Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
VIACOM PENSION PLAN

1b Three-digit plan number (PN) ▶ 205

1c Effective date of plan 01/01/2006

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)
PARAMOUNT GLOBAL

1515 BROADWAY
NEW YORK, NY 10036-8901

2b Employer Identification Number (EIN)
04-2949533

2c Plan Sponsor's telephone number
212-258-6000

2d Business code (see instructions)
515210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	DIANA PURISIC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

PARAMOUNT GLOBAL ADMINISTRATIVE COMMITTEE

1515 BROADWAY
NEW YORK, NY 10036-8901

3b Administrator's EIN: 04-2949533

3c Administrator's telephone number: 212-258-6000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	7781
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)**	1031
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	818
b	Retired or separated participants receiving benefits	**6b**	972
c	Other retired or separated participants entitled to future benefits	**6c**	5630
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	7420
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	136
f	Total. Add lines **6d** and **6e**.	**6f**	7556
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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
VIACOM PENSION PLAN

B Three-digit plan number (PN) ▶ 205

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PARAMOUNT GLOBAL

D Employer Identification Number (EIN)
04-2949533

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**	531575236
b Actuarial value	**2b**	525524675

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	957	160170992	160170992
b For terminated vested participants	5835	338830233	338830233
c For active participants	1031	64022420	68618213
d Total	7823	563023645	567619438

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**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	3159000
c Target normal cost	**6c**	3159000

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

09/30/2026
Date

MICHAEL J FELTON
Type or print name of actuary

26-07284
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

212-309-3470
Telephone number (including area code)

PO BOX 744401
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	5387484
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5387484
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.35 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5310310
	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 5.17 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		284102
	c Total available at beginning of current plan year to add to prefunding balance		5594412
	d Portion of (c) to be added to prefunding balance		5594412
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	5594412

Part III Funding Percentages

14	Funding target attainment percentage	14	91.59 %
15	Adjusted funding target attainment percentage	15	91.59 %
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	90.67 %
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
12/31/2025	5000000	0			
			Totals ► 18(b)	5000000	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	4745424

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**	61

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**	3159000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	47689175	4817751
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**	7976751

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		5384307	5384307

36 Additional cash requirement (line 34 minus line 35)	**36**	2592444
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4745424

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2152980
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	2152980
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
VIACOM PENSION PLAN

B Three-digit plan number (PN) ▶ 205

C Plan sponsor's name as shown on line 2a of Form 5500
PARAMOUNT GLOBAL

D Employer Identification Number (EIN)
04-2949533

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

THE VANGUARD GROUP

23-1945930

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

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

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

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

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

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

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

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

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

(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)

TELUS HEALTH US LTD

52-1883918

(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?
65 15 50	NONE	756273	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 16 50	NONE	130420	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MITCHELL & TITUS

13-2781641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	43672	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)

THE BANK OF NEW YORK MELLON

25-1926855

(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?
12 21 50	TRUSTEE/ CLAIMS PROC	27953	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

HARTER SECREST & EMERY LLP

16-0766172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	16533	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
VIACOM PENSION PLAN

B Three-digit plan number (PN) ▶ 205

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

D Employer Identification Number (EIN)
04-2949533

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: PARAMOUNT GLOBAL MASTER TRUST

b Name of sponsor of entity listed in (a): PARAMOUNT GLOBAL (FKA VIACOMCBS 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)
04-2949533-194	M	549486508

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
VIACOM PENSION PLAN

B Three-digit plan number (PN) ▶ 205

C Plan sponsor's name as shown on line 2a of Form 5500
PARAMOUNT GLOBAL

D Employer Identification Number (EIN)
04-2949533

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)	9027000	0
(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)	522415797	549486508
(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	531442797	549486508
Liabilities			
1g Benefit claims payable	1g	2338800	1615981
1h Operating payables	1h	429168	443623
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2767968	2059604
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	528674829	547426904

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)	5000000	
(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)		5000000
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)		59206919
(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		64206919
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	42116267	
(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)		42116267
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	756273	
(4) IQPA audit fees	2i(4)	43672	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	27953	
(7) Actuarial fees	2i(7)	130420	
(8) Legal fees	2i(8)	16533	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2363726	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3338577
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		45454844
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		18752075
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: MITCHELL & TITUS, LLP **(2)** EIN: 13-2781641

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		30000000
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**			
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 584512.

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
VIACOM PENSION PLAN

B Three-digit plan number (PN) ▶ 205

C Plan sponsor's name as shown on line 2a of Form 5500
PARAMOUNT GLOBAL

D Employer Identification Number (EIN)
04-2949533

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): 25-1926855

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** 199

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: 27.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 62.0 %
High-Yield Debt: 2.0 % Real Assets: 7.0 % Cash or Cash Equivalents: 2.0 % Other: 0.0 %

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_____.

Viacom Pension Plan

Financial Statements
December 31, 2025 and 2024

VIACOM PENSION PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

INDEX

	Page
Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits at December 31, 2025 and 2024	4
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024	5
Notes to Financial Statements	6

All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because there is no information to report.

MITCHELL TITUS

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Viacom Pension Plan

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

We have performed audits of the financial statements of the Viacom 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

2000 Market Street
Philadelphia, PA 19103
T +1 215 561 7300
F +1 215 569 8709
mitchelltitus.com

MITCHELL TITUS

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

MITCHELL TITUS

misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Mitchell & Titus, LLP

October 14, 2026

VIACOM PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(dollars in thousands)

	At December 31,	
	2025	**2024**
Assets		
Investments, at fair value:		
Plan's investments in Master Trust (Note 7)	$ 549,487	$ 522,416
Receivables:		
Employer's Contribution	—	9,027
Total assets	549,487	531,443
Liabilities		
Accrued administrative expenses	(444)	(429)
Net assets available for benefits	$ 549,043	$ 531,014

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

VIACOM PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(dollars in thousands)

	Year Ended December 31,	
	2025	**2024**
Additions to net assets attributed to:		
Interest in net investment income from Master Trust (Note 7)	$ 59,207	$ 27,426
Employer's contribution (Note 1)	5,000	10,093
Total additions	64,207	37,519
Deductions from net assets attributed to:		
Benefits paid to participants (Note 2)	(42,839)	(31,604)
Administrative expenses	(3,339)	(4,407)
Total deductions	(46,178)	(36,011)
Net increase in net assets	18,029	1,508
Net assets available for benefits, beginning of year	531,014	529,506
Net assets available for benefits, end of year	$ 549,043	$ 531,014

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

NOTE 1 - DESCRIPTION OF PLAN

Viacom Inc. ("Viacom") established the Viacom Pension Plan (the "Plan"), effective on January 1, 2006. The Plan, sponsored by Paramount Global (the "Company"), as successor to Viacom, is a noncontributory, defined benefit pension plan covering certain employees of the Company. On August 7, 2025, pursuant to a transaction agreement dated as of July 7, 2024, Paramount Global and Skydance Media, LLC became wholly-owned subsidiaries of Paramount Skydance Corporation. The Plan is subject to the provisions of the Internal Revenue Code of 1986, as amended (the "Code"), and the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The following is a brief description of the Plan and is provided for general information only. Participants should refer to the Plan document and the Summary Plan Description made available to them for more complete information regarding the Plan. In the event of a conflict between the following description and the Plan document, the Plan document will control.

