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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COX ENTERPRISES, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1968

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)
COX ENTERPRISES, INC.

6205-A PEACHTREE DUNWOODY RD
15TH FLOOR
ATLANTA, GA 30328

2b Employer Identification Number (EIN)
58-1035149

2c Plan Sponsor's telephone number
866-999-0192

2d Business code (see instructions)
517000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	ROBERT EGNOR
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	51154
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)**	20055
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	18100
b	Retired or separated participants receiving benefits	**6b**	14592
c	Other retired or separated participants entitled to future benefits	**6c**	16007
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	48699
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1812
f	Total. Add lines **6d** and **6e**.	**6f**	50511
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	25
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:

1A 1B 1E 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
COX ENTERPRISES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COX ENTERPRISES, INC.

D Employer Identification Number (EIN)
58-1035149

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	6496026502
b Actuarial value	**2b**	6665954039

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	14732	2764792664	2764792664
b For terminated vested participants	15234	1748622529	1748622529
c For active participants	20055	2513467532	2637722832
d Total	50021	7026882725	7151138025

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.41 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	181368892
b Expected plan-related expenses	**6b**	41300000
c Target normal cost	**6c**	222668892

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/05/2026
Date

DAVID FOURNIER
Type or print name of actuary

26-06712
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

404-224-5000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	650344615
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	275266819
9	Amount remaining (line 7 minus line 8)	0	375077796
10	Interest on line 9 using prior year's actual return of 0.85 %	0	3188161
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		76183302
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.30 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		647558
c	Total available at beginning of current plan year to add to prefunding balance		76830860
d	Portion of (c) to be added to prefunding balance		76830860
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	455096817

Part III Funding Percentages

14	Funding target attainment percentage	14	86.85 %
15	Adjusted funding target attainment percentage	15	86.85 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.65 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2026	100000000	0			
			Totals ► 18(b)	100000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	91419187

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	222668892
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	940280803	89699002
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	312367894

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	280907761	280907761

36 Additional cash requirement (line 34 minus line 35)	**36**	31460133
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	91419187

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

a Total (excess, if any, of line 37 over line 36)	**38a**	59959054
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	59959054
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE 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
COX ENTERPRISES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COX ENTERPRISES, INC.

D Employer Identification Number (EIN)
58-1035149

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

AEOLUS CAPITAL MANAGEMENT LTD.

98-0702465

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

AMERICAN SECURITIES PART VIII, L.P.

37-1878729

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

APOLLO ADVISORS IX, L.P.

35-2582225

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

APOLLO ADVISORS X, L.P.

87-4488104

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

APOLLO IG CORE REPLACEMMENT, L.P.

39-2921848

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

ARCMONT ASSET MANAGEMENT LIMITED

98-1499908

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

BEACH POINT CAPITAL MANAGEMENT LP

80-0242162

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

BREVAN HOWARD CAPITAL MANAGEMENT LP

4TH FLOOR, ONE ESPLANADE
ST HELIER, JERSEY 3QA JE

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

CAXTON ASSOCIATES LLP

98-0627681

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

CAXTON ASSOCIATES LP

22-3430173

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

DODGE & COX

94-1441976

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

EIG PARTNERS

600 NEW HAMPSHIRE AVE NW
SUITE 1200
WASHINGTON, DC 20037

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

ELLIOTT INVESTMENT MANAGEMENT L.P.

84-3339129

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

EMG FUND II GP, LP

45-1997356

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

EMG FUND II MANAGEMENT, LP

45-2024084

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

EMG FUND III GP, LP

46-3835066

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

EMG FUND III MANAGEMENT, LP

46-3835150

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

ENTRUST GLOBAL PARTNERS LLC

13-4021839

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

FAIRVIEW PM MANAGEMENT IV, LLC

47-4854891

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

FULCRUM EQUITY PARTNERS

5555 GLENRIDGE CONNECTOR, SUITE 930
ATLANTA, GA 30342

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

H.I.G. CAPITAL, LLC

65-0863927

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

HAMBLEDON INC.

98-1466693

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

HUDSON BAY CAPITAL MANAGEMENT LP

37-1511773

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

INVESCO

58-1707262

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

PROLOGIS, L.P.

94-3285362

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

PSG EQUITY, L.L.C.

401 PARK DRIVE
SUITE #204
BOSTON, MA 02215

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

SIGULER GUFF ADVISERS, LLC

13-3855629

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

STARBOARD VALUE L LP

90-0658694

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

STARBOARD VALUE LP

80-0684530

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

WATERFALL ASSET MANAGEMENT, LLC

20-2421778

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

WATERFALL MANAGEMENT, LLC

20-2393745

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

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

(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)

WELLINGTON TRUST COMPANY, NA

04-2755549

(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?
51 52	NONE	812320	Yes [X] No [ ]	Yes [X] No [ ]	5989053	Yes [ ] No [X]

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

ARROWSTREET CAPITAL, LIMITED PARTNE

04-3472863

(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?
51	NONE	4299798	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACADIAN ASSET MANAGEMENT, LLC

260 FRANKLIN STREET
BOSTON, MA 02110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	2398882	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

T. ROWE PRICE ASSOCIATES, INC.

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	1722982	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NISA INVESTMENT ADVISORS, LLC

7676 FORSYTH BLVD, SUITE 1100
ST. LOUIS, MO 63105

(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	1441284	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BAILLIE GIFFORD OVERSEAS LTD

22-3438530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 56 68 71	NONE	1054365	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

ALLSPRING GLOBAL INVESTMENTS HOLDIN

87-0896782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	1040631	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WELLS CAPITAL MANAGEMENT

95-3692822

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	1040631	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAKENA CAPITAL MANAGEMENT, LLC

2755 SAND HILL ROAD
SUITE 200
MENLO PARK, CA 94025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	911235	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	780592	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	751878	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MERCER INVESTMENTS LLC

30-0282430

(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	722849	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

INVESCO ADVISORS, INC

58-1707262

(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?
51	NONE	491386	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TTV CAPTIAL, LLC

87-2122053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	450000	Yes [ ] No [X]

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

PRUDENTIAL TRUST CO.

23-6994310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	428979	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

METLIFE INVESTMENT MANAGEMENT

82-2405817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	288754	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGALL BRYANT & HAMILL

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	270930	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HERON VIEW PARTNERS LIMITED

5 BOLTON STREET SUITE G0.1
LONDON, UNITED KINGDOM W1J 8BA GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	201764	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

JPMORGAN CHASE BANK, NATIONAL ASSOC

13-4994650

(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?
24 27 28 50 51	NONE	192408	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SWEETWATER INVESTMENT MANAGEMENT LL

82-5440950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	179044	Yes [ ] No [X]

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

WELLSPRING CAPITAL MANAGEMENT LLC

82-0786703

(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?
50	NONE	175482	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

ATLANTA CAPITAL MGMT LLC

54-1877943

(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?
51	NONE	148093	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BNY MELLON

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 21 24 28 50 51 60 64	NONE	90156	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BAY HILLS CAPITAL MANAGEMENT, LLC

600 MONTGOMERY STREET
SUITE 3900
SAN FRANCISCO, CA 94111

(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?
51	NONE	75000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

CITCO (CANADA) INC.

2 BLOOR STREET EAST, SUITE 3500
TORONTO, CANADA M4W 1A8 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	62379	Yes [ ] No [X]

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

BDT CAPITAL PARTNERS, LLC

80-0400706

(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 52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	11460	Yes [ ] No [X]

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

RAYMOND JAMES & ASSOCIATES, INC.

