *Preretirement death benefit* section.

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V - Summary of Plan Provisions
A&E Networks, LLC. Retirement Plan
For Plan Year Ended December 31, 2024**

**EIN: 13-3091639
Plan Number: 002**

Plan Provisions (continued)

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): Actuarially equivalent 50% joint and survivor annuity.

Optional forms: Participants who retire under the Plan may elect a five or ten-year certain and life annuity, single life annuity, 50%, 75% or 100% joint and survivor annuity.

Description of optional form conversion factors:

For purposes of calculating the conversion to optional form annuities: 8.00% Interest compounded annually and male mortality rates in accordance with the 1983 Group Annuity Table with three-year age set back.

For purposes of calculating De Minimis lump sums: Interest rate and mortality tables set forth in Code Section 417(e)(3) for the look-back month for the stability period. The stability period is the calendar year and the look-back month is the second month preceding the year of commencement.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor: A&E Television Networks, LLC
EIN: 13-3091639
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Cost	(d) Market Value
		U.S. Government Securities		
	U.S. Treasury Bond	UTD STATES TREAS ZERO CPN 0% DUE	\$ 37,877,879	\$ 34,929,563
	U.S. Treasury Bond	UTD STATES TREAS ZERO CPN 0% DUE	15,067,475	11,423,077
	U.S. Treasury Bond	UTD STATES TREAS ZERO CPN 0% DUE	40,817,691	27,638,978
	U.S. Treasury Bond	UTD STATES TREAS ZERO CPN 0% DUE	2,630,627	1,365,960
	U.S. Treasury Bond	UNITED STATES TREAS BD STRIPPED PRIN PMT00123 08-15-2048 (UNDDATE) REG CUSIP: 912803FE8	15,396,101	12,513,427
		Total U.S. Government Securities		87,871,005
		Corporate Debt Instruments		
	ABBOTT LABS	4.9% DUE 11-30-2046	1,719,618	1,392,293
	AFLAC INC	4.75% DUE 01-15-2049	2,111,534	2,043,062
	AGREE RLTY CORP COM	AGREE RLTY CORP COM	15,552	14,654
	ALABAMA POWER CO SR NT	3% 03-15-2052	2,817,623	2,822,915
	AMAZON COM INC	2.5% DUE 06-03-2050	696,027	457,184
	AMAZON COM	4.05% 08-22-2047	1,864,719	1,302,909
	AMAZON COM	3.95% 04-13-2052	2,192,462	2,081,292
	AMERICAN WATER CAPITAL CORP	5.45% 03-01-2054	1,235,434	1,182,456
	AMERN WTR CAP CORP	3.75% DUE 09-01-2047	3,182,938	2,148,141
	AMGEN	4.4% 05-01-2045	3,564,814	2,996,669
	ANHEUSER-BUSCH	COS LLC CORP	2,812,536	2,739,631
	ANTHEM INC	4.375% 12-01-2047	1,954,383	1,417,600
	APPLE INC	3.85% DUE 05-04-2043	1,739,381	1,488,905
	APPLE INC	3.85% DUE 08-04-2046	5,071,209	4,080,789
	ATMOS ENERGY CORP	4.125% DUE 10-15-2044	3,011,665	2,456,967
	ATMOS ENERGY CORP FIXED	4.3% DUE 10-01-2048	2,754,472	2,029,834
	BANK AMER	4.083% 03-20-2051	1,729,326	1,509,674
	BANK OF AMERICA CORPORATION	19-2041/06-19-2020	2,207,612	2,238,961
	BANK OF AMERICA CORPORATION	4.078% DUE 04-23-2040	2,415,467	2,378,036
	BERKSHIRE HATHAWAY	4.4% DUE 05-15-2042	2,750,113	2,170,294
	BERKSHIRE HATHAWAY ENERGY	3.8% 07-15-2048	4,682,881	3,338,568
	BERKSHIRE HATHAWAY FINANCE	3.85% 03-15-2052	1,370,501	1,314,667
	BHP BILLITON FIN	5% DUE 09-30-2043	1,726,749	1,398,091
	BP CAP	BP CAP	3,287,313	2,194,551
	BRISTOL MYERS	2.55% DUE 11-13-2050	1,668,312	1,593,698
	BRISTOL MYERS FIXED	4.25% DUE 10-26-2049	1,735,080	1,347,500
	BRISTOL -MYERS SQUIBB	3.7% 03-15-2052	1,844,261	1,589,182
	BURL NORTHN SANTA	5.75% DUE 05-01-2040	3,266,267	2,527,475
	CATERPILLAR INC FIXED	4.25% DUE 09-19-2049	1,158,001	1,091,506
	CENTERPOINT ENERGY	3.5% 03-01-2048	2,852,046	1,998,779
	CF MILLENIUM INTERNATIONAL	LTD-CL GG-2C1 - SER 06A	1,216,639	1,289,132
	CISCO SYS INC	5.3% 02-26-2054	965,346	919,270
	CITIGROUP INC	5.875 DUE 01-30-2042	3,075,951	2,520,664
	CLEV CLINIC FNDTN	4.858% DUE 01-01-2114	1,964,555	1,328,212