On November 7, 2012, the Plan was amended to freeze benefit accruals effective December 31, 2012.

The Plan is overseen by the Paramount Global Administrative Committee, (the "Administrative Committee"). The Administrative Committee has been designated as the administrator of the Plan as defined under ERISA (the "Plan Administrator") under the Plan document. The Bank of New York Mellon ("BNY Mellon") serves as trustee of the Plan (the "Trustee").

The Plan's investments are overseen by the Paramount Global Investments Committee, (the "Investments Committee"). The Investments Committee serves as the Plan's named fiduciary responsible for the investment of the Plan's assets and appoints the Plan's investment managers.

Investments

The majority of the Plan's assets are invested in the Paramount Global Master Trust, ("Master Trust"). The Master Trust invests the assets of the Plan along with two other defined benefit pension plans sponsored by the Company and subsidiaries thereof.

Less than 10% of the Master Trust assets were invested in the Company's common stock at December 31, 2025 and 2024.

Pension and Death Benefits

Effective January 1, 2010, a new benefit formula defined the accrued benefit as a lump sum amount payable at normal retirement age of 65 as 10% times a participant's accumulated compensation earned after 2009. Accumulated compensation was adjusted for inflation each year that the participant remained employed, based on the change in the Social Security taxable wage base, but not in excess of 4% per year. Service was not limited under the new formula. Benefit accruals were frozen as of December 31, 2012. Accrued benefits earned as of December 31, 2009 under the prior formula were converted to a lump sum benefit payable at age 65 and are included as part of the participant's total pension benefit. A participant who terminates employment on or after age 65 will be permitted to receive a lump sum benefit payment or to commence receiving annuity payments after the participant's termination of employment. A participant who terminates employment prior to age 65 but who meets the vesting requirements (five or more years of service) is eligible to receive a reduced benefit at any time prior to his/her normal retirement date, or an unreduced benefit starting on his/her normal retirement date.

For participants who die after annuity pension benefits have begun and the form of payment that the participant elected provides survivor benefits to a designated beneficiary or spouse, the Plan will provide the benefits as specified under such payment option. If a participant dies after having met the vesting requirements for benefits but before payments are scheduled to begin, the surviving spouse or qualified domestic partner may elect to receive the

pre-retirement death benefits in the form of a lump sum or a single-life annuity. For a participant who was active under the Plan on or after January 1, 2010, the death benefit shall be equal to 50% of the lump-sum amount that would have been payable to the participant on the day before his death; for all other participants, the death benefit is based on the survivor benefit that would have applied under a joint & 50% survivor annuity with the spouse or domestic partner as beneficiary.

In all cases, if the actuarial value of the pension is $1,000 or less, participants automatically will receive a lump sum payment of pension benefits.

Funding Policy
The Company's funding policy provides that contributions to the Plan shall be at least equal to the minimum funding requirements of ERISA. Minimum funding requirements are calculated by the Plan's actuary. The Company contributed $5,000 in 2025 for the 2025 Plan year. The Company contributed $1,066 in 2024 and $9,027 in 2025 for the 2024 Plan year.

Plan Termination
Although it has not expressed any intention to do so, the Company has the right under the Plan 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:

1) Annuity benefits that participants 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.
2) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations.
3) All other vested benefits not insured by the PBGC.

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.

NOTE 2 - SIGNIFICANT ACCOUNTING PRINCIPLES AND POLICIES

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

Investment Valuation and Income Recognition
Investments in the Master Trust are stated at fair value. 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. Within the Master Trust, cash equivalents, including money market investments, are carried at amortized cost which approximates fair value due to the short-term maturity of these investments. The fair value of investments in common collective funds and mutual funds are determined using the net asset value ("NAV") provided by the administrator of the fund as a practical expedient. The NAV is determined by each fund's trustee based upon the fair value of the underlying assets owned by the fund, less liabilities, divided by the number of outstanding units.

The fair value of U.S. Treasury securities is determined based on quoted market prices in active markets. The fair value of government related securities and corporate bonds is determined based on quoted market prices on national security exchanges, when available, or using valuation models which incorporate certain other observable inputs including recent trading activity for comparable securities and broker quoted prices. The fair value of mortgage-backed and asset-backed securities is based upon valuation models which incorporate available dealer quotes, projected cash flows and market information. Investments in registered investment companies are reported at fair value based on quoted market prices representing the NAV of the shares held by the Plan. Investments in corporate common and preferred stock, including the Company's common stock, are reported at fair value based on quoted market prices on national security exchanges. The fair value of limited partnerships has been estimated using the NAV of ownership interest in partners' capital as a practical expedient. The NAV is determined using quarterly financial statements issued by the partnership which determine the value based on the fair value of the underlying investments.

The Master Trust enters into futures contracts, options and swaps. Upon entering into a futures contract, the Master Trust is required to deposit, either in cash or securities, an amount equal to a certain percentage of the notional value of the contract. Pursuant to the futures contract, the Master Trust agrees to receive from, or pay to, the broker an amount of cash equal to the daily fluctuation in the value of the futures contract. Such receipts or payments are known as variation margins, which are settled daily and are included in the realized gains (losses) on futures contracts. The fair value of futures is determined based on quoted market prices in active markets. Options give the purchaser the right to buy or the seller the obligation to deliver a specified amount of a financial instrument for a specific price or yield on or before a specific date in the future. Within the Master Trust, futures contracts, options and swaps are used for hedging, to manage or gain specific exposures, and to provide incremental income. Swaps and options are recorded at fair value and marked-to-market through the duration of the contract term with an offsetting increase to unrealized appreciation (depreciation). The fair value of options and swaps is determined using valuation models which incorporate certain observable inputs.

Purchases and sales of securities are recorded as of the trade date. The cost of securities sold is determined using the historical average cost method. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date.