59-1237041

(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?
33 55	NONE	10964	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

ABEL NOSER LLC

81-2351666

(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?
71	NONE	6668	Yes ☐ No ☒	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 ☐

(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
WELLINGTON TRUST COMPANY, NA	51 52	5989053

(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.
WTC-CIF II SMID CAP RESEARCH EQUITY 280 CONGRESS STREET BOSTON, MA 02210	INVESTMENT MAMAGEMETN FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TTV CAPTIAL, LLC	28	450000

(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.
TTV FUND VI, LP 1230 PEACHTREE ST SUITE 1150 ATLANTA, GA 30309	FUND MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SWEETWATER INVESTMENT MANAGEMENT LL	28	179044

(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.
SWEETWATER PRIVATE EQUITY III L.P. 86-2997289	INVESTMENT MANAGEMENT FEES

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
CITCO (CANADA) INC.	28	62379
(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.	
ENTRUST SPECIAL OPPORTUNITIES FUND 47-2409257	MANAGEMENT FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BDT CAPITAL PARTNERS, LLC	27 52	11460
(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.	
BDT CAPITAL PARTNERS FD I, LP 80-0400706	MANAGEMENT FEES	

(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
COX ENTERPRISES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COX ENTERPRISES, INC.

D Employer Identification Number (EIN)
58-1035149

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: COX ENTERPRISES, INC. MASTER TRUST

b Name of sponsor of entity listed in (a): COX ENTERPRISES, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
58-6043548-001	M	7515884664

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

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
COX ENTERPRISES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COX ENTERPRISES, INC.

D Employer Identification Number (EIN)
58-1035149

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)	100000000	100000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	7033243224	7515884664
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	7133243224	7615884664
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	7133243224	7615884664

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)	68440000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		68440000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		750977038
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		819417038
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	274027211	
(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)		274027211
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	-2757624	
(3) Recordkeeping fees	2i(3)	780592	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	25488414	
(6) Bank or trust company trustee/custodial fees	2i(6)	1571633	
(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)	37665372	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		62748387
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		336775598
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		482641440
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: BDO USA, P.C. **(2)** EIN: 13-5381590

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		25000000
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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587049.

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
COX ENTERPRISES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COX ENTERPRISES, INC.

D Employer Identification Number (EIN)
58-1035149

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): 13-5160382

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 | 755

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: 24.0 % Private Equity: 16.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 35.0 %
High-Yield Debt: 2.0 % Real Assets: 4.0 % Cash or Cash Equivalents: 0.0 % Other: 19.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Cox Enterprises, Inc.
Pension Plan

Financial Statements
Years Ended December 31, 2025 and 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Cox Enterprises, Inc. Pension Plan

Financial Statements
Years Ended December 31, 2025 and 2024

Cox Enterprises, Inc. Pension Plan

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Note: Schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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Independent Auditor's Report

The Management Committee
Cox Enterprises, Inc. Pension Plan
Atlanta, Georgia

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

We have performed audits of the financial statements of Cox Enterprises, Inc. Pension 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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BDO is the brand name for the BDO network and for each of the BDO Member Firms.



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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- 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 GAAP.

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

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

BDO USA, P.C.

October 2, 2026

Financial Statements

Cox Enterprises, Inc. Pension Plan

Statements of Net Assets Available for Benefits
(in thousands)

December 31,	**2025**	2024
Assets		
Plan interest in the Cox Enterprises, Inc. Master Trust	**$ 6,848,287**	$ 6,399,369
Employer contributions receivable	**100,000**	100,000
Restricted assets held in the Cox Enterprises, Inc. Master Trust for the 401(h) account	**667,597**	633,874
Total Assets	**7,615,884**	7,133,243
Liabilities		
Amounts related to obligation of 401(h) account	**667,597**	633,874
Net Assets Available for Benefits	**$ 6,948,287**	$ 6,499,369

See accompanying notes to financial statements.

Cox Enterprises, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits
(in thousands)

Year ended December 31,	**2025**	2024
Additions		
Plan's interest in net investment income of Cox Enterprises, Inc. Master Trust	**$ 683,428**	$ 71,498
Employer contributions	**100,000**	100,000
Total Additions	**783,428**	171,498
Deductions		
Benefits paid	**274,027**	348,785
Administrative expenses	**60,483**	62,921
Total Deductions	**334,510**	411,706
Net Increase (Decrease)	**448,918**	(240,208)
Net Assets Available for Benefits, beginning of year	**6,499,369**	6,739,577
Net Assets Available for Benefits, end of year	**$ 6,948,287**	$ 6,499,369

See accompanying notes to financial statements.

1. Plan Description

The following description of Cox Enterprises, Inc. Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan adopted by Cox Enterprises, Inc. (CEI or the Company), effective January 1, 1968, to provide retirement, death, disability, and certain other benefits to eligible employees of the Company and its subsidiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In May 2025, CEI entered into a transaction agreement with Charter Communications, Inc. (Charter) and Charter Holdings, LLC (Charter Holdings) to sell and transfer to Charter 100% of the equity interests of certain subsidiaries of Cox Communications, Inc. (CCI), a wholly-owned subsidiary of CEI. See further discussion in notes 5 and 12.

Administration

The Plan is administered by the Company's Management Committee (the Management Committee), responsible for overall Plan policy, and the Company's Administrative Committee, responsible for the daily operations of the Plan. The Bank of New York Mellon (the Trustee) serves as the trustee of the Plan and, together with outside investment managers, manages the Plan's investments.

Master Trust

The CEI Master Trust (the Master Trust) serves as the funding vehicle for the Plan. The Plan is one of two Company-sponsored employee benefit plans for which the Master Trust holds all investment assets. The respective portion of the Master Trust's net assets and investment income or loss attributable to each plan is based on each plan's respective ownership participation in the Master Trust each year. The ownership participation of each plan is determined by the number of units that each plan purchases with contributions, less units sold for benefit payments and certain plan-specific expenses. Investment income (loss) and administrative expenses related to the Master Trust are allocated to the individual plans based upon their monthly ending net assets available for benefits as a percentage of the entire Master Trust's ending net assets. The Plan's investments represent an undivided interest in the net assets of the Master Trust of 91% for the years ended December 31, 2025 and 2024.

401(h) Account

The Plan includes a medical benefit component in addition to the normal retirement benefits. To fund a portion of the postretirement obligation under the Cox Enterprises, Inc. Retiree Healthcare Plan for retirees and their beneficiaries, in accordance with Section 401(h) of the Internal Revenue Code (IRC), a separate account has been established and maintained in the Master Trust for the net assets related to the medical benefit component (401(h) account). The 401(h) account may not be used for, or diverted to, any purpose other than providing health and welfare benefits for retirees and their beneficiaries. The related obligations for health and welfare benefits are not included in the Plan's obligations in the accumulated plan benefits but are reflected as obligations in the financial statements (modified cash basis) of the Cox Enterprises, Inc. Retiree Healthcare Plan. The

allowed employer contributions to the 401(h) account are determined annually by the Plan's actuaries, subject to subordination and deductibility limits, and are made at the discretion of the Management Committee. No minimum contribution is required. The Plan participants do not contribute to the 401(h) account.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. The Company's contributions for 2025 and 2024 exceeded the minimum funding requirements of ERISA. Additionally, the Company makes annual contributions to the 401(h) account based on the maximum deductibility under the IRC. Employer contributions receivable in the statements of net assets available for benefits represent contributions approved as of the valuation date but not paid during the year then ended. Employer contributions receivable are paid annually prior to September 15 of the following plan year.

