Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FOX SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 12/28/2018

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FOX CORPORATION

1211 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-8706

2b Employer Identification Number (EIN)
83-1825597

2c Plan Sponsor's telephone number
212-852-7000

2d Business code (see instructions)
519100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/10/2026	THEODORE EXARHAKOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

PLAN ADMINISTRATIVE COMMITTEE
C/O FOX CORPORATION
1211 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-8706

3b Administrator's EIN: 83-1825597

3c Administrator's telephone number: 212-852-7000

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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	14341
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	**6a(1)**	10558
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	10701
b	Retired or separated participants receiving benefits	**6b**	47
c	Other retired or separated participants entitled to future benefits	**6c**	3960
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	14708
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	10
f	Total. Add lines **6d** and **6e**.	**6f**	14718
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	14242
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	14604
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	561
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 Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2K 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ 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

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
FOX SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
FOX CORPORATION

D Employer Identification Number (EIN)
83-1825597

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).. . . . . [X] 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

AMERICAN GENERAL LIFE INSURANCE CO.
50 DANBURY ROAD
WILTON, CT 06879

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

BLACKROCK INST. TRUST CO. NA

94-3112180

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

INSIGHT INVESTMENT
50 FREMONT STREET
SUITE 3900
SAN FRANCISCO, CA 94105

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

NATIONWIDE LIFE INSURANCE CO.

31-4156830

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

PRUDENTIAL INSURANCE CO.

22-1211670

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

PRUDENTIAL TRUST CO.

23-6994310

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

TRANSAMERICA PREMIER LIFE INS. CO.

52-0419790

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

VOYA FINANCIAL

230 PARK AVENUE
NEW YORK, NY 10169

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

FIDELITY INV. INST. OPS. CO, INC.

04-2647786

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

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

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

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 INV. INST. OPS. CO, INC.

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 60 64 65	NONE	364335	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	271758	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
FOX SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FOX CORPORATION

D Employer Identification Number (EIN)
83-1825597

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT INCOME TRUST		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN	90-0735883-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	26143513		
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET 2020 TRUST PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN	90-0735899-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32617017		
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET 2025 TRUST PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN	90-0735963-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	100950910		
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET 2030 TRUST PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN	90-0735964-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	182927266		
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET 2035 TRUST PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN	90-0735965-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	252976359		
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET 2040 TRUST PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN	90-0735971-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	259467659		
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET 2045 TRUST PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN	90-0735972-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	261090963		

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET 2050 TRUST PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735976-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 236008518

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET 2055 TRUST PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735978-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 179793680

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET 2060 TRUST PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 45-3799736-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100951823

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET 2065 TRUST PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 82-6204383-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29076581

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET 2070 TRUST PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 88-6095930-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1661753

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU CORE CONSERV IND BD FD

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO

c EIN-PN 23-6994310-156	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE BLUE CHIP GROWTH TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 80-0470272-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 302471790

a Name of MTIA, CCT, PSA, or 103-12 IE: MORTGAGE-BACKED SECURITY INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 94-6581672-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9830178

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE GOVT BOND INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 94-3118548-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2458949

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE TERM CREDIT BOND INDEX

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 94-3118549-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10088024

a Name of MTIA, CCT, PSA, or 103-12 IE: COMMERCIAL MORTGAGE-BACKED SEC FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 94-3333402-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3076087

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSET-BACKED SECURITIES INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 94-3149402-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7876351

a Name of MTIA, CCT, PSA, or 103-12 IE: 1-3 YEAR GOVERNMENT BOND INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 94-6052283-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8989912

a Name of MTIA, CCT, PSA, or 103-12 IE: 1-3 YR CREDIT BOND INDEX FD NONLEND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN 27-0382964-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6894900

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON CORE BOND PLUS (SER 2)

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

c EIN-PN 04-6913417-133	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49985733

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY LLC

c EIN-PN 82-6293122-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 464384891

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN GLOBAL EX US INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY LLC

c EIN-PN 82-6293122-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59385498

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN MID CAP INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY LLC

c EIN-PN 82-6293122-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49191193

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN SMALL CAP INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY LLC

c EIN-PN 82-6293122-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42965275