Net investment assets, net appreciation (depreciation) in the fair value of investments, which consist of the realized gains or losses and the unrealized appreciation (depreciation) on those investments, interest income, dividend income and administrative expenses, are allocated to the Plan based upon the value of the units held by the Plan as discussed in Note 7.

Payment of Benefits

Benefit payments to participants are recorded upon distribution by the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's 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. Estimates are based on past experience and other considerations reasonable under the circumstances. Actual results may differ from those estimates.

Subsequent Events

Subsequent events and transactions have been evaluated through October 14, 2026, which is the date the financial statements were available to be issued, and are incorporated within as applicable. There are no events identified requiring recognition or disclosure in the financial statements.

Risks and Uncertainties

Minimum funding requirements for plan contributions and the actuarial present value of accumulated plan benefits are determined based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Investment securities are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of such securities, it is at least reasonably possible that changes in investment values in the near term could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the related Statements of Changes in Net Assets Available for Benefits.

Administrative Expenses

Administrative costs of the Plan are paid by the Plan or the Company, in accordance with the Plan document and applicable law.

NOTE 3 - EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain investments within the Master Trust are shares of funds managed by the Trustee, companies affiliated with the Trustee, or affiliated with our actuary, and therefore, qualify as a party-in-interest transaction. The fair value of the Plan's interest in these investments was $94,347 and $93,652 at December 31, 2025 and 2024, respectively. The Plan's interest in these investments appreciated by $11,736 and earned interest and dividend income of $450 for the year ended December 31, 2025, and appreciated by $13,797 and earned interest and dividend income of $574 for the year ended December 31, 2024. In addition, investments within the Master Trust include shares of the Company's common stock which qualify as a party-in-interest transaction. The fair value of the Plan's interest in this investment was $1,821 and $3,736 at December 31, 2025 and 2024, respectively. The Plan's interest in this investment appreciated by $405 and depreciated by $1,502 for the years ended December 31, 2025 and 2024, respectively, and earned dividend income of $60 and $69 for the years ended December 31, 2025 and 2024, respectively.

For 2025 and 2024, the Plan incurred expenses of $113 and $144, respectively, for services provided by the Trustee and its affiliates during the year.

NOTE 4 - ACTUARIAL VALUATION METHODS AND ASSUMPTIONS

The actuarial information has been prepared by the Plan's actuary, Willis Towers Watson.

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service rendered by eligible employees. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who are deceased; and (c) active employees or their beneficiaries. Benefits payable are included to the extent they are deemed attributable to employee service rendered prior to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's 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 between the measurement date and the expected date of payment. The significant assumptions underlying the actuarial valuation prepared by the Plan's actuary as of December 31, 2024 and 2023 for the 2025 and 2024 Plan years, respectively, were as follows:

Interest rate	-	5.55% as of January 1, 2025; 5.70% as of January 1, 2024
Mortality basis as of January 1, 2025	-	The RPH-2015 Blue Collar Table (with a multiplier of 1.04) generational projection of Scale MP-2021 from 2015 with a .75% long-term rate (for the majority of the Plan's components); and the RPH-2015 Mixed Collar Table (with a multiplier of 1.03) generational projection of Scale MP-2021 from 2015 with a .75% long-term rate (for the CBS Retirement Plan, Radio and the Charter Company Retirement Plan components).
Mortality basis as of January 1, 2024	-	RPH-2015 Mixed Collar (MC) Table, multiplier of 1.03, generational projection of Scale MP-2020 from 2015 with a 0.75% long-term rate.
Retirement age	-	Various retirement ages ranging from ages 55 to 65

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.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

At December 31, 2024, the actuarial present value of accumulated plan benefits, using the methodology and assumptions described in Note 4, was as follows:

Vested benefits:		
Participants currently receiving payments	$	158,844
Other participants		380,532
		539,376
Nonvested benefits		4,225
Actuarial present value of accumulated plan benefits	$	543,601

The change in actuarial present value of accumulated plan benefits was as follows:

Actuarial present value of accumulated plan benefits at December 31, 2023	$	543,371
Increase (decrease) during the year attributable to:		
Actuarial (gains)/losses		4,000
Decrease in discount period		30,071
Benefits paid		(31,604)
Changes in assumptions		(2,237)
Net increase		230
Actuarial present value of accumulated plan benefits at December 31, 2024	$	543,601

NOTE 6 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEES

The Plan Administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to investment balances in the Statements of Net Assets Available for Benefits and related investment activity included in the Statements of Changes in Net Assets Available for Benefits, or amounts included in the notes to the financial statements, all of which was certified by the

Plan's Trustee as complete and accurate, except for comparing such information to information included in the Plan's financial statements.

At December 31, 2025 and 2024, information certified by the Plan's Trustee consists of the Plan's interest in the Master Trust of $549,746 and $522,680, respectively, and the Plan's interest in the net investment income and loss from the Master Trust of $59,202 and $27,435, respectively, for the years then ended, which excludes certain administrative cost accruals. This information is included in Note 7. Also included in Note 7 is the categorization of assets in accordance with the three-level fair value hierarchy established by the Financial Accounting Standards Board ("FASB"). Such information is not certified by the Plan's Trustee.

NOTE 7 - MASTER TRUST

The value of the Plan's interest in the net assets of the Master Trust was approximately 21.6% and 22.2% at December 31, 2025 and 2024. The portion of net assets and net investment loss allocated to the Plan is based on the relationship of the Plan's undivided interest in the Master Trust to the total of all plans' interests in the Master Trust.

The following table presents the net assets of the Master Trust.

	At December 31,	
	2025	2024
Cash and cash equivalents	$ 347,928	$ 54,610
Fixed income securities	1,259,996	1,533,169
Common collective funds	772,184	626,233
Corporate common and preferred stocks	102,219	96,787
Company Class B Common Stock	8,417	16,815
Global Equity	75,649	55,161
Limited partnerships	5,069	10,628
Futures	(2,835)	(2,141)
Swaps	2,397	2,037
Total investments	2,571,024	2,393,299
Receivables:		
Interest and dividends	17,078	20,184
Other receivables	44	125
Investments sold	52,336	70,732
Total receivables	69,458	91,041
Payable for investments purchased	(97,877)	(130,757)
Other liabilities	(853)	(1,262)
Accrued administrative expenses	(1,198)	(1,189)
Net assets of the Master Trust	$ 2,540,554	$ 2,351,132

The following table presents the Plan's interest in the net assets of the Master Trust.