Pension Benefits

Employees with five or more years of vesting service and one or more years of benefit service, both as defined by the Plan, are generally entitled to pension benefits in monthly annuities beginning at normal retirement age (65) equal to the higher of (a) 1.75% of the employee's final average compensation multiplied by the employee's years of benefit service (not to exceed 30 years), less 1.67% of the estimated social security benefit at age 65, multiplied by the employee's years of benefit service (not to exceed 30 years); (b) $12 for each year of service up to a maximum of 30 years; (c) $60 per month (for former Cox Communications, Inc. Pension Plan participants only); or (d) $36 per month.

Final average compensation is defined by the Plan as the monthly average of the highest 60 calendar months of compensation during the 72 consecutive calendar months ending with the month that includes the employee's termination, disability, early retirement, or normal retirement date.

Employees who are terminated before becoming fully vested are not entitled to receive a pension benefit.

The Plan permits early retirement between the ages of 55 and 64 and 11 months if the employee accrues ten years of vesting service prior to separation. In the case of early retirement, the employee's annual pension benefit is reduced by a certain amount for each month that early retirement precedes normal retirement.

In addition, the Plan offers special retirement benefits to long-tenured employees who (i) are not eligible to retire due to being under the age of 55, but whose employment is terminated as a result of a reduction in force, sale of an operating asset, divestiture, or location closing or consolidation, and (ii) meet at least one of the following criteria on or within four months of their termination date from the Company: (a) Rule of 75: the employee's age at the time he or she leaves the Company plus his or her years of benefit service equals 75 or more (minimum age 50 and at least 20 years of benefit service are required to be eligible for the Rule of 75) or (b) an employee who does not meet the Rule of 75, but has 25 or more years of benefit service. These long-tenured employees receive an increase in their monthly pension amount if they choose to start receiving their benefit before age 65 (the active employee early retirement reduction subsidy).

Plan participation and ongoing service accruals are limited to employees hired or rehired prior to April 1, 2017. Employees hired or rehired after March 31, 2017 are instead offered enhanced contributions in Cox Enterprises, Inc. 401(k) Plan.

Death and Disability Benefits

Surviving eligible spouses of vested active or former employees receive a preretirement death benefit that is calculated as if the employee had lived to attain the age of early retirement or had retired on the day of his or her death.

Disability benefits, in amounts essentially equal to the normal or early retirement benefits (further reduced for employees under age 55), will be paid to any employee who has completed five or more years of vesting service and one or more years of benefit service and is determined to be disabled and not eligible for disability benefits from the Company-sponsored long-term disability plan.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties

The Master Trust holds various investment instruments, including equity securities, fixed income securities, opportunistic credit funds, hedge funds, private equity, and investments in real assets. Investment instruments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment instruments, it is reasonably possible that changes in the values of investment instruments will occur in the near term and that such changes could materially affect amounts reported in the financial statements. The Plan's exposure to concentration risk is mitigated through prudent diversification of the mix of assets.

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

Investment Valuation and Income Recognition

The Plan's interest in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. Fair value is 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.

The Plan's interest in net investment income in the Master Trust includes both investment income (loss) and appreciation (depreciation) in fair value of investments allocated from the Master Trust. The allocated Plan's interest in investment income of Master Trust consists of interest, dividends, and realized gains (losses), as well as the unrealized appreciation (depreciation) on investments held, less investment expenses. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Administrative Expenses

Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. All other administrative expenses of the Plan are paid by the Company and excluded from these financial statements. Investment related expenses are included in Plan's interest in net investment income of Master Trust.

Payment of Benefits

Benefits are recorded when paid.

3. Certified Investment Information

Certain information disclosed in the accompanying financial statements related to investments held at December 31, 2025 and 2024, and investment income and the Plan's interest in net investment income of the Master Trust for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A., a qualified institution.

4. Fair Value Measurements

The Plan measures certain financial assets and liabilities at fair value on a recurring basis and also measures certain nonfinancial assets at fair value on a nonrecurring basis. Fair value is defined as an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability as defined in the below fair value hierarchy:

- *Level 1* – Observable inputs such as quoted prices in active markets.
- *Level 2* - Inputs other than quoted prices in active markets, that are observable either directly or indirectly.
- *Level 3* – Unobservable inputs in which there is little or no market data, which require an entity to develop its own assumptions.

A summary of the Master Trust's assets measured at fair value and set forth by level within the fair value hierarchy is as follows (in thousands):

December 31, 2025

	Level 1	Level 2	NAV as a Practical Expedient	Total
Cash and cash equivalents	$ -	$ 303,975	$ -	$ 303,975
Equity securities	934,237	1,655	878,858	1,814,750
Fixed income	1,715,263	(58,316)	65,165	1,722,112
Opportunistic credit funds	-	-	821,606	821,606
Hedge funds	-	-	1,273,005	1,273,005
Private equity	-	-	1,167,539	1,167,539
Real assets	-	-	389,507	389,507
Collateral held under securities lending agreement	139,169	87,274	-	226,443
Liabilities to return collateral held under securities lending agreement	(139,169)	(87,274)	-	(226,443)
Total Investments	$ 2,649,500	$ 247,314	$ 4,595,680	7,492,494
Other				23,390
Total Master Trust Net Assets				$ 7,515,884

December 31, 2024

	Level 1	Level 2	NAV as a Practical Expedient	Total
Cash and cash equivalents	$ -	$ 199,374	$ -	$ 199,374
Equity securities	872,918	931	764,562	1,638,411
Fixed income	1,494,481	(113,299)	-	1,381,182
Opportunistic credit funds	-	-	823,711	823,711
Hedge funds	-	-	1,264,248	1,264,248
Private equity	-	-	1,231,501	1,231,501
Real assets	-	-	485,834	485,834
Collateral held under securities lending agreement	132,377	72,928	-	205,305
Liabilities to return collateral held under securities lending agreement	(132,377)	(72,928)	-	(205,305)
Total Investments	$ 2,367,399	$ 87,006	$ 4,569,856	7,024,261
Other				8,982
Total Master Trust Net Assets				$ 7,033,243

Investment Strategies and Benefit Plan Asset Fair Values

The following provides a description of the major asset classes within the Master Trust that comprise the pension and other postretirement benefit plans along with the valuation methods used for fair value measurement:

- *Cash and Cash Equivalents* – These assets consist of money market funds and other short-term investments with limited risk of principal loss held by the Plan used for funding items such as benefit payments, Plan expenses, capital calls to private vehicles, collateral for derivative positions and other items as necessary.

  The underlying investments in the money market funds are actively traded on exchanges with price quotes available. Money market funds are categorized as Level 2 investments due to the fact that they are in fund vehicles.

- *Equity Securities* - These assets consist of stock issued by U.S. and non-U.S. corporations and certain equity-based derivatives. This category also contains commingled funds where the primary investment is stock. Stocks are divided into subcategories based on the primary mandate of the manager. Unfunded commitments do not apply to commingled funds.