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU CORE INTERMEDIATE BD FD

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO

c EIN-PN 23-6994310-214	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16978937

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
FOX SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
FOX CORPORATION

D Employer Identification Number (EIN)
83-1825597

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2759398	3865549
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	21539078	22454686
(9) Value of interest in common/collective trusts	1c(9)	1749902673	2698243760
(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)	734636346	242332964
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	21154802	19087940

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	2529992297	2985984899
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	33763	33450
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	392557	9102
1k Total liabilities (add all amounts in lines 1g through1j)	1k	426320	42552
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2529565977	2985942347

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)	74566818	
(B) Participants	2a(1)(B)	125486249	
(C) Others (including rollovers)	2a(1)(C)	19421958	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		219475025
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	172874	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1720843	
(F) Other	2b(1)(F)	2678191	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4571908
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	18203451	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		18203451
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		451462556
(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)		-23438400
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		670274540
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	213235702	
(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)		213235702
f Corrective distributions (see instructions)	2f		8355
g Certain deemed distributions of participant loans (see instructions)	2g		18020
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	364335	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	271758	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		636093
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		213898170
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		456376370
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) [X] 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) [X] 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: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		35000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
FOX SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
FOX CORPORATION

D Employer Identification Number (EIN)
83-1825597

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

Fox Savings Plan

Financial Statements and Supplemental Schedule
December 31, 2025 and 2024 and Year Ended December 31, 2025
With Report of Independent Auditors

FOX SAVINGS PLAN
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Shape the future with confidence

Report of Independent Auditors

Plan Administrative Committee
Fox Savings Plan

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

We have performed audits of the financial statements of Fox Savings 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, 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 qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 (referred to as the "supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the

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audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Ernst & Young LLP

September 3, 2026

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FOX SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024

	December 31	
	2025	2024
Assets		
Total investments at fair value	$ 2,878,248,935	$ 2,422,795,455
Synthetic guaranteed investment contracts at contract value	85,281,278	85,657,764
Notes receivable from participants	22,454,686	21,539,078
Total assets	2,985,984,899	2,529,992,297
Liabilities		
Payables for securities purchased	9,102	392,557
Accrued expenses	33,450	33,763
Total liabilities	42,552	426,320
Net assets available for benefits	$2,985,942,347	$2,529,565,977

See accompanying notes to financial statements.

FOX SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2025

Additions to net assets attributed to	
Net appreciation of investments	$ 425,688,996
Dividends and interest income	23,389,676
Interest income on notes receivable from participants	1,720,843
Participant contributions, including rollovers	144,908,207
Employer contributions, net of forfeitures	74,566,818
Total Additions	670,274,540
Deductions from net assets attributed to	
Benefits paid to participants	(213,262,077)
Administrative expenses	(636,093)
Total Deductions	(213,898,170)
Net increase in net assets	456,376,370
Net assets available for benefits, beginning of year	2,529,565,977
Net assets available for benefits, end of year	$ 2,985,942,347

See accompanying notes to financial statements.

1. PLAN DESCRIPTION

The following description of the Fox Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions, a copy of which may be obtained from Fox Corporation (the "Company", "Employer" or "Plan Sponsor").

General

The Plan is a defined contribution plan sponsored by the Company and covers the majority of employees of the Company and its affiliates.

The Plan meets the requirements of Section 401(k) of the Internal Revenue Code of 1986, as amended (the "Code"), which permits employees to exclude contributions to the Plan from their current taxable income, subject to certain limits. The Plan is subject to the regulations of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and the Code.

Effective January 12, 2024, the Plan was amended to fully vest each participant who was employed by the USFL League, LLC ("USFL") on that date and to remove the USFL as a participating employer in the Plan.

Plan Administration

The Plan Administrative Committee (the "Plan Administrator") is a named fiduciary with responsibility for administration of the Plan, other than with respect to the management of the Plan's assets. The Investment Committee of the Fox Savings Plan is a named fiduciary with responsibility for the management of the Plan's assets, appointment of trustees, and trust administration.