(Continued)

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor:	A&E Television Networks, LLC
EIN:	13-3091639
Plan Number:	002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Cost	(d) Market Value
	Corporate Debt Instruments (continued)			
	COMCAST COR	0.055	\$ 2,661,515	\$ 2,489,676
	COMCAST CORP	4.6% 10-15-2038	899,404	937,459
	COMCAST CORP NEW	4.75% DUE 03-01-2044	289,417	192,168
	COMWLTH EDISON CO FIXED	3% DUE 03-01-2050	2,677,141	1,869,760
	CONOCO PHILLIPS CO	5.55% 03-15-2054	1,336,589	1,263,975
	CONOCOPHILLIPS GTD NT	6.5 DUE 02-15-2039	1,434,119	1,202,776
	CONSOLIDATED EDISON CO(N.Y)	6.15% DUE 11-15-2052	2,162,844	2,025,109
	CSX CORP 4.	4.4 DUE 03-01-2043	1,797,167	1,415,086
	DELL INTL L L	8.35% 07-15-2046	3,000,977	2,716,066
	DIGNITY HEALTH	5.267% DUE 11-01-2064	1,494,668	1,087,105
	DOMINION RESOURCES	4.9% 08-01-2041	2,492,453	1,845,415
	DTE ELEC CO	3.75% DUE 08-15-2047	3,044,837	2,324,253
	DUKE ENERGY	3.2% DUE 08-15-2049	2,445,296	1,937,980
	DUKE ENERGY	6.05% DUE 04-15-2038	1,465,098	1,120,167
	ELI LILLY AND COMPANY	5.0% 02-09-2054	932,661	859,848
	ENTERGY LA LLC	5.7% 03-15-2054	766,841	771,429
	ENTERPRISE PRODS	6.125% DUE 10-15-2039	3,315,604	2,665,002
	EVERSOURCE	3.45% DUE	2,149,728	1,488,180
	EXXON MOBIL CORP	4.114% DUE 03-01-2046	3,041,999	2,468,420
	FEDEX CORP	5.25% DUE 05-15-2050	1,924,179	1,361,293
	GOLDMAN SACHS	6.75% DUE 10-01-2037	3,782,633	2,837,579
	GOLDMAN SACHS GROUP INC	3.21% DUE 04-22-2042	2,831,316	2,692,401
	GOLDMAN	4.017% 10-31-2038	401,585	292,250
	HCA INC	5.5% DUE	2,356,904	1,868,109
	HCP INC	6.75% DUE	2,497,111	1,765,273
	HEWLETT PACKARD STEP CPN	6.35% DUE 10-15-2045	3,200,803	2,759,962
	HOME DEPOT INC	3.35% DUE 04-15-2050	1,256,225	924,572
	HOME DEPOT INC	5.95% DUE 04-01-2041	1,498,910	1,223,823
	JPMORGAN CHASE & CO	3.882% 07-24-2038	4,038,853	3,658,774
	JPMORGAN CHASE & CO	2.525% DUE	2,923,314	2,878,556
	KIMCO RLTY	4.45% 09-01-2047	2,975,441	2,139,823
	LILLY ELI & CO	5.05% 08-14-2054	1,280,030	1,192,405
	LOWE'S COMPANIES INC	5.625% DUE 04-15-2053	2,073,348	2,001,931
	MERCK & CO INC	2.75% DUE 12-10-2051	1,327,991	1,077,677
	MERCK & CO	3.7% DUE	1,617,661	1,283,045
	META PLATFORMS	5.4% DUE 08-15-2054	1,030,496	998,104
	META PLATFORMS	5.6% DUE 05-15-2053	956,940	1,016,753
	MICROSOFT CORP	2.675% DUE 06-01-2060	2,089,989	1,518,767
	MICROSOFT CORP	4.2% DUE 11-03-2035	452,547	431,221
	MOODYS CORP	3.1% 11-29-2061	768,516	715,081
	MYLAN N V FIXED	5.25% DUE 06-15-2046	2,259,403	1,951,229
	NATIONAL RURAL UTILS	0.043	2,681,637	1,857,473
	NEW JERSEY ST TRANSN TR FD	AUTH 6.561% 12	156,962	112,065
	NEW YORK	4.763% DUE 08-01-2116	929,572	663,742
	NORFOLK SOUTHN	SR NT 4.1%	1,698,737	1,258,893
	NVIDIA CORP	3.5% DUE	639,874	483,741