  Shares of stock are actively traded on exchanges and price quotes are readily available. Stock is primarily categorized as Level 1. Commingled funds with primarily stocks as the underlying investment are valued using net asset value (NAV) as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell for an amount different than the reported NAV. Redemption frequency and periods are primarily daily but can range to monthly. Equity-based derivatives are valued by the custodian using market-derived inputs and are categorized as Level 2 investments.

- *Fixed Income* – This asset consists of a mix of government bonds and corporate or generally investment-grade credit bonds, reverse repurchase agreements, and certain treasury-based derivatives held by managers with fixed-income mandates. This category also contains commingled funds where the primary investments are fixed income securities.

  U.S. Treasury and related securities, including futures, are traded on exchanges, and price quotes are available. They are categorized as Level 1 investments. Long duration corporate bonds and other fixed-income securities consist of mainly investment-grade fixed-income securities, reverse repurchase agreements, and certain treasury-based derivatives that are valued using a bid evaluation process with bid data provided by independent pricing sources. They are categorized as Level 2 investments. Commingled funds with primarily fixed income securities as the underlying investment are valued using NAV as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell for an amount different than the reported NAV.

- *Opportunistic Credit Funds* – These assets consist of investments in predominantly below investment-grade fixed-income instruments targeting returns above those of traditional sovereign and long only investment-grade fixed-income investments. Investments primarily include direct lending, structured products, high yield bonds, bank loans, and emerging markets debt.

  Exposure to these strategies comes from commingled or drawdown vehicles and are reported at NAV. Valuation is determined by the reported NAV from the investment manager as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell for an amount different than the reported

NAV. Redemption frequency and notice period vary based on liquidation restrictions set forth by the funds. The most liquid funds allow monthly redemptions, whereas the least liquid funds provide liquidity at the discretion of the general partner subject to the governing document. At December 31, 2025 and 2024, unfunded commitments to opportunistic credit funds totaled $168 million and $101 million, respectively.

- *Hedge Funds* - These assets consist of investments that seek to diversify the return drivers and generate attractive risk-adjusted returns relative to equities over a market cycle.

  Primarily due to the nature of these assets and the structures in which they are held, pricing inputs are not readily observable. Investments are valued using reported NAV from the investment managers as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell for an amount different than the reported NAV. These investments are redeemable at NAV but are subject to certain liquidation restrictions and notice periods. There were no unfunded commitments at December 31, 2025 and 2024.

- *Private Equity* – This category consists of investments with interests in limited partnerships that invest primarily in privately held companies.

- *Real Assets* - This category consists of private market investments (debt and equity) in real properties. Exposure is gained indirectly through pooled funds or partnerships.

  Private equity and real assets investments are measured at NAV as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell for an amount different than the reported NAV. Due to the private nature of the partnership investments, pricing inputs are not readily observable. Asset valuations are developed by the managers that manage the partnerships and are based on inputs such as cost, operating results, discounted future cash flows, and market-based comparable data, which result in an estimated fair value. Redemptions are determined at the discretion of the general partner subject to the governing document. At December 31, 2025 and 2024, unfunded commitments to private equity partnerships totaled $262 million and $307 million, respectively, and unfunded commitments to real assets investments totaled $36 million and $52 million, respectively.

Collateral Held Under Securities Lending Agreement

Securities loaned under securities lending agreements are fully collateralized by any of the following:

(a) Cash or letters of credit, exchange-traded funds, and U.S. and non-U.S. equities, which are categorized as Level 1.

(b) Securities issued or guaranteed by the U.S. government, its agencies, and instrumentalities, categorized as Level 2.

Liabilities to return collateral held under this program are also presented based on the categorization of the collateral held.

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts that are excluded from plan assets are also excluded from accumulated plan benefits.

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

The actuarial present value of accumulated plan benefits, presented as of the beginning of the plan year, is summarized as follows (in thousands):

December 31, 2024		
Vested Benefits		
Participants and/or beneficiaries currently receiving benefits	$	2,378,909
Participants with deferred benefits		1,310,885
Active employees		1,798,322
Total Vested Benefits		5,488,116
Non-Vested Benefits		104,778
Total Actuarial Present Value of Accumulated Plan Benefits	$	5,592,894

The changes in the actuarial present value of accumulated plan benefits are as follows (in thousands):

Actuarial Present Value of Accumulated Plan Benefits, December 31, 2023	$	5,316,531
Increase (decrease) during the year attributable to:		
Additional benefits accumulated		142,948
Actuarial losses		99,995
Decrease in the discount period		383,135
Benefits paid		(349,715)
Net Increase		276,363
Actuarial Present Value of Accumulated Plan Benefits, December 31, 2024	$	5,592,894

The actuarial present value of accumulated plan benefits presented above does not include the impact to the Plan related to the transaction agreement with Charter and Charter Holdings. The transaction triggered curtailment accounting in 2025 due to a significant reduction in CCI employees' expected years of future service. As a result, the actuarial present value of accumulated plan benefits was reduced by $261 million during 2025.

Actuarial Assumptions

Significant factors and actuarial assumptions used to determine the actuarial present value of accumulated plan benefits are as follows:

December 31, 2024	
Assumed discount rate	7.25% per annum
Mortality	Pri-2012 projected from 2012 using MP-2021 with a 0.7% long-term rate
Retirement age	Range from 55 to 70, average age of 62

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

6. Securities Lending

The Master Trust participates in a securities lending program through the Trustee. Under this program, the Master Trust's investment securities are loaned to registered broker-dealers for a fee. Securities so loaned are fully collateralized by cash or letters of credit (which are categorized as Level 1 in the fair value hierarchy) or securities issued or guaranteed by the U.S. government, its agencies, and instrumentalities (categorized as Level 2). Collateral held by the Master Trust under the Trustee's securities lending program was $226 million and $205 million as of December 31, 2025 and 2024, respectively. The market value of the collateral held by the Master Trust as a percentage of the total market value of the securities on loan by the Master Trust was 103% as of December 31, 2025 and 2024. Income from the program was $639,000 and $784,000 for the years ended December 31, 2025 and 2024, respectively. The borrowers of the securities are contractually obligated to return the securities or securities of the same issuer, issue, and class (or the equivalent thereof in the event of reorganization, recapitalization, or merger of the issuer of the securities) to the Master Trust on demand. Liabilities to return collateral held under this program are also categorized in the fair value hierarchy based on the categorization of the collateral held.

The securities on loan by the Master Trust under the securities lending agreement consist of the following (in thousands):

December 31,	**2025**	2024
Equity securities	**$ 75,243**	$ 48,599
Fixed income	**144,115**	151,381
Total Market Value of Securities on Loan	**$ 219,358**	$ 199,980

7. Interest in Master Trust

The Master Trust serves as the funding vehicle for the Plan and holds all of its investment assets. In addition, the Master Trust holds all of the investment assets of the CEI Retiree Healthcare Plan in a separate 401(h) account. Each participating retirement plan has an undivided interest in the Master Trust. The respective portion of the Master Trust's net assets and investment income or loss attributable to each plan is based on each plan's respective ownership participation in the Master Trust each year. The Plan's investments represented an undivided interest in the net assets of the Master Trust of 91% for the years ended December 31, 2025 and 2024. The difference between the Master Trust and the Plan's proportionate share of the Master Trust is directly attributable to the 401(h) account.