	At December 31,	
	2025	2024
Cash and cash equivalents	$ 75,252	$ 12,134
Fixed income securities	272,520	340,666
Common collective funds	167,013	139,147
Corporate common and preferred stocks	22,108	21,506
Company Class B Common Stock	1,820	3,736
Global Equity	16,362	12,257
Limited partnerships	1,096	2,362
Futures	(613)	(476)
Swaps	518	453
Total investments	556,076	531,785
Receivables:		
Interest and dividends	3,694	4,485
Other Receivables	9	28
Investments sold	11,320	15,716
Total receivables	15,023	20,229
Payable for investments purchased	(21,169)	(29,054)
Other liabilities	(184)	(280)
Accrued administrative expenses	(259)	(264)
Net assets of the Master Trust	$ 549,487	$ 522,416

The following table presents the net investment income of the Master Trust.

	Year Ended December 31,	
	2025	2024
Net appreciation in fair value of investments	$ 170,900	$ 46,443
Interest and dividend income	104,167	86,515
Administrative expenses	(5,428)	(5,871)
Total net investment income	$ 269,639	$ 127,087

Fair Value Measurements

The following tables set forth the financial assets of the Master Trust measured at fair value on a recurring basis at December 31, 2025 and 2024. See Note 2 for the valuation methodology used to measure the fair value of these investments. There have been no changes to the methodologies used to measure the fair value of each asset from December 31, 2024 to 2025. These assets have been categorized according to the three-level fair value hierarchy established by the FASB, which prioritizes the inputs used in measuring fair value. Level 1 is based on quoted prices for the asset in active markets. Level 2 is based on inputs that are observable other than quoted market prices in Level 1, such as quoted prices for the asset in inactive markets or quoted prices for similar assets. Level 3 is based on unobservable inputs reflecting the Plan's own assumptions about the assumptions that market participants would use in pricing the asset. The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The Plan has no investments classified within Level 3 of the valuation hierarchy.

At December 31, 2025	Level 1	Level 2	Total
Assets:			
Cash and cash equivalents	$ —	$ 83,476	$ 83,476
Fixed income securities:			
U.S. Treasury securities	87,570	—	87,570
Government related securities	—	116,962	116,962
Corporate bonds [(a)]	—	974,586	974,586
Mortgage-backed and asset-backed securities	—	80,878	80,878
Corporate common and preferred stocks	102,219	—	102,219
Paramount Skydance Class B Common Stock	8,417	—	8,417
Global Equity	75,649	—	75,649
Futures	—	(2,835)	(2,835)
Swaps	—	2,397	2,397
Total assets in fair value hierarchy	$ 273,855	$ 1,255,464	$ 1,529,319
Common collective funds measured at net asset value [(b)]			772,184
Limited partnerships measured at net asset value [(b)]			5,069
Mutual funds measured at net asset value [(b)]			264,452
Investments, at fair value			$ 2,571,024

At December 31, 2024	Level 1	Level 2	Total
Assets:			
Cash and cash equivalents	$ —	$ 7,819	$ 7,819
Fixed income securities:			
U.S. Treasury securities	138,506	—	138,506
Government related securities	—	116,200	116,200
Corporate bonds [(a)]	—	1,122,685	1,122,685
Mortgage-backed and asset-backed securities	—	155,778	155,778
Corporate common and preferred stocks	96,787	—	96,787
Paramount Global Class B Common Stock	16,815	—	16,815
Global Equity	55,161	—	55,161
Futures	—	(2,141)	(2,141)
Swaps	—	2,037	2,037
Total assets in fair value hierarchy	$ 307,269	$ 1,402,378	$ 1,709,647
Common collective funds measured at net asset value [(b)]			626,233
Limited partnerships measured at net asset value [(b)]			10,628
Mutual funds measured at net asset value [(b)]			46,791
Investments, at fair value			$ 2,393,299

(a) Securities of diverse industries, substantially all investment grade.

(b) In accordance with FASB guidance, investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Master Trust.

The following table presents a summary of investments in the Master Trust that calculate net asset value per share (dollars in millions) at December 31, 2025 and 2024.

Investment	Fair Value At December 31, 2025	Fair Value At December 31, 2024	Unfunded Commitments At December 31, 2025	Unfunded Commitments At December 31, 2024	Redemption Frequency	Redemption Notice Period	Trade to Settlement Terms
Mawer International Equity Fund (a)	$ 59	$ 51	$ —	$ —	Daily	10 days	1 day
Goldman Sachs Intermediate Credit	$ 38	$ —	$ —	$ —	Daily	None	5 Business days
SSGA Treasury STRIP	$ 73	$ —	$ —	$ —	Daily	T+1 by 8:30 am EST	T+1 for both redemptions & contributions
Vanguard Total International Stock Market Index Trust (a)	$ 75	$ 71	$ —	$ —	Daily	None	1 day
Pzena International Expanded Value Equity ACWI (ex US) Fund (a)	$ 64	$ 50	$ —	$ —	Daily	15 days	1 day
BNYM Mellon Capital DB SL Stock Index Fund (b)	$ 235	$ 236	$ —	$ —	Daily	1 day	2 days
JP Morgan Research Enhanced Index Fund (c)	$ 57	$ 57	$ —	$ —	Daily	None	1 day
GQG Global Equity (d)	$ 28	$ 28	$ —	$ —	Daily	15 days	1 day
Silverpeak Real Estate Partners (e)	$ 1	$ 2	$ 31	$ 31	See Note e	See Note e	See Note e
Trilantic Capital Partners (f)	$ 4	$ 9	$ 4	$ 4	See Note f	See Note f	See Note f
Dreyfus Government Cash Management Fund (g)	$ 50	$ 47	$ —	$ —	Daily	None	Same day
PIMCO PAPS Sector Funds [i]	$ 215	$ —	$ —	$ —	Daily	T+3 (before 4PM ET)	T+1
WTW Real Assets Fund (h)	$ 143	$ 133	$ —	$ —	End of Quarter	180 days	30 days

(a) Primarily invested in international equities.

(b) This fund is intended to track the performance of the S&P 500 Index.

(c) Primarily invested in large capitalization U.S. equities with a risk profile similar to that of the S&P 500 Index.

(d) Primarily invests in U.S. and international equities.

(e) Includes three partnerships that make real estate investments in North America, Europe, and Asia. These investments cannot be redeemed prior to the liquidation of the partnerships, which is estimated to occur over the next 1-3 years.

(f) Includes two partnerships that invest in a diversified group of companies, primarily in North America and Europe, in partnership with the management teams of those enterprises. These investments cannot be redeemed prior to the liquidation of the partnerships, which is estimated to occur over the next 1-5 years.