(Continued)

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor: A&E Television Networks, LLC
EIN: 13-3091639
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Cost	(d) Market Value
Corporate Debt Instruments (Continued)				
	NYU HOSPS CTR	4.368% DUE 07-01-2047	\$ 2,040,152	\$ 1,846,644
	ORACLE CORP	3.6% DUE 04-01-2050	1,395,523	1,097,411
	ORACLE CORP	5.375 DUE 07-15-2040	1,773,618	1,349,239
	PEPSICO INC	4.45% DUE 04-14-2046	1,959,846	1,552,164
	PFIZER INVESTMENT	5.34% 05-19-2063	476,628	459,721
	PG&E RECOVERY FDG LLC SR SECD NT			
	CL	2.822% 07-15-2048	1,015,061	803,611
	PHILLIPS 66 COMPANY	5.65% 06-15-2054	1,297,828	1,106,258
	PIEDMONT NAT GAS CO INC SR NT	5.05% 05-15-2052	1,069,024	1,039,673
	PHILIP MORRIS INTL	4.25% DUE 11-10-2044	2,288,480	2,219,303
	PROGRESS ENERGY	6.5% DUE 02-01-2042	2,232,559	2,046,987
	PRUDENTIAL FINL	3.905% DUE 12-07-2047	2,575,618	1,850,136
	PRUDENTIAL	3.935% DUE 12-07-2049	1,200,031	1,136,271
	PUGET ENERGY INC SR	2.893% 09-15-2051	1,322,565	917,310
	RAYMOND JAMES FINL	4.95% DUE 07-15-2046	3,325,532	2,619,135
	RIO TINTO		2,165,141	1,842,089
	SELECTIVE INS GROUP	5.375% 03-01-2049	2,519,586	1,845,883
	SEMPRA	4% DUE 02-01-2048	4,383,365	3,119,510
	SHELL INTL FIN B V	3.625% DUE 08-21-2042	1,431,197	1,200,157
	SIMON PPTY GROUP L	6.65% 01-15-2054	1,140,863	1,232,762
	SOUTHERN CALIF EDISON CO	3.65% 02-01-2050	1,659,601	1,573,947
	SOUTHERN CALIF EDISON CO	0.04125 03-01-2048	1,272,965	911,871
	SOUTHWESTERN ELEC PWR CO SR NT			
	SER	3.25% 11-01-2051	1,452,623	1,003,110
	STATOIL ASA	3.95 DUE 05-15-2043	1,498,224	1,061,781
	SYSCO CORP FIXED	6.6% DUE 04-01-2050	3,267,180	2,506,044
	TARGET CORP SR NT	2.95% 01-15-2052	870,690	778,618
	TOTALENERGIES CAPITAL SA	5.488% 04-05-2054	690,000	662,456
	UNITED PARCEL	5.3% 04-01-2050	2,792,913	2,508,271
	UNITED PARC		485,577	445,334
	UNITEDHEALTH GROUP	4.75% DUE 07-15-2045	1,245,161	1,186,058
	UNITEDHEALTH GROUP	5.8% DUE 03-15-2036	864,497	810,106
	UNITEDHEALTH GROUP	4.75% 05-15-2052	1,897,183	1,776,649
	VALERO ENERGY CORP	6.625% DUE 06-15-2037	1,952,895	1,610,206
	WALMART INC	4.5% DUE	997,241	970,184
	AvalonBay Communities, Inc	AVALONBAY CMNTYS REIT	16,691	16,278
	WELLS FARGO & CO	4.9% DUE 11-17-2045	5,665,841	4,533,498
	WESLEYAN UNIV CONN	4.781% DUE 07-01-2116	1,595,558	1,139,985
	WYETH NT	5.95 DUE 04-01-2037/03-27-2007	1,702,528	1,655,180
	XCEL ENERGY INC	3.5% DUE 12-01-2049	1,457,745	<u>1,009,659</u>
		Total Corporate Debt Instruments		190,491,483

(Continued)