Assets Held in Trust

The Plan's investments are held in the Fox Savings Plan Trust with Fidelity Management Trust Company ("Fidelity" or "Trustee"). Among other duties, Fidelity is responsible for the custody, recordkeeping and investing of Plan assets and for the payment of benefits to eligible participants. All contributions are invested by Fidelity as designated by Plan participants. Prudential Trust Company and Blackrock Institutional Trust Company, N.A ("Stable Value Custodians") are custodians of certain investments in the Stable Value Fund.

Eligibility

Employees classified as a regular full-time or regular part-time employee (i.e., classified to work at least 30 hours per week are eligible to participate in the Plan immediately on their hire date. Employees not classified as a regular full-time or regular part-time employee who complete at least 500 hours of service within a 12-month period following their date of hire or 500 or more hours in any subsequent calendar year are eligible to participate in the Plan.

Once an individual participates in the Plan, they are immediately eligible to resume participation upon rehire as an eligible employee. Further, if a termination and rehire occur during the same computation period, hours worked in that computation period are aggregated for purposes of determining eligibility to participate.

Contributions and Vesting

Each year, Plan participants are entitled to contribute, subject to certain Internal Revenue Service ("IRS") regulations, pretax and Roth contributions from 1% to a maximum of 40% of their compensation, as defined, and after-tax contributions up to 40% of their compensation, as defined, not to exceed a combined deferral percentage of 40%. The Plan also permits catch-up contributions up to the IRS maximum ($7,500 in 2025). Effective January 1, 2025, the Plan was amended to also permit catch-up contributions up to the higher IRS maximum for individuals who attain at least age 60 but not age 64 in the calendar year ($11,250 in 2025). Participants' voluntary contributions and actual earnings thereon vest immediately.

Each Eligible Employee, as defined, is automatically enrolled in the Plan at a contribution rate of 3% of his or her pretax eligible earnings following 30 days after the Eligible Employee's eligibility date, unless he or she elects within the applicable time frame to not enroll in the Plan. Following the initial auto-enrollment contribution deferral rate of 3%, the contribution deferral percentage will increase 1% for each subsequent 12-month period until it reaches 10% unless the Eligible Employee opts out.

The Employer match on eligible employee deferrals is 100% of the first 1% plus 50% of the next 6% of eligible compensation contributed. Effective July 15, 2024, the Plan provides matching contributions based on the combination of employee deferrals and qualified student loan payments as permitted under Section 401(m) of the Code. A participant becomes 100% vested in the Employer matching contribution account at the earliest of the following dates: (1) completion of two years of vesting service, as defined, (2) death, (3) termination of employment due to total and permanent disability, (4) retirement at age 65, or (5) termination of the Plan.

In addition, the Company makes a 2% non-elective contribution of eligible compensation for certain eligible employees under the Plan. Eligibility to receive the 2% non-elective contribution extends to participants that: (a) were hired or rehired on or after January 1, 2008, (b) transferred to the Company (or a participating employer) from an affiliate of the Company (including from outside the U.S.) that does not maintain or contribute to an employer-sponsored defined benefit plan, or (c) transferred to the Company (or a participating employer) from an affiliate of the Company (including from outside the U.S.) that maintains or contributes to an employer-sponsored defined benefit plan, in which the participant was not an active participant immediately prior to his or her transfer. Employees who are actively accruing a benefit on their behalf to any defined benefit pension plan are not eligible to receive a 2% non-elective contribution. Employees hired prior to January 1, 2008 and have a defined benefit pension benefit which was frozen as of December 31, 2013 are eligible to receive a 3% non-elective contribution rather than the 2% non-elective contribution. A participant becomes 100% vested in the Employer Non-Elective Contribution account at the earliest of the following dates: (1) completion of three years of vesting service, as defined, (2) death, (3) termination of employment due to total and permanent disability, (4) retirement at age 65, or (5) termination of the Plan.

Participants may also contribute amounts representing distributions from other qualified plans (rollover contributions).

Participant Accounts

A separate account is maintained by the Trustee for each participant to record his or her pretax, Roth and after-tax contributions, the Employer's matching and non-elective contributions and Plan earnings.