The net assets and investments of the Master Trust are summarized as follows (in thousands):

December 31,

	2025		2024	
	Master Trust	**Plan's Proportionate Share**	Master Trust	Plan's Proportionate Share
Cash and cash equivalents	**$ 303,975**	**$ 276,974**	$ 199,374	$ 181,405
Equity securities	**935,892**	**852,761**	873,849	795,094
Fixed income	**1,656,947**	**1,509,769**	1,381,182	1,256,703
Collateral held under securities lending agreement	**226,443**	**206,329**	205,305	186,802
Liabilities to return collateral held under securities lending agreement	**(226,443)**	**(206,329)**	(205,305)	(186,802)
Total Investments, at fair value	**2,896,814**	**2,639,504**	2,454,405	2,233,202
Equity securities	**878,857**	**800,795**	764,562	695,656
Fixed income	**65,166**	**59,377**	-	-
Opportunistic credit funds	**821,606**	**748,628**	823,711	749,473
Hedge funds	**1,273,005**	**1,159,931**	1,264,248	1,150,306
Private equity	**1,167,539**	**1,063,832**	1,231,501	1,120,512
Real assets	**389,507**	**354,907**	485,834	442,047
Total Investments, measured at NAV	**4,595,680**	**4,187,470**	4,569,856	4,157,994
Total Investments	**7,492,494**	**6,826,974**	7,024,261	6,391,196
Unsettled Trades				
Due from broker for securities sold	**16,708**	**15,225**	2,334	2,125
Due to broker for securities purchased	**(8,570)**	**(7,809)**	(7,228)	(6,577)
Accrued interest and dividends	**18,698**	**17,037**	17,974	16,354
Accrued expenses	**(3,446)**	**(3,140)**	(4,098)	(3,729)
Receivables relating to forward exchange rate contracts	**198**	**180**	187	170
Payables relating to forward exchange rate contracts	**(198)**	**(180)**	(187)	(170)
Total Unsettled Trades	**23,390**	**21,313**	8,982	8,173
Total Master Trust Net Assets	**$ 7,515,884**		$ 7,033,243	
Plan's Interest in Net Assets of Master Trust		**$ 6,848,287**		$ 6,399,369

The net investment income (loss) of the Master Trust are summarized as follows (in thousands):

Year ended December 31,	**2025**	2024
Net appreciation (depreciation) in fair value of investments	**$ 624,012**	$ (56,086)
Interest and dividends	**126,965**	136,066
Net Investment Income of Master Trust	**$ 750,977**	$ 79,980
Plan's Interest in Net Investment Income of Master Trust	**$ 683,428**	$ 71,498

8. Related Party and Party-in-Interest Transactions

Certain investments in the Master Trust are in funds and accounts that are managed by The Bank of New York Mellon or their subsidiaries and affiliates. The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

9. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan, by a letter dated November 18, 2015, that the Plan and related trust were designed in accordance with the applicable regulations of the IRC. Although the Plan has been amended since the date of the determination letter, Plan management believes that the Plan and the related trust is designed and operated in compliance with the applicable requirements of the IRC and continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Plan management evaluates tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Some of the investments of the Plan in the Master Trust generate income subject to the unrelated business income tax (UBIT). Any UBIT paid during the year is included in administrative expenses.

10. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a) Benefits attributable to employee contributions, taking into account those paid out before termination.

b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit

that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

d) All other vested benefits (that is, vested benefits not insured by the PBGC).

e) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

11. Reconciliation of Financial Statements to Form 5500

A reconciliation of net assets available for pension benefits per the financial statements to Form 5500 is as follows (in thousands):

December 31,	**2025**	2024
Net Assets Available for Benefits, per financial statements	**$ 6,948,287**	$ 6,499,369
Net assets held in 401(h) account included as assets in Form 5500	**667,597**	633,874
Net Assets Available for Benefits, per Form 5500	**$ 7,615,884**	$ 7,133,243

The net assets of the 401(h) account included in Form 5500 are not available to pay pension benefits and can only be used to pay retiree health care benefits.

A reconciliation of certain components and the changes in net assets per the financial statements to Form 5500 is as follows (in thousands):

Year ended December 31, 2025

	Amounts per the Financial Statements	401(h) Account Activity	Amounts per Form 5500
Investment income - Plan's interest in the Master Trust	$ 683,428	$ 67,549	$ 750,977
Employer contributions (reimbursements)	100,000	(31,560)	68,440
Administrative expenses	(60,483)	(2,252)	(62,735)

Year ended December 31, 2024

	Amounts per the Financial Statements	401(h) Account Activity	Amounts per Form 5500
Investment income - Plan's interest in the Master Trust	$ 71,498	$ 8,482	$ 79,980
Employer contributions (reimbursements)	100,000	(29,160)	70,840
Administrative expenses	(62,921)	(1,880)	(64,801)

12. Subsequent Events

The Plan has evaluated subsequent events through October 2, 2026, the date the financial statements were issued.

As discussed in Note 1, in May 2025, Charter and Charter Holdings entered into a Transaction Agreement with CEI. Pursuant to the Transaction Agreement, at the closing of the transactions on August 19, 2026, (i) CEI sold and transferred to Charter 100% of the equity interests of certain subsidiaries of CCI that conducted CCI's commercial fiber and managed IT and cloud services businesses, (ii) CEI contributed the equity interests of CCI and certain other assets (other than certain excluded assets) primarily related to CCI's residential cable business to Charter Holdings, and (iii) CEI paid $1.00 to Charter. Under the Transaction Agreement, Charter and CEI designated one or more wholly-owned subsidiaries to take actions with respect to Charter and CEI, respectively.

Effective August 19, 2026, the Plan was amended to provide special provisions for certain employees in connection with the sale of CCI to Charter. These provisions include one additional year of age and service credit for certain employees when determining eligibility under the long-tenure provisions, expansion of the existing eligibility bridge from four months of additional age and/or service, and recognition of prior benefit service associated with pension benefits that were previously paid as a lump sum when determining long-tenure eligibility.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	12	115	0	0	0	0	0	0	0	127
	-	-	76,782	-	-	-	-	-	-	-	69,527
30-34	0	61	665	274	0	0	0	0	0	0	1,000
	-	7,018	92,285	95,259	-	-	-	-	-	-	87,899
35-39	1	75	908	792	350	0	0	0	0	0	2,126
	-	5,871	112,183	117,052	100,755	-	-	-	-	-	108,316
40-44	3	63	964	943	851	431	0	0	0	0	3,255
	-	5,535	120,835	138,029	119,902	115,544	-	-	-	-	122,560
45-49	3	68	759	898	841	877	356	0	0	0	3,802
	-	16,259	127,461	140,009	130,175	128,992	127,512	-	-	-	129,327
50-54	2	49	635	738	719	752	658	102	1	0	3,656
	-	22,788	116,694	144,555	136,820	124,220	127,159	141,229	-	-	129,099
55-59	6	55	473	513	530	502	532	138	70	0	2,819
	-	11,675	119,357	139,585	128,026	124,078	112,258	124,011	112,286	-	121,941
60-64	6	41	367	360	345	309	303	84	70	24	1,909
	-	9,160	102,798	119,798	109,075	94,204	97,172	89,961	87,727	101,143	101,486
65-69	4	42	177	121	101	68	50	15	11	6	595
	-	12,068	79,683	100,324	90,107	81,672	93,264	-	-	-	82,922
70 & over	66	156	287	138	74	30	7	7	1	0	766
	10,615	14,421	30,570	34,636	41,841	46,999	-	-	-	-	28,305
Total	91	622	5,350	4,777	3,811	2,969	1,906	346	153	30	20,055
	16,848	11,597	107,748	128,330	121,447	119,467	117,121	117,996	100,375	98,654	114,592