(g) The fund invests in short-term securities issued by the U.S. government or its agencies. Other investments include repurchase agreements in respect of these U.S. government securities.

(h) Primarily invests in public and private debt and equity investments in a range of real asset strategies, including but not limited to real estate, infrastructure, timberland and agriculture/farmland.

(i) Includes various PIMCO PAPS sector funds, which are commingled investment vehicles used exclusively within PIMCO separately managed account fixed income portfolios.

Financial Instruments

As part of their investment strategy, certain managers of the Master Trust may use derivative instruments for various purposes, including managing exposure to sector risk or movements in interest rates, extending the duration of the investment portfolio and as a substitute for cash securities. The derivative instruments typically used are interest rate swaps, futures and options. There is exposure to credit loss in the event of nonperformance by counterparties to derivative transactions. The Plan's investment managers continually monitor the Plan's positions

with, and credit quality of, the financial institutions which are counterparties to its derivative instruments. Nonperformance by any of the counterparties is not anticipated.

The gross notional amount of outstanding futures contracts was $526,634 and $234,593, December 31, 2025 and 2024, respectively. The gross notional amount of outstanding swap contracts was $543,330 and $437,706 at December 31, 2025 and 2024, respectively.

Presented below is the fair value of derivative instruments in the Master Trust. The Plan's proportionate interest is recorded on the Statement of Net Assets Available for Benefits.

	At December 31,		Statement of Net Assets
	2025	2024	Available for Benefits Account
Asset position:			
Futures	$ 994	$ 1,040	Plan's investments in Master Trust
Swaps	$ 3,394	$ 2,698	Plan's investments in Master Trust
Liability position:			
Futures	$ (3,829)	$ (3,181)	Plan's investments in Master Trust
Swaps	$ (997)	$ (661)	Plan's investments in Master Trust

Gains (losses) recognized on derivative instruments are presented below. The Plan's proportionate interest is recorded on the Statement of Changes in Net Assets Available for Benefits.

	Year Ended December 31,		Statement of Changes in Net Assets
	2025	2024	Available for Benefits Account
Futures	$ (990)	$ (7,580)	Interest in net investment income (loss) from Master Trust
Options	$ 508	$ 574	Interest in net investment income (loss) from Master Trust
Swaps	$ (91)	$ (662)	Interest in net investment income (loss) from Master Trust

NOTE 8 - TAX STATUS

The Plan received a favorable determination letter from the Internal Revenue Service (the "IRS"), dated December 4, 2017, with respect to the qualified status of the Plan under the applicable sections of the Internal Revenue Code (the "Code"). The Plan Administrator believes that, although the Plan has been amended subsequent to the date the IRS determination was issued, it is designed and is currently being operated in material compliance with the applicable provisions of the Code. In addition, the Plan Administrator has concluded that as of December 31, 2025, there were no uncertain tax positions taken or expected to be taken that require recognition of an asset or liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. There are no audits in progress for any tax year.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	At December 31,	
	2025	2024
Net assets available for benefits per the financial statements	$ 549,043	$ 531,014
Amounts allocated to withdrawing participants	(1,616)	(2,339)
Net assets available for benefits per Form 5500	$ 547,427	$ 528,675

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

	Year Ended December 31,	
	2025	2024
Benefits paid to participants per the financial statements	$ 42,839	$ 31,604
Add: Amounts allocated to withdrawing participants in the current year	1,616	2,339
Less: Amounts allocated to withdrawing participants in the prior year	(2,339)	(1,431)
Benefits paid to participants per Form 5500	$ 42,116	$ 32,512

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31 but not paid as of that date.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

Number and average annual frozen benefit distributed by attained age and attained years of credited service

	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	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
35-39	26	27	0	0	0	0	0	0	0	0	53
	3,093	16,649	-	-	-	-	-	-	-	-	9,999
40-44	22	112	85	0	0	0	0	0	0	0	219
	4,398	25,712	58,572	-	-	-	-	-	-	-	36,325
45-49	18	95	107	47	3	0	0	0	0	0	270
	-	38,237	86,013	131,094	-	-	-	-	-	-	72,248
50-54	13	60	92	42	20	2	0	0	0	0	229
	-	45,953	109,288	205,591	305,843	-	-	-	-	-	123,070
55-59	9	28	58	28	13	7	0	0	0	0	143
	-	61,047	116,928	229,986	-	-	-	-	-	-	153,924
60-64	2	18	26	15	11	13	2	0	0	0	87
	-	-	118,099	-	-	-	-	-	-	-	217,228
65-69	2	6	9	4	1	2	1	0	0	0	25
	-	-	-	-	-	-	-	-	-	-	179,325
70 & over	0	0	2	0	2	0	0	1	0	0	5
	-	-	-	-	-	-	-	-	-	-	-
Total	92	346	379	136	50	24	3	1	0	0	1,031
	5,528	37,900	92,967	189,413	293,217	415,568	-	-	-	-	99,651

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

Plan Name: Viacom Pension Plan
EIN / PN: 04-2949533/205
Plan Sponsor: Paramount Global
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025

	Attained Years of Credited Service[2]										
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	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
40-44	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
45-49	0	0	0	1	1	0	0	0	0	0	2
	-	-	-	-	-	-	-	-	-	-	-
50-54	0	0	0	1	0	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-
55-59	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
60-64	0	0	0	2	3	0	0	0	0	0	5
	-	-	-	-	-	-	-	-	-	-	-
65-69	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
70 & over	0	0	0	0	1	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-
Total	0	0	0	4	5	0	0	0	0	0	9
	-	-	-	-	-	-	-	-	-	-	18,527

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

Plan Name: Viacom Pension Plan
EIN / PN: 04-2949533/205
Plan Sponsor: Paramount Global
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
- Interest rate basis: Segment Rates from Fourth Month Preceding Valuation Date

Interest rates	**Reflecting Stabilization**	**Not Reflecting Stabilization**
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.38%	5.33%

Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases: N/A
- Statutory limits on compensation: N/A

Plan-related expenses

The amount included this year for plan-related expenses is $3,159,000.

The plan-related expense assumption has been updated to reflect the actual expenses incurred in the prior year, adjusted for the change in expected PBGC premium from the prior to the current year.

As permitted by law, rates reflecting stabilization are used to determine the funding target, 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 currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Demographic Assumptions

Plan Name:	Viacom Pension Plan
EIN / PN:	04-2949533/205
Plan Sponsor:	Paramount Global
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy

For purposes of determining the Funding Target and Target Normal Cost:

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).