Forfeitures

Forfeitures (normally unvested interests of terminated participants' Company matching and non-elective contribution accounts and any realized earnings) are allocated to reduce future Company contributions. The total unallocated forfeitures to be used to reduce future Company contributions at December 31, 2025 and 2024 were approximately $891,000 and $623,000, respectively. During 2025, approximately $3,109,000 was forfeited from non-vested participants into forfeitures and approximately $2,841,000 was used to offset employer contributions.

Notes Receivable from Participants

Participants may borrow from the Plan a minimum of $1,000 and a maximum amount not to exceed the lesser of $50,000 or 50% of the participant's vested account balance. The loans are payable over a period not to exceed five years or, if the proceeds are used to purchase the participant's principal residence, the fixed rate loans are payable over a period not to exceed 20 years, and bear interest at prime plus 1%. The loans are secured by the pledge of the participant's interest in the Plan. For active participants, principal and interest are paid ratably through payroll deductions. Terminated participants have the option to continue repayment through automatic debits from their personal bank accounts. Outstanding unpaid loan balances will be treated as taxable distributions to the participants who have triggered a distributable event, as determined under Section 401(k) of the Code. Participants may prepay their loans at any time without penalty.

Payment of Benefits

Plan participants or beneficiaries are eligible to receive a benefit payment equal to their vested account balances upon termination of employment, retirement, death, or permanent disability, as stipulated in the Plan document. Such benefits shall be made in a lump-sum payment, a qualified rollover to an individual retirement account or another employer's tax qualified retirement plan or an installment payment for retirees, subject to certain restrictions as defined in the Plan document.

Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan document. Effective November 12, 2024, the Plan was amended to (1) permit participants who are victims of domestic violence to self-certify their status and request a distribution for up to the lesser of $10,000 or 50% of the participant's account as permitted under Section 72(t) of the Code, (2) permit a participant to take a distribution for unforeseeable or immediate financial needs for necessary personal or family emergency expenses (for which a participant may self-certify) up to once per year and up to $1,000 as permitted under Section 72(t) of the Code, and (3) provide for distributions from the Plan with respect to participants who have suffered from a qualified federally declared disaster as permitted under Section 72(t) of the Code.

Administrative Expenses

The Company pays certain administrative expenses such as audit, legal, and recordkeeping fees for participants with account balances under $10,000 on behalf of the Plan. Other administrative expenses–primarily recordkeeping fees–and investment advisory fees are charged to participants and reflected in administrative expenses in the Statement of Changes in Net Assets Available for Benefits. Certain investment-related expenses are included in net appreciation of investments in the Statement of Changes in Net Assets Available for Benefits.

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions in 1% increments among various investment options offered by the Plan. Additionally, participants may redirect their investment balances among these various investment options on a daily basis.

Plan Termination

Although it has not expressed any intent to do so, the Company may terminate the Plan at any time, subject to the provisions set forth in ERISA. In the event of Plan termination, the accounts of all participants affected shall become fully vested and non-forfeitable.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Notes Receivable from Participants

Loans are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for the Synthetic Guaranteed Investment Contracts ("GICs"), which are valued at contract value (see Note 5). Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned on an accrual basis. Dividends are recorded on the ex-dividend dates. All realized and unrealized gains and losses in the fair value of investments that were bought and sold as well as held at year-end are shown on the accompanying Statement of Changes in Net Assets Available for Benefits as net appreciation of investments.

Contributions

Participant contributions and Employer contributions are recorded in the year in which the employee contributions are withheld from compensation.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

3. INFORMATION CERTIFIED BY THE TRUSTEE AND CUSTODIAN

Certain investment information disclosed in the accompanying financial statements and supplemental schedule, including assets, payables for securities purchased, net appreciation of investments, interest income on notes receivable from participants, and dividends and interest income, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Plan's trustee and custodian.

4. FAIR VALUE MEASUREMENTS

In accordance with ASC 820, Fair Value Measurement, investments are categorized based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities
- Level 2: Not traded on an active market, but significant observable inputs are readily available
- Level 3: Significant unobservable inputs

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Mutual funds are valued at the quoted closing price reported on the active market in which they are traded. Common collective trusts are valued using the net asset value, which is determined daily, published and is the basis for current transactions with the fund's investment manager or issuer. The short-term investment fund is valued at cost plus interest earned, which approximates fair value.