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Cox Enterprises, Inc. Pension Plan
EIN / PN: 58-1035149/001
Plan Sponsor: Cox Enterprises, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September 2024
- Yield curve basis: Segment rates

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.41%	5.34%

Annual rates of increase

- Compensation:
  - Representative rates for Cox Communication participants

Age	Rate
25	9.60%
40	5.00%
55	3.30%

  - Representative rates for all other participants

Age	Rate
25	10.60%
40	6.00%
55	3.70%

- Weighted Average: 5.20%
- Assumed Target Bonus: 130%
- Future Social Security wage bases: 3.50%
- Statutory limits on compensation and benefits: 2.50%

Plan Name: Cox Enterprises, Inc. Pension Plan
EIN / PN: 58-1035149/001
Plan Sponsor: Cox Enterprises, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan-related expenses	$41,300,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant
New or rehired employees	No new or rehired employees are assumed.
Mortality Healthy and Disabled	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

SCHEDULE SB ATTACHMENTS

Termination

Rates varying by age and service

Representative rates for Cox Communications participants:

Percentage leaving during the year						
	Years of Service					
Attained Age	0-1	1-2	2-3	3-4	4-5	5+
20	45.0%	34.0%	20.8%	16.4%	14.5%	12.50%
25	45.0%	32.0%	18.9%	15.9%	14.3%	10.50%
30	45.0%	29.8%	17.7%	15.7%	13.9%	8.10%
35	45.0%	28.7%	16.3%	15.5%	13.5%	7.90%
40	45.0%	28.5%	15.9%	15.4%	13.1%	6.16%
45	35.0%	28.1%	15.4%	15.3%	12.9%	6.00%
50	35.0%	27.6%	14.9%	14.9%	12.7%	5.84%
55	35.0%	25.5%	14.5%	14.7%	12.5%	5.76%
60	35.0%	25.0%	14.2%	14.5%	12.3%	5.52%

Representative rates for all other participants:

Percentage leaving during the year						
	Years of Service					
Attained Age	0-1	1-2	2-3	3-4	4-5	5+
20	45.0%	40.0%	30.5%	20.6%	19.2%	12.40%
25	45.0%	36.6%	25.8%	19.7%	18.5%	11.76%
30	45.0%	34.1%	23.8%	17.6%	18.3%	9.84%
35	45.0%	33.0%	21.4%	16.0%	17.8%	9.04%
40	40.0%	32.1%	21.0%	15.6%	17.5%	8.40%
45	35.0%	31.2%	19.6%	15.3%	17.3%	8.24%
50	35.0%	25.7%	18.5%	15.1%	16.9%	8.16%
55	35.0%	22.0%	17.7%	14.8%	16.5%	8.08%
60	35.0%	21.5%	15.7%	14.5%	16.1%	7.84%

SCHEDULE SB ATTACHMENTS

Disability None

Retirement Rates varying by age, average age 62

Representative rates for employees who attained age 55 with 10 years of service by 12/31/2010:

Percentage retiring during the year			
Cox Communications participants		**All other participants**	
Attained Age	Rate	Attained Age	Rate
55-59	7.0%	55-59	7.0%
60	10.0%	60	11.0%
61	11.0%	61	13.0%
62-63	20.0%	62	25.0%
64	15.0%	63-64	15.0%
65-66	35.0%	65	30.0%
67-68	15.0%	66	25.0%
69	25.0%	67-69	15.0%
70	100.0%	70	100.0%

Representative rates for employees who did not attain age 55 with 10 years of service by 12/31/2010:

Cox Communications participants:

Percentage retiring during the year			
	- - - - - - - - - - - - Years of Service - - - - - - - - - - - -		
Age	<10	10-20	20+
55-59	0.0%	5.0%	7.0%
60	0.0%	7.5%	10.0%
61	0.0%	7.5%	11.0%
62	0.0%	12.0%	20.0%
63	0.0%	10.0%	20.0%
64	0.0%	10.0%	15.0%
65-66	20.0%	20.0%	35.0%
67	20.0%	20.0%	15.0%
68	25.0%	25.0%	15.0%
69	25.0%	25.0%	25.0%
70	100.0%	100.0%	100.0%

SCHEDULE SB ATTACHMENTS

All other participants:

Percentage retiring during the year			
	Years of Service		
Age	<10	10-20	20+
55-59	0.0%	7.0%	7.0%
60	0.0%	8.0%	11.0%
61	0.0%	8.0%	13.0%
62	0.0%	15.0%	25.0%
63	0.0%	15.0%	15.0%
64	0.0%	12.0%	15.0%
65	20.0%	20.0%	30.0%
66	20.0%	20.0%	25.0%
67	20.0%	20.0%	15.0%
68-69	15.0%	15.0%	15.0%
70	100.0%	100.0%	100.0%

Benefit commencement date:

- Pre-retirement death benefit — The participant's normal retirement date
- Deferred vested benefit — The participant's normal retirement date
- Retirement benefit — Upon termination of employment

Form of payment — Life annuity if single. 85% of married participants elect a joint and 50% survivor annuity and the remaining 15% elect a life annuity.

Percent married — 65%. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement

Spouse age — Wife two years younger than husband.

Covered pay — Rate of pay as of the valuation date plus bonuses assumed to be paid at 130% of target

SCHEDULE SB ATTACHMENTS

Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related administrative expenses expected to be paid from plan assets during plan year
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Cox Enterprises, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan provides an option to pay benefits with a present value up to $75,000 as a single lump sum payment. Due to materiality of this threshold, these lumps sums are not explicitly valued as such, but valued using the benefit choice assumptions described above.

Sources of Data and Other Information

Cox Enterprises, Inc. and other persons or organizations designated by Cox Enterprises, Inc. furnished participant data as of January 1, 2025. While the data was reviewed and reconciled with the prior year, a full audit of the data was not completed. Data was checked for internal consistency and for consistency with last year's data. Asset data was provided by Cox Enterprises, Inc.

Additionally, the following assumptions were made for missing or apparently inconsistent data elements:

- For participants where the vested terminated benefit was not provided and cannot be estimated, the average deferred benefit is assumed.
- Where beneficiary date of birth or sex was not provided, an assumption was made based on the available participant information.
- Where a deferred vested participant has died with a beneficiary due a benefit, a deferred amount of half of the original vested benefit was assumed to be due to the beneficiary.
- Where service was not provided for active participants, prior year service was assumed and increased by one if the participant had a 1000-hour calendar year of employment in the prior year.

These assumptions did not affect a significant number of participants. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
COX ENTERPRISES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Cox Enterprises, Inc.