- Disabled

This assumption is not applicable.

Termination

The rates at which participants terminate by age are shown below:

Percentage terminating during the year	
Age	**Rates**
25	9.00%
30	9.00%
35	9.00%
40	9.00%
45	9.00%
50	9.00%
55	9.00%
60	9.00%
65	9.00%

Disability

None

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

SCHEDULE SB ATTACHMENTS

Percentage retiring during the year	
Age	**Probability**
55 - 59	9.0%
60 - 62	13.0%
63 - 64	20.0%
65	25.0%
66 - 69	30.0%
>70	100.0%

Form of payment

a. Viacom Pension Plan Component:

1. Active Retirement Eligible:

   i. 25% assumed to commence immediately with 80% assumed to elect a lump sum payment and 20% assumed to elect a single life annuity.

   ii. 75% assumed deferred to age 65 with 80% assumed to elect a lump sum payment and 20% assumed to elect a single life annuity.

2. Active Vested Eligible:

   i. 20% assumed to commence immediately with 100% lump sum

   ii. 24% assumed to elect an immediate lump sum payment over 8 years

   iii. 44% assumed to elect a lump sum deferred to age 65

   iv. 12% assumed to elect a single life annuity deferred to age 65

3. Pre 12/31/2009 Terminated Vested: 100% assumed to defer to age 65 with 30% assumed to elect a single life annuity, 20% assumed to elect a 100% joint and survivor annuity payment, 15% assumed to elect a 50% joint and survivor annuity payment, 5% assumed to elect a 15-year certain and life annuity payment, and 30% to elect a lump sum payment.

4. Post 12/31/2009 Terminated Vested:

   i. 30% assumed to elect an immediate lump sum payment over 8 years

   ii. 55% assumed to elect a lump sum deferred to age 65

iii. 15% assumed to elect a single life annuity deferred to age 65

b. Cash Balance Component of the VPP

1. Active Participants:

i. 100% assumed to commence immediately with 60% assumed to elect a lump sum payment and 40% assumed to elect as a single life annuity

2. Terminated Vested:

i. 45% assumed to elect a lump sum payment deferred to age 65

ii. 30% assumed to elect an immediate lump sum payment over 8 years

iii. 25% assumed to elect a single life annuity deferred to age 65

Percent married and spouse age	80% of eligible participants are assumed to have spouses. Male spouses are assumed to be two years older than female spouses.
Covered pay	N/A
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 as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
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

Smoothed actuarial value of assets.

The Plan's asset valuation method is two-year quarterly smoothing with phase-in of this method over 2 years effective January 1, 2022. The phase-in allows the actuarial value of assets in year 1 (2022) to be set equal to the current market value of assets. The actuarial value of assets in year 2 (2023) is set equal to the current market value of assets adjusted for 2022 quarterly asset gains/(losses) spread over 1 year (4 quarterly periods). The actuarial value of assets in year 3 (2024) and later is set equal to the current market value of assets adjusted for quarterly asset gains/(losses) spread over 2 years (8 quarterly periods).

The quarterly gain/(loss) for each of the eight periods is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor through its third party administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. There were no significant events that occurred between the date the data was collected and the measurement date that required adjustments to be made to the data, and we are not aware of any adjustments made by the data provider. Please refer to the January 1, 2025 Viacom Pension Plan data action plan provided on June 3, 2025 for documentation of assumptions made for missing or apparently inconsistent data elements.

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 ATTACHMENTS

Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

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
VIACOM PENSION PLAN

B Three-digit plan number (PN) ▶ 205

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PARAMOUNT GLOBAL

D Employer Identification Number (EIN)
04-2949533

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**	531,575,236
b Actuarial value	**2b**	525,524,675

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	957	160,170,992	160,170,992
b For terminated vested participants	5,835	338,830,233	338,830,233
c For active participants	1,031	64,022,420	68,618,213
d Total	7,823	563,023,645	567,619,438

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**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	3,159,000
c Target normal cost	**6c**	3,159,000

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

Michael Felton mjf — Signature of actuary

09/30/2026 — Date

Michael J Felton — Type or print name of actuary

2607284 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

212-309-3470 — Telephone number (including area code)

PO Box 744401
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	5,387,484
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5,387,484
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.35 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5,310,310
	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 5.17 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		284,102
	c Total available at beginning of current plan year to add to prefunding balance		5,594,412
	d Portion of (c) to be added to prefunding balance		5,594,412
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	5,594,412

Part III Funding Percentages

14	Funding target attainment percentage	14	91.59 %
15	Adjusted funding target attainment percentage	15	91.59 %
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	90.67 %
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
12/31/2025	5,000,000	0			
			Totals ► 18(b)	5,000,000	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	4,745,424

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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**	3,159,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	47,689,175	4,817,751
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**	7,976,751

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		5,384,307	5,384,307

36 Additional cash requirement (line 34 minus line 35)	**36**	2,592,444
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4,745,424

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2,152,980
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	2,152,980
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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.09	1,000	1.000	0.090	4.950
56	0.09	910	0.910	0.082	4.586
57	0.09	828	0.828	0.075	4.248
58	0.09	753	0.753	0.068	3.931
59	0.09	685	0.685	0.062	3.637
60	0.13	623	0.623	0.081	4.859
61	0.13	542	0.542	0.070	4.298
62	0.13	472	0.472	0.061	3.804
63	0.20	411	0.411	0.082	5.179
64	0.20	329	0.329	0.066	4.211
65	0.25	263	0.263	0.066	4.274
66	0.30	197	0.197	0.059	3.901
67	0.30	138	0.138	0.041	2.774
68	0.30	97	0.097	0.029	1.979
69	0.30	68	0.068	0.020	1.408
70	1.00	48	0.048	0.048	3.360
Average age at retirement					61.399
Rounded for Schedule SB item 22					61

Plan Name: Viacom Pension Plan
EIN / PN: 04-2949533/205
Plan Sponsor: Paramount Global
Valuation Date: January 1, 2025