Investments Measured at Fair Value

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Common collective trusts	$ 2,632,050,422	$ –	$ –	$ 2,632,050,422
Mutual funds	242,332,964	–	–	242,332,964
Short-term investment fund	3,865,549	–	–	3,865,549
Total assets at fair value	$ 2,878,248,935	$ –	$ –	$ 2,878,248,935

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common collective trusts	$ 1,685,399,711	$ –	$ –	$ 1,685,399,711
Mutual funds	734,636,346	–	–	734,636,346
Short-term investment fund	2,759,398	–	–	2,759,398
Total assets at fair value	$ 2,422,795,455	$ –	$ –	$ 2,422,795,455

5. STABLE VALUE FUND

For the years ended December 31, 2025 and 2024, the Plan's investment options included the Standish Income Fund, which holds Synthetic GICs. The Synthetic GICs meet the fully benefit-responsive investment contract ("FBRIC") criteria and therefore are reported at contract value. Contract value is the relevant measure for FBRICs because it is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the investment manager, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The contract value of these investments was $85,281,278 as of December 31, 2025 and $85,657,765 as of December 31, 2024.

Generally, fixed maturity Synthetic GICs consist of an asset or collection of assets that are owned by the Plan and a benefit-responsive, book-value wrap contract purchased for the portfolio. The wrap contract provides book-value accounting for the assets and assures that benefit-responsive payments will be made at book value for participant-directed withdrawals.

Constant duration Synthetic GICs consist of a portfolio of securities owned by the Plan, and a benefit-responsive, book-value wrap contract purchased for the portfolio. The wrap contract amortizes gains and losses of the underlying securities over the portfolio duration and assures that benefit-responsive payments will be made at book value for participant-directed withdrawals.

Certain events could limit the ability of the Standish Income Fund to transact withdrawals and transfers at contract value. Such events include the following:

- Company-initiated events, including events within the control of the Plan or Plan Sponsor that would have a material and adverse effect on the Standish Income Fund.
- Company communications designed to induce participants to transfer from the Standish Income Fund.
- Competing fund transfer or violation of equity wash or equivalent rules in place.
- Changes of qualification status of the Plan.

The plan administrator does not believe that the occurrence of any of the above events is probable.

In general, issuers may terminate the contract and settle at other than contract value if the qualification status of the employer or Plan changes, a breach of material obligations under the contract and misrepresentation by the contract holder occurs, or there is a failure of the underlying portfolio to conform to the pre-established investment guidelines.

6. RISKS AND UNCERTAINTIES

The Plan's exposure to credit loss in the event of non-performance of investments is limited to the carrying value of such instruments. The Plan's concentration of credit risk and market risk is dictated by the Plan's provisions, as well as those of ERISA and the participants' investment preferences.

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risk in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

7. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by an affiliate of the Trustee or Stable Value Custodians, and certain operational and investment expenses were paid to various service providers (as described in Note 1). While these qualify as party-in-interest transactions under ERISA, they are exempt from the prohibited transaction rules.

8. TAX STATUS

The Plan has received a determination letter from the IRS, dated April 7, 2020, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. Subsequently, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, as amended and restated, is qualified and the related trust is tax-exempt.

GAAP requires the plan administrator to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. SUBSEQUENT EVENTS

Effective January 1, 2026, the Plan was amended to provide that Plan participants whose Section 3121(a) Wages (as defined in the Plan) exceeded $145,000 (as adjusted for inflation) in the preceding calendar year and who make catch-up contributions will be deemed to elect to make all catch-up contributions as Roth contributions, in accordance with recently enacted legislation amending Section 414(v) of the Code.

The Plan has evaluated subsequent events through September 3, 2026, the date the accompanying financial statements were available to be issued.