D Employer Identification Number (EIN)
58-1035149

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	6,496,026,502
b Actuarial value	**2b**	6,665,954,039

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	14,732	2,764,792,664	2,764,792,664
b For terminated vested participants	15,234	1,748,622,529	1,748,622,529
c For active participants	20,055	2,513,467,532	2,637,722,832
d Total	50,021	7,026,882,725	7,151,138,025

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.41%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	181,368,892
b Expected plan-related expenses	**6b**	41,300,000
c Target normal cost	**6c**	222,668,892

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/5/2026
Date

David Fournier
Type or print name of actuary

2606712
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

404-224-5000
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	650,344,615
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	275,266,819
9	Amount remaining (line 7 minus line 8)	0	375,077,796
10	Interest on line 9 using prior year's actual return of 0.85%	0	3,188,161
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		76,183,302
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.30%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		647,558
	c Total available at beginning of current plan year to add to prefunding balance		76,830,860
	d Portion of (c) to be added to prefunding balance		76,830,860
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	455,096,817

Part III Funding Percentages

14	Funding target attainment percentage	14	86.85%
15	Adjusted funding target attainment percentage	15	86.85%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.65%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2026	100,000,000	0			
			Totals ▶ 18(b)	100,000,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	91,419,187

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	222,668,892
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	940,280,803	89,699,002
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) — **34**: 312,367,894

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	280,907,761	280,907,761

36 Additional cash requirement (line 34 minus line 35)	**36**	31,460,133
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	91,419,187
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	59,959,054
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	59,959,054
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

Representative rates for Cox Communication employees who were 55 w/10 years of service as of 12/31/2010 or have at least 20 years of service at retirement:

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age X Number Retiring
55	7%	1,000	70	3,850
56	7%	930	65	3,646
57	7%	865	61	3,451
58	7%	804	56	3,266
59	7%	748	52	3,089
60	10%	696	70	4,174
61	11%	626	69	4,201
62	20%	557	111	6,910
63	20%	446	89	5,617
64	15%	357	53	3,424
65	35%	303	106	6,896
66	35%	197	69	4,552
67	15%	128	19	1,287
68	15%	109	16	1,110
69	25%	93	23	1,596
70	100%	69	69	4,858
			1,000	61,928
				÷ 1,000
			Weighted Average Retirement Age	62

Representative rates for all other employees who were 55 w/10 years of service as of 12/31/2010 or have at least 20 years of service at retirement:

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age X Number Retiring
55	7.0%	1,000	70	3,850
56	7.0%	930	65	3,646
57	7.0%	865	61	3,451
58	7.0%	804	56	3,266
59	7.0%	748	52	3,089
60	11.0%	696	77	4,592
61	13.0%	619	80	4,910
62	25.0%	539	135	8,349
63	15.0%	404	61	3,818
64	15.0%	343	52	3,297
65	30.0%	292	88	5,692
66	25.0%	204	51	3,371
67	15.0%	153	23	1,540
68	15.0%	130	20	1,329
69	15.0%	111	17	1,146
70	100.0%	94	94	6,588
			1,000	61,933
				÷ 1,000
			Weighted Average Retirement Age	61

Representative rates for Cox Communications employees who were not 55 w/10 years of service as of 12/31/2010 and have up to 20 years of service at retirement:

Plan Name: Cox Enterprises, Inc. Pension Plan
EIN / PN: 58-1035149/001
Plan Sponsor: Cox Enterprises, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age X Number Retiring
55	5.0%	1,000	50	2,750
56	5.0%	950	48	2,660
57	5.0%	903	45	2,572
58	5.0%	857	43	2,486
59	5.0%	815	41	2,403
60	7.5%	774	58	3,482
61	7.5%	716	54	3,275
62	12.0%	662	79	4,926
63	10.0%	583	58	3,670
64	10.0%	524	52	3,356
65	20.0%	472	94	6,135
66	20.0%	378	76	4,983
67	20.0%	302	60	4,047
68	25.0%	242	60	4,108
69	25.0%	181	45	3,126
70	100.0%	136	136	9,514
			1,000	63,493
				÷ 1,000
		Weighted Average Retirement Age		63

Representative rates for all other employees who were not 55 w/10 years of service as of 12/31/2010 and have up to 20 years of service at retirement:

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age X Number Retiring
55	7.0%	1,000	70	3,850
56	7.0%	930	65	3,646
57	7.0%	865	61	3,451
58	7.0%	804	56	3,266
59	7.0%	748	52	3,089
60	8.0%	696	56	3,339
61	8.0%	640	51	3,123
62	15.0%	589	88	5,476
63	15.0%	501	75	4,730
64	12.0%	425	51	3,267
65	20.0%	374	75	4,867
66	20.0%	300	60	3,953
67	20.0%	240	48	3,211
68	15.0%	192	29	1,955
69	15.0%	163	24	1,686
70	100.0%	138	138	9,694
			1,000	62,604
				÷ 1,000
		Weighted Average Retirement Age		63

Plan Name: Cox Enterprises, Inc. Pension Plan
EIN / PN: 58-1035149/001
Plan Sponsor: Cox Enterprises, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Weighted Average	Count	Ret Age
Cox Communication Employees with At Least 20 YOS or GF	7,655	62
All Other Participants with At Least 20 YOS or GF	7,022	61
Cox Communication Employees with Up to 20 YOS and Non GF	1,525	63
All Other Participants with Up to 20 YOS and Non GF	3,853	63
Totals:	20,055	**62**

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	8,005,039	10,335,600	238,157,575	256,498,214
2026	23,135,317	24,043,511	234,988,552	282,167,380
2027	37,617,755	31,778,555	231,525,672	300,921,982
2028	52,589,259	40,940,991	227,777,185	321,307,435
2029	67,689,956	51,153,338	223,744,069	342,587,363
2030	82,561,078	62,287,315	219,414,272	364,262,665
2031	97,381,235	72,997,759	214,777,674	385,156,668
2032	111,808,972	82,786,698	209,776,068	404,371,738
2033	125,568,020	92,744,567	204,368,265	422,680,852
2034	138,741,519	103,406,241	198,626,500	440,774,260
2035	151,070,026	115,398,111	192,628,801	459,096,938
2036	162,975,013	127,359,014	186,345,901	476,679,928
2037	174,922,041	137,824,774	179,723,373	492,470,188
2038	186,972,533	146,860,758	172,766,521	506,599,812
2039	198,841,422	154,088,449	165,489,766	518,419,637
2040	210,308,238	160,260,424	157,911,506	528,480,168
2041	221,577,394	166,066,309	150,056,827	537,700,530
2042	232,027,345	170,324,578	141,955,939	544,307,862
2043	241,524,380	173,075,296	133,646,089	548,245,765
2044	250,020,142	174,844,716	125,169,113	550,033,971
2045	257,172,853	175,664,005	116,574,311	549,411,169
2046	263,417,535	175,393,847	107,917,761	546,729,143
2047	268,048,149	173,907,451	99,262,686	541,218,286
2048	270,886,396	171,320,035	90,677,971	532,884,402
2049	272,437,381	167,982,588	82,236,801	522,656,770
2050	272,540,501	163,745,714	74,015,366	510,301,581
2051	271,060,741	158,628,620	66,089,053	495,778,414
2052	268,071,399	152,946,770	58,528,748	479,546,917
2053	263,817,448	146,716,956	51,396,510	461,930,914
2054	258,285,386	139,999,512	44,744,253	443,029,151
2055	251,737,086	132,954,883	38,610,934	423,302,903
2056	244,152,937	125,647,642	33,022,276	402,822,855
2057	235,499,043	118,094,491	27,989,831	381,583,365
2058	226,100,797	110,434,240	23,511,683	360,046,720
2059	216,136,591	102,704,337	19,573,546	338,414,474
2060	205,590,441	94,959,252	16,150,767	316,700,460
2061	194,588,816	87,306,451	13,210,927	295,106,194
2062	183,324,541	79,828,095	10,715,238	273,867,874
2063	171,913,665	72,576,987	8,620,981	253,111,633
2064	160,457,231	65,601,598	6,883,469	232,942,298

Plan Name: Cox Enterprises, Inc. Pension Plan
EIN / PN: 58-1035149/001
Plan Sponsor: Cox Enterprises, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2065	149,056,879	58,948,891	5,458,050	213,463,820
2066	137,791,626	52,654,065	4,301,493	194,747,184
2067	126,732,253	46,745,021	3,373,001	176,850,275
2068	115,945,742	41,241,886	2,635,237	159,822,865
2069	105,495,038	36,156,773	2,054,621	143,706,432
2070	95,437,809	31,494,464	1,601,777	128,534,050
2071	85,826,161	27,252,941	1,251,459	114,330,561
2072	76,705,599	23,424,319	982,331	101,112,249
2073	68,114,348	19,995,531	776,695	88,886,574
2074	60,082,823	16,949,032	620,121	77,651,976

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Most recent plan restatement effective January 1, 2022 with amendments through January 1, 2025.