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	1,850,484	17,708,383	14,820,841	34,379,708
2026	1,831,473	8,800,478	14,529,634	25,161,585
2027	2,215,302	10,798,744	14,235,578	27,249,624
2028	2,620,349	13,143,029	13,925,057	29,688,435
2029	3,022,073	15,594,315	13,594,730	32,211,118
2030	3,405,435	19,462,399	13,241,907	36,109,741
2031	3,519,207	19,999,546	12,869,032	36,387,785
2032	3,755,822	20,945,688	12,476,024	37,177,534
2033	4,438,452	21,365,990	12,059,845	37,864,287
2034	4,744,404	22,227,949	11,624,074	38,596,427
2035	5,296,735	25,178,321	11,168,591	41,643,647
2036	5,405,803	24,561,728	10,692,731	40,660,262
2037	5,474,905	25,551,413	10,187,670	41,213,988
2038	5,777,097	26,719,412	9,670,361	42,166,870
2039	5,941,399	27,626,705	9,147,923	42,716,027
2040	6,135,731	28,332,038	8,613,486	43,081,255
2041	6,332,901	28,295,339	8,072,767	42,701,007
2042	6,261,992	28,659,268	7,526,933	42,448,193
2043	6,004,300	28,243,987	6,977,105	41,225,392
2044	6,304,252	27,986,415	6,422,178	40,712,845
2045	5,942,888	27,646,746	5,878,296	39,467,930
2046	5,829,212	27,051,279	5,349,615	38,230,106
2047	5,603,402	26,237,165	4,833,421	36,673,988
2048	5,321,507	25,184,017	4,333,371	34,838,895
2049	5,035,838	23,854,271	3,853,186	32,743,295
2050	4,709,130	22,813,285	3,396,634	30,919,049
2051	4,471,778	21,468,406	2,967,368	28,907,552
2052	4,210,304	20,140,613	2,568,614	26,919,531
2053	3,962,335	18,870,611	2,202,940	25,035,886
2054	3,697,975	17,607,465	1,872,094	23,177,534

Plan Name: Viacom Pension Plan
EIN / PN: 04-2949533/205
Plan Sponsor: Paramount Global
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	3,452,137	16,394,201	1,576,862	21,423,200
2056	3,210,148	15,183,690	1,317,048	19,710,886
2057	2,968,459	13,977,399	1,091,570	18,037,428
2058	2,729,340	12,785,720	898,553	16,413,613
2059	2,493,749	11,618,262	735,537	14,847,548
2060	2,263,897	10,484,545	599,679	13,348,121
2061	2,041,002	9,393,308	487,896	11,922,206
2062	1,826,654	8,352,383	397,032	10,576,069
2063	1,622,371	7,368,578	324,002	9,314,951
2064	1,429,488	6,447,639	265,892	8,143,019
2065	1,249,095	5,593,935	220,043	7,063,073
2066	1,082,018	4,810,491	184,106	6,076,615
2067	928,813	4,098,945	156,056	5,183,814
2068	789,762	3,459,526	134,194	4,383,482
2069	664,903	2,891,119	117,123	3,673,145
2070	554,024	2,391,438	103,720	3,049,182
2071	456,683	1,957,157	93,089	2,506,929
2072	372,244	1,584,142	84,532	2,040,918
2073	299,899	1,267,625	77,513	1,645,037
2074	238,706	1,002,392	71,626	1,312,724

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

Paramount Global

Plan

Viacom Pension Plan

EIN/PN

04-2949533/205

Most Recent Amendment

The plan was last amended effective December 31, 2019 such the applicable interest rate under IRC Section 417(e)(3) will be updated from November to August (“lookback period”) with the November rates grandfathered for all commencements during 2019 and 2020 along with the elimination of the suspension of benefits notices, which require actuarial increases for benefits deferred beyond Normal Retirement Date due to continued employment.

Changes in Plan Provisions since Last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

Viacom Pension Plan Component

Plan Year

The twelve-month period ending each December 31.

Participation Eligibility

- Each employee who was active as of January 1, 2010 shall remain a participant.
- Other active employees who were hired after January 1, 2010 shall become participants on the earliest of attainment of age 21 and one year of eligibility service as follows:
  - Full-time: twelve months from date of hire
  - Part-time:
    - 1,000 hours during the first year, or
    - 1,000 hours in any calendar year commencing after date of hire.
- Employees hired after December 31, 2012 or rehires with a break in service as of December 31, 2012 are not eligible to participate in the plan.
- Effective December 31, 2012, the Plan was amended such that future benefit accruals cease.

Vesting Date

The date the participant's continuous employment period equals five years.

Pensionable Earnings

Sum of:

- Annual base pay
- Annual incentive bonus paid
- Overtime and shift differential
- Commissions paid

Compensation is limited in accordance with IRC Section 401(a)(17)

Plan Name:	Viacom Pension Plan
EIN / PN:	04-2949533/205
Plan Sponsor:	Paramount Global
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Accumulated Compensation

As of December 31, 2010, the initial Accumulated Compensation shall be the Pensionable Compensation received by the Participant for the 2010 Plan Year. In the case of a Participant who did not have Pensionable Compensation in 2010 or first became a Participant after 2010, the initial Accumulated Compensation shall be determined as of December 31 of the first year after which the Participant earned Pensionable Compensation. For each succeeding year, the Accumulated Compensation as of December 31 of the preceding Plan Year is multiplied by the Wage Inflation Adjustment, plus Pensionable Compensation received as of December 31 of the current Plan Year.

Accumulated compensation was frozen as of December 31, 2012.

Wage Inflation Adjustment

Increase factor based on the minimum of 4% and the actual increase in the Social Security Wage Base applicable for the fraction of participation during the Plan Year. The wage inflation adjustment as of the December 31, 2012 plan freeze date is 3.09%.

Stable Value Factor

Initial factor used to convert the accrued benefit as of December 31, 2009 to a Lump Sum Benefit payable at age 65. The Stable Value Factor is 11.

Early Termination Reduction Factor

Factor used to reduce the benefit from Normal Retirement Age to the benefit commencement date for employees that are not early retirement eligible.

The factors are determined based on IRC 417(e) assumptions.

Stable Value Benefit

1) Lump sum benefit equal to 10% times Accumulated Compensation.
2) For employees participating as of January 1, 2010, the lump sum benefit equals the greater of a) or b) plus c)
    a) Accrued benefit as of December 31, 2009 under the Legacy Viacom Pension Plan multiplied by the Stable Value Factor and adjusted on a yearly basis for the Wage Inflation Adjustment.
    b) Actuarial Equivalent lump sum value of the accrued benefit as of December 31, 2009 under the Legacy Viacom Pension Plan payable at age 65.
    c) Benefit in accordance with 1) above.

Stable Value Benefits were frozen as of December 31, 2012.

SCHEDULE SB ATTACHMENTS

Normal Retirement Date

The first of the month coincident with or next following the participant's attainment of age 65.

Normal Retirement Benefit

Actuarial Equivalent value of the Stable Value Benefit payable as a life annuity starting at age 65.