Supplemental Schedule

Identity of Issue	Description of Investment	Current Value
Short-Term Investment		
*Fidelity	Short-term investment fund; 3.71% yield	$ 3,865,549
Standish Income Fund:		
Synthetic GICs		
Voya Retirement Insurance & Annuity Co.		
(MCA-800259) 3.14% yield:		
*Blackrock	1-3 Year Credit Bond Index Non-Lendable Fund, 154,400 units	2,299,291
*Blackrock	1-3 Year Government Bond Index Fund, 21,680 units	2,997,929
*Blackrock	Asset-Backed Securities Index Fund, 61,904 units	2,626,582
*Blackrock	Commercial Mortgage-Backed Securities Index Fund, 29,069 units	1,025,804
*Blackrock	Intermediate Term Credit Bond Index, 48,290 units	3,364,124
*Blackrock	Mortgage-Backed Securities Index Fund, 56,952 units	3,278,139
*Blackrock	Intermediate Government Bond Index Fund, 16,488 units	820,003
Wrapper		532,725
		16,944,597
Transamerica Premier Life		
(MDA01348TR) 3.21% yield:		
*Blackrock	1-3 Year Credit Bond Index Non-Lendable Fund, 155,370 units	2,313,734
*Blackrock	Asset-Backed Security Index Fund, 62,293 units	2,643,081
*Blackrock	Commercial Mortgage-Backed Securities Index Fund, 29,252 units	1,032,248
*Blackrock	Intermediate Term Credit Bond Index Fund, 48,594 units	3,385,256
*Blackrock	1-3 Year Government Bond Index Fund, 21,816 units	3,016,761
*Blackrock	Mortgage-Backed Securities Index Fund, 57,310 units	3,298,730
*Blackrock	Intermediate Government Bond Index Fund, 16,591 units	825,154
Wrapper		500,661
		17,015,625
Prudential Trust Company:		
(GA 64202) 2.83% yield:		
*Prudential	Core Intermediate Bond Fund, 1,376,579 units	16,978,937
Wrapper		938,322
		17,917,259
Nationwide Life Insurance Company		
(STA_NFX_IP_1218); 3.02% yield:		
*Blackrock	1-3 Year Credit Bond Index Non-Lendable Fund, 153,231 units	2,281,875
*Blackrock	Asset-Backed Security Index Fund, 61,435 units	2,606,688
*Blackrock	Commercial Mortgage-Backed Security Fund, 28,849 units	1,018,035
*Blackrock	1-3 Year Government Bond Index Fund, 21,515 units	2,975,222
*Blackrock	Intermediate Term Credit Bond Index Fund, 47,925 units	3,338,644
*Blackrock	Mortgage-Backed Security Index Fund, 56,521 units	3,253,309
*Blackrock	Intermediate Government Bond Index Fund, 16,363 units	813,792
Wrapper		588,042
		16,875,607