Covered Employees	All eligible employees over age 21. Employees hired or rehired after March 31, 2017 are not eligible for the plan.
Participation Date	For Plan Years beginning prior to 2010: Date of becoming a covered employee. For Plan Years beginning on or after 2010: January 1st or July 1st that coincides with, or next follows, the later of: (i) the date on which he or she is credited with one year of Eligibility Service, or (ii) the date he or she attains age 21.

Definitions

Eligibility service	One year for each 1,000-hour year, starting at the date of employment. If 1,000 hours is not earned during the twelve months following the date of employment, then one year for each 1,000-hour calendar year, starting with the plan year beginning after date of employment.
Vesting service	One year for each 1,000-hour calendar year of employment
Benefit service	One year for each 1,000-hour calendar year of employment at a pension eligible location. Partial credit in year of termination, based on hours worked. For newly disabled participants after 2010, the benefit and vesting service earned after disability is capped to not exceed the participant's respective service amounts accrued before disability.
Pensionable pay	All earnings received in calendar year including 401(k) elective deferrals and accrued bonuses, with certain exclusions, such as severance payments, medical reimbursements, awards made under the Cox Long-Term Incentive Plan, and reimbursement for moving expenses, car allowances and car add-ins.
Average earnings	The average of the highest 60 months of pensionable pay during the 72-consecutive month period ending on the participant's termination date.

Plan Name:	Cox Enterprises, Inc. Pension Plan
EIN / PN:	58-1035149/001
Plan Sponsor:	Cox Enterprises, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Social Security benefit	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of participation in the plan; or at least five years of vesting service and one year of benefit service.
Monthly pension benefit	Basic Formula: For employees eligible for Basic benefit formula, the larger of 1.1% of average earnings for up to 30 years of benefit service at retirement, less 50% of the monthly Social Security benefit, or $5.50 for each of the first 30 years of benefit service. Supplemental Formula: For employees eligible for the Supplemental benefit formula, the largest of (a), (b), or (c), plus one-twelfth of (d): (a) 1.75% of average earnings less 1.667% of the monthly Social Security benefit for each of the first 30 years of benefit service, provided that the product does not exceed 50% of the monthly Social Security benefit (b) The greater of $36 or $12 for each of the first 30 years of service. However, the $36 minimum benefit does not apply to any participant who became an employee as the result of an acquisition that closed on or after January 1, 1998 and received credit for service prior to the acquisition date; or was in the CCI Plan on Dec 31, 2008. The accrued benefit at NRD shall also not be less than the benefit that could have been payable at any December 31st following their early retirement date. (c) If the Participant's social security number is listed on Schedule B of the plan document, 2.5% of average earnings for each of the first 20 years of benefit service (for participants whose Social Security number listed on the Schedule B is affixed with an asterisk, the maximum number of years of benefit service is 16 years) in the form of payment listed on Schedule B. (d) If the Participant's social security number is listed on Schedule B or C of the plan document, the amount set forth opposite such participant's ID number.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit (CCI)	The larger of 1.75% of average earnings less 1.667% of the Social Security benefit for up to 30 years of benefit service (not to exceed 50% of the monthly Social Security benefit), or $12 for each of the first 30 years of benefit service. The minimum monthly benefit is $60.
Monthly preretirement spouse benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor form of payment and payment prior to NRD.
Actuarial Equivalence	6.5% and a 50/50 blended RP-2000 healthy combined mortality table projected to 2010 using scale AA with no collar adjustment.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service and one year of benefit service.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service and one year of benefit service.
Pre-retirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with an eligible surviving spouse

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 4.0% for each year of payment before age 65
Postponed retirement	Monthly pension benefit determined as of actual retirement date. Benefits commencing after age 70½ may be actuarial increased.

SCHEDULE SB ATTACHMENTS

Vested termination	Monthly pension benefit determined as of termination date, reduced 6.667% for each year of payment before the participant's NRD to age 60, then 3.333% for each year to age 55. Certain deferred vested participants defined in the plan as "long-tenured employees" will receive the same early retirement reductions as early retirees.
Pre-retirement death	Monthly pre-retirement spouse benefit is payable the month following the employee's date of death, and is actuarially reduced to the commencement date. May be paid as a lump sum.
Post-retirement death	Post-retirement death benefits are payable to the beneficiary based on the annuity form elected at retirement. If a participant was eligible to retire at termination of employment, his/her beneficiary will also be paid a death benefit equal to $5,000; provided that the specified dollar amount for any retired participant who has not performed an hour of service on or after January 1, 1986, shall be $3,000. The beneficiary of any retired participant who retired from Cox Communications, Inc. prior to May 1, 1986 shall not be entitled to a post-retirement death benefit, as they have a $4,000 life insurance benefit.

Other Plan Provisions

Forms of payment	Monthly pension benefits are paid as life annuities if the participant has no spouse as of the date payments begin, or if the participant so elects and the spouse consents. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. For married participant, actuarially equivalent optional forms offered by the plan are: • 100% joint and survivor annuity • 75% joint and survivor annuity • Five-year certain and life annuity • Ten-year certain and life annuity • Lump sum (up to $75,000) • Single life annuity

For single participant, actuarially equivalent optional forms offered by the plan are:

- 100% joint and survivor annuity
- 75% joint and survivor annuity
- 50% joint and survivor annuity
- Five-year certain and life annuity
- Ten-year certain and life annuity
- Lump sum (up to $75,000)

Pre-retirement benefits to an eligible spouse are payable only as a life annuity or a lump sum.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized**.**

Changes in Benefits Valued from the Prior Year

The plan was amended to allow for an election of a lump sum payment if the present value is $75,000 or less (previously $20,000 or less).

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	592,549,589	15.00000	592,549,589	55,249,585
2. Shortfall	01/01/2024	270,074,836	14.00000	251,619,685	24,571,491
3. Shortfall	01/01/2023	107,860,335	13.00000	96,111,529	9,877,926
Total				940,280,803	89,699,002

Plan Name: Cox Enterprises, Inc. Pension Plan
EIN / PN: 58-1035149/001
Plan Sponsor: Cox Enterprises, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from $46,700,000 in 2024 to $41,300,000 in 2025 to account for lower expected expenses to be paid from the trust.

Plan Name:	Cox Enterprises, Inc. Pension Plan
EIN / PN:	58-1035149/001
Plan Sponsor:	Cox Enterprises, Inc.
Valuation Date:	January 1, 2025