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor: A&E Television Networks, LLC
EIN: 13-3091639
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Cost	(d) Market Value
		Common Stock		
	AMERICAN HOMES 4 RENT	AMERICAN HOMES 4 RENT COMMON	\$ 23,089	\$ 24,997
	AMERICAN TOWER CORP	AMERICAN TOWER CORP	169,317	152,597
	AMERICOLD RLTY TR INC	AMERICOLD RLTY TR INC COM	27,696,369	18,853
	BOYD GAMING CORP	BOYD GAMING CORP	16,837	24,083
	CAESARS ENTMT INC	CAESARS ENTMT INC	21,085	17,746
	CROWN CASTLE INC	CROWN CASTLE INC COM	111,269	78,961
	DIGITAL RLTY TR INC	DIGITAL RLTY TR INC COM	84,144	122,003
	EQTY LIFESTYLE PPTYS	EQTY LIFESTYLE PPTYS	15,510	15,784
	EQUINIX INC	EQUINIX INC	59,477	78,260
	ESSEX PPTY TR REIT	ESSEX PPTY TR REIT	38,829	47,383
	EXTRA SPACE STORAGE INC	EXTRA SPACE STORAGE INC	38,308	40,542
	HEALTHCARE REALTY TRUST INC	HEALTHCARE REALTY TRUST INC COM USD0.01 CL A	44,192	33,493
	HIGHWOODS PPTYS INC	HIGHWOODS PPTYS INC COM	29,189	21,712
	HOST HOTELS & RESORTS INC		20,424	21,497
	INVITATION HOMES INC	INVITATION HOMES INC COM	74,654	60,583
	KIMCO REALTY CORPORATION	KIMCO REALTY CORPORATION	23,117	28,093
	LAMAR ADVERTISING CO	LAMAR ADVERTISING CO	17,118	16,313
	LINEAGE INC	LINEAGE INC	11,445	8,083
	MFO CAPITOL SERIES TRUST	MFO CAPITOL SERIES TRUST	3,487,293	3,333,064
	OMEGA HEALTHCARE INVS INC	OMEGA HEALTHCARE INVS INC	37,762	38,872
	PACS GROUP INC	PACS GROUP	11,346	3,881
	PROLOGIS INC	PROLOGIS INC COM	107,226	99,992
	PUB STORAGE	PUB STORAGE COM	50,070	52,402
	REALTY INCOME CORP	REALTY INCOME CORP COM	31,745	26,064
	SBA COMMUNICATIONS CORP	SBA COMMUNICATIONS CORP	15,772	12,839
	SIMON PROPERTY GROUP INC	SIMON PROPERTY GROUP INC COM	56,728	103,843
	SUN COMMUNITIES INC	SUN COMMUNITIES INC COM	78,492	65,051
	UDR INC	UDR INC COM STK	31,317	33,860
	VICI PPTYS INC	VICI PPTYS INC	52,576	49,891
	IRON MTN INC NEW	IRON MTN INC NEW COM	30,853	53,921
	WELLTOWER INC	WELLTOWER INC COM REIT	96,073	152,748
	WEYERHAUSER CO	WEYERHAEUSER CO COM	65,153	56,610
				<u>4,894,021</u>
		Partnerships		
	ARES Private Credit Solutions	ARES Private Credit Solutions Offshore II L.P.	4,562,685	4,938,810
	HARBOURVEST PARTNERS	CO-INVESTMENT VI FEEDER FUND L.P.	6,334,570	7,441,561
				<u>12,380,371</u>

(Continued)

A&E TELEVISION NETWORKS, LLC RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor: A&E Television Networks, LLC
EIN: 13-3091639
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Cost	(d) Market Value
		<u>Common Collective Trusts</u>		
*	NORTHERN TRUST	NT COLLECTIVE GOV'T SHORT TERM INVT FD CUSIP: 66586U445	\$ 3,914,615	\$ 3,914,615
*	NORTHERN TRUST	MFB NT COLLECTIVE S&P500 INDEX FUND-	11,835,812	18,921,639
*	NORTHERN TRUST	MFB NT COLLECTIVE S&P400 INDEX FUND - NON	2,324,546	3,524,644
*	NORTHERN TRUST	MFB NT COLLECTIVE MSCI ACWI EX-US INDEX FUND-NON LENDING CUSIP: 003999323	11,258,380	<u>13,288,994</u>
				<u>39,649,892</u>
		<u>Hedge Funds</u>		
	MILLENNIUM INTERNATIONAL	MILLENNIUM INTERNATIONAL, LTD. - CL GG- 2C1 - SER 01A	25,020,296	<u>3,194,508</u>
				<u>3,194,508</u>
		Total Investments		<u>\$ 338,481,280</u>

See independent auditor's report.

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 32 – Schedule of Amortization Bases
A&E Television Networks, LLC. Retirement Plan
For Plan Year Ended December 31, 2024

EIN: 13-3091639
Plan Number: 002

Schedule of Amortization Bases

<u>Type of Base</u>	<u>Present Value of Any Remaining Installments</u>	<u>Valuation Date</u>	<u>Years Remaining</u>	<u>Amortization Installment</u>
2024 Shortfall	\$ (6,857,049)	January 1, 2024	15	\$ (626,707)
2023 Shortfall	\$ 18,930,284	January 1, 2023	14	\$ 1,814,353
Total	\$ 12,073,235			\$ 1,187,646