Identity of Issue	Description of Investment	Current Value
Synthetic GICs (continued)		
American General Life Insurance Company (18020) 4.05% yield:		
Cash		846,373
Asset-backed securities:		
AEPWV 2013-1 A2	Series 2013-1; Class A2; 8/1/2031; 3.77%	255,051
AMXCA 2025-1 A	Series 2025-1; Class A; 12/25/2029; 4.56%	330,964
BANK 2023-BNK45 A2	Series 2023-BNK45; Class A2; 2/15/2056; 5.66%	102,700
BANK5 2024-5YR7 A3	Series 2024-5YR7; Class A3; 6/15/2057; 5.77%	498,270
BBCMS 2022-C18 A2	Series 2022-C18; Class A2; 12/15/2055; 5.50%	268,669
BMARK 2024-V9 A3	Series 2024-V9; Class A3; 8/15/2057; 5.60%	429,682
BMO 2022-C3 A2	Series 2022-C3; Class A2; 9/15/2054; 5.50%	167,037
BMO 2024-5C4 A2	Series 2024-5C4; Class A2; 2/15/2057; 6.05%	466,696
BMWLT 2024-2 A3	Series 2024-2; Class A3; 10/25/2027; 4.18%	108,412
CD 2016-CD1 ASB	Series 2016-CD1; Class ASB; 8/10/2049; 2.62%	141,071
CD 2016-CD2 A3	Series 2016-CD2; Class A3; 11/10/2049; 3.25%	259,317
CHAIT 2024-A1 A	Series 2024-A1; Class A; 1/16/2029; 4.60%	303,307
CNH 2022-B A3	Series 2022-B; Class A3; 8/16/2027; 3.89%	33,474
CNH 2023-A A3	Series 2023-A; Class A3; 8/15/2028; 4.81%	147,327
CNH 2024-B A3	Series 2024-B; Class A3; 9/17/2029; 5.19%	150,280
CNH 2025-A A3	Series 2025-A; Class A3; 8/15/2030; 4.36%	488,122
CNH 2025-B A3	Series 2025-B; Class A3; 4/15/2030; 4.30%	217,163
DBJPM 2017-C6 A4	Series 2017-C6; Class A4; 6/10/2050; 3.07%	245,933
FORDL 2025-B A3	Series 2025-B; Class A3; 12/15/2028; 4.23%	492,135
FORDO 2023-A A3	Series 2023-A; Class A3; 2/15/2028; 4.65%	26,029
GMCAR 2025-1 A3	Series 2025-1; Class A3; 12/17/2029; 4.62%	133,617
HAROT 2024-1 A3	Series 2024-1; Class A3; 8/15/2028; 5.21%	174,000
JDOT 2022-B A3	Series 2022-B; Class A3; 2/16/2027; 3.74%	14,414
JDOT 2023-A A3	Series 2023-A; Class A3; 11/15/2027; 5.01%	86,655
JDOT 2023-C A3	Series 2023-C; Class A3; 5/15/2028; 5.48%	141,846
MBART 2022-1 A3	Series 2022-1; Class A3; 8/16/2027; 5.21%	44,220
MBART 2025-1 A3	Series 2025-1; Class A3; 12/17/2029; 4.78%	152,501
NAROT 2022-B A3	Series 2022-B; Class A3; 5/17/2027; 4.46%	27,940
PCG 4.838 06/01/33	Series N/A; Class N/A; 6/1/2035; 4.84%	192,355
TAOT 2023-B A3	Series 2023-B; Class A3; 2/15/2028; 4.71%	66,174
WFCIT 2025-A1 A	Series 2025-A1; Class A; 5/15/2030; 4.34%	475,226
Government backed securities:		
FHR 4091 KC	Series 4091; Class KC; 8/15/2040; 3.00%	15,334
FHR 4158 TC	Series 4158; Class TC; 12/15/2042; 1.75%	639,749
FHR 4166 PB	Series 4166; Class PB; 3/15/2041; 1.75%	37,969
FHR 4169 HM	Series 4169; Class HM; 2/15/2028; 1.75%	51,370
FHR 4427 MA	Series 4427; Class MA; 2/15/2034; 3.00%	121,793
FHR 4481 B	Series 4481; Class B; 12/15/2042; 3.00%	292,291
FHR 4569 A	Series 4569; Class A; 11/15/2040; 2.50%	101,725