Late Retirement Benefit

The Actuarial Equivalent value of the Stable Value benefit payable as a life annuity as of the actual retirement date.

Effective January 1, 2019, an actuarial adjustment will be provided for any period on or after the later of January 1, 2019 and the participant's NRD and prior to the annuity starting date, as well as for (i) earlier periods during which the participant had reached NRD and had not commenced payment but was not in suspension of benefits service under Section 3.2(b) as then in effect and (ii) any period as to which an adjustment was required pursuant to Section 1.401(a)(9)-6 of the Treasury Regulations for any period prior to the Annuity Starting Date but after April 1st following the year the participant attained age 70.5.

Normal Form of Payment

Married Participants: Joint & 50% survivor annuity

Unmarried Participants: Single life annuity

Termination Benefit

1) Stable Value Benefit reduced by Early Termination Factor
2) For employees participating as of January 1, 2010, the lump sum benefit equals the greater of a) or b) plus c)
    a) Accrued benefit as of December 31, 2009 under the Legacy Viacom Pension Plan multiplied by the Stable Value Factor and adjusted on a yearly basis for the Wage Inflation Adjustment reduced by the Early Termination Reduction Factor.
    b) Actuarial Equivalent lump sum value of the accrued benefit as of December 31, 2009, except that if a participant is 55 or older as of the payment date, the lump sum is determined as the Actuarial Equivalent of the immediate single life annuity reduced by 6% per year for the first 5 years that payment precedes the NRD and 4% for the next 5 years under the Legacy Viacom Pension Plan payable at age 65.
    c) Benefit in accordance with 1) above.

Employees are eligible to receive payments immediately upon separation of service.

SCHEDULE SB ATTACHMENTS

Early Retirement Eligibility

The first of the month coincident with or next following attainment of age 55 and completion of 10 years of continuous employment.

Early Retirement Benefit

1) Stable Value Benefit reduced by 4% per year for each year the payment precedes NRD.
2) For employees participating as of January 1, 2010, the lump sum benefit equals the greater of a) or b) plus c)
   a) Accrued benefit as of December 31, 2009 under the Legacy Viacom Pension Plan multiplied by the Stable Value Factor and adjusted on a yearly basis for the Wage Inflation Adjustment reduced 4% per year for each year the payment precedes NRD.
   b) Actuarial Equivalent lump sum value of the accrued benefit as of December 31, 2009, reduced by 6% per year for the first 5 years that payment precedes the NRD and 4% for the next 5 years.
   c) Benefit in accordance with 1) above.

Disability Benefit

A participant who is on long-term disability is considered to have continuous employment until return to work, termination, death, or retirement. The benefit is calculated as the Normal Retirement Benefit with level Pensionable Compensation from the date of disability to Normal Retirement Date.

Death Benefit

Available if death occurs after Vesting Date, Early Retirement Date or Normal Retirement Date. Upon death, the legal spouse or domestic partner is entitled to 50% of the Lump Sum Benefit payable on the first day of the month in which the participant's death occurred. Payment may be deferred no later than the end of the year in which the 5th anniversary of the participant's death occurred.

The Lump Sum Benefit can be paid as an actuarial equivalent immediate Annuity Option based on the beneficiary's age at the time of commencement.

Optional Forms of Payment

The available optional forms of payment are:

- 5-year certain and life
- 10-year certain and life
- 15-year certain and life
- 20-year certain and life

SCHEDULE SB ATTACHMENTS

- Joint & 100% survivor annuity
- Joint & 75% survivor annuity
- Joint & 50% survivor annuity
- Level income option as a single life annuity option
- Level income option as a joint and survivor option
- Single life annuity
- Single sum (mandatory if below $1,000).

Actuarial Equivalence

Annuity Payments: 5% interest and IRC 1994 GAR mortality, blended 50/50 for males and females.

Single Sum: The applicable interest rate for determining lump sum benefits and the required mortality table as specified under §417(e)(3) of the Internal Revenue Code.

IRC Section 415: 5.5% interest and the required mortality table as specified under §417(e)(3) of the Internal Revenue Code.

SCHEDULE SB ATTACHMENTS

CBS Component

Plan Year

The twelve-month period ending each December 31.

Participation Eligibility

- Existing participants as of January 1, 2006 shall remain participants.
- Plan was closed to new entrants effective January 1, 2006.
- Effective December 31, 2009, the Plan was amended such that future benefit accruals cease.

Vesting Date

The earlier of (i) the date in which the participant's continuous employment equals five years, and (ii) the participant's attainment of age 65.

Pensionable Earnings

Generally, base rate of compensation paid to a participant exclusive of overtime, commissions, bonus, and other additional compensation payments. Compensation is limited in accordance with IRC Section 401(a)(17).

Average Compensation

Twelve times the highest average of a participant's Pensionable Earnings during a 60 consecutive month period during the last 120 months of the participant's employment.

If less than 60 consecutive months, the average shall be twelve times the average of the participant's consecutive months.

Covered Compensation

For any plan year, the average of the taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains Social Security retirement age.

Normal Retirement Date

The first of the month coincident with or next following a participant's 65th birthday.

SCHEDULE SB ATTACHMENTS

Normal or Late Retirement Benefit

Annual amount equals a participant's number of years of continuous employment (up to a maximum of 35) times the sum of the following:

- 1.3% of a participant's Average Compensation up to a participant's Covered Compensation, plus
- 1.7% of a participant's Average Compensation in excess of a participant's Covered Compensation

Normal Retirement Supplemental Benefit

Annual amount equal to a participant's number of years of continuous employment (up to a maximum of 35) times $12.

Normal Form of Payment

Married Participants: Joint and 50% survivor annuity
Unmarried Participants: Single life annuity.

Termination Benefit

An annual amount that is computed as for normal retirement but actuarially reduced for commencement prior to Normal Retirement Date, payable as an annuity commencing on the first day of any month coincident with or subsequent to attainment of age 55, prior to the participant's Normal Retirement Date.

Early Retirement Eligibility

The first of the month coincident with or next following attainment of age 55 and completion of 10 years of continuous employment.

Early Retirement Benefit

An annual amount that is computed as for normal retirement but reduced 4% per year that a participant's early retirement date occurs prior to a participant's attainment of age 62.

Early Retirement Supplemental Benefit

Same as for normal retirement payable until a participant's attainment of age 65, if a participant's elected form of payment is other than a single sum. The additional amount is equal to a participant's number of years of continuous employment (to a maximum of 35) times $24.

Disability Benefit

A participant who is on long-term disability is considered to have continuous employment until return to work, termination, death, or retirement. Compensation is