Identity of Issue	Description of Investment	Current Value
Synthetic GICs (continued)		
Government backed securities:		
FHR 4569 VH	Series 4569; Class VH; 9/16/2041; 3.50%	133,862
FHR 5094 DA	Series 5094; Class DA; 1/25/2031; 1.00%	114,474
FHR 5319 A	Series 5319; Class A; 5/25/2035; 5.00%	244,264
FHR 5460 PD	Series 5460; Class PD; 9/25/2054; 4.75%	458,932
FNR 2012-100 A	Series 2012-100; Class A; 9/25/2027; 1.50%	64,350
FNR 2013-81 KA	Series 2013-81; Class KA; 9/25/2042; 2.75%	122,860
FNR 2016-37 BK	Series 2016-37; Class BK; 6/25/2046; 3.00%	293,977
FNR 2016-88 LA	Series 2016-88; Class LA; 4/25/2042; 2.50%	441,674
FNR 2017-43 A	Series 2017-43; Class A; 8/25/2044; 3.50%	46,052
FNR 2021-54 CA	Series 2021-54; Class CA; 1/25/2035; 2.50%	187,458
FNR 2021-73 EB	Series 2021-73; Class EB; 7/25/2037; 2.50%	194,563
FNR 2021-91 DA	Series 2021-91; Class DA; 12/25/2037; 2.50%	217,766
FNR 2024-9 NP	Series 2024-9; Class NP; 6/25/2044; 5.50%	330,817
FNR 2025-39 CA	Series 2025-39; Class CA; 2/25/2036; 3.50%	400,572
GNR 2017-99 DE	Series 2017-99; Class DE; 7/20/2045; 2.50%	118,685
GNR 2020-74 DC	Series 2020-74; Class DC; 9/26/2029; 1.00%	68,169
GNR 2020-78 HL	Series 2020-78; Class HL; 6/16/2035; 1.00%	30,790
GNR 2021-137 KA	Series 2021-137; Class KA; 10/20/2035; 2.50%	225,988
GNR 2021-8 TP	Series 2021-8; Class TP; 5/25/2050; 2.50%	138,889
GNR 2022-112 MA	Series 2022-112; Class MA; 6/20/2040; 4.00%	139,076
GNR 2022-180 DA	Series 2022-180; Class DA; 11/20/2046; 5.00%	314,341
GNR 2022-212 HP	Series 2022-212; Class HP; 6/20/2043; 5.00%	280,890
GNR 2022-99 PA	Series 2022-99; Class PA; 3/20/2048; 4.00%	273,419
GNR 2024-175 LP	Series 2024-175; Class LP; 1/20/2051; 4.50%	252,618
GNR 2025-156 CV	Series 2025-156; Class CV; 4/20/2055; 5.00%	604,696
U.S. Treasury	Series 2025-T; 5/15/2028; 3.75%	913,428
U.S. Treasury	Series 2025-T; 8/15/2028; 3.63%	1,216,638
Wrapper		(48,249)
		16,528,190
Total Synthetic GICs		$ 85,281,278
Mutual Funds		
Dodge & Cox	Stock Fund, 7,626,112 shares	126,517,190
MFS Investment Management	International Diversification Fund Class R6, 2,909,776 shares	80,833,573
*Fidelity	US Bond Index, 3,312,706 shares	34,982,174
*Fidelity	500 Index IPR, .068 shares	16
*Fidelity	Global exUS Index Inst, .238 shares	4
*Fidelity	Mid Cap Index, .121 shares	4
*Fidelity	Small Cap Index, .069 shares	3
Total mutual funds		$ 242,332,964

FOX SAVINGS PLAN
EIN #83-1825597 PLAN #005
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS HELD AS OF DECEMBER 31, 2025

Identity of Issue	Description of Investment	Current Value
Common collective trusts		
*Fidelity	Spartan 500 Index Pool Class D, 1,428,921 shares	464,384,891
*Fidelity	Spartan Global ex US Index Pool Class D, 319,260 shares	59,385,498
*Fidelity	Spartan Mid Cap Index Pool Class D, 358,119 shares	49,191,193
*Fidelity	Spartan Small Cap Index Pool Class D, 248,527 shares	42,965,275
Vanguard	Target Retirement Income Trust Plus, 418,900 units	26,143,513
Vanguard	Target 2020 Trust Plus, 394,259 units	32,617,017
Vanguard	Target 2025 Trust Plus, 1,081,540 units	100,950,910
Vanguard	Target 2030 Trust Plus, 1,779,275 units	182,927,266
Vanguard	Target 2035 Trust Plus, 2,244,887 units	252,976,359
Vanguard	Target 2040 Trust Plus, 2,131,151 units	259,467,659
Vanguard	Target 2045 Trust Plus, 2,030,888 units	261,090,963
Vanguard	Target 2050 Trust Plus, 1,786,049 units	236,008,518
Vanguard	Target 2055 Trust Plus, 1,362,383 units	179,793,680
Vanguard	Target 2060 Trust Plus, 1,269,834 units	100,951,823
Vanguard	Target 2065 Trust Plus, 592,432 units	29,076,581
Vanguard	Target 2070 Trust Plus, 55,876 units	1,661,753
T. Rowe Price	Blue Chip Growth Trust (Class T4), 2,604,821 units	302,471,790
Wellington	Core Bond Plus Series 4,5,250,602 shares	49,985,733
Total common collective trusts		$ 2,632,050,422
Total investments		$ 2,963,530,213
*Participant loans	Interest rates ranging from 3.25% to 9.50% and maturities through July 2045	$ 22,454,686

* Represents a party-in-interest as defined by ERISA.

Participant-directed investment, cost not required.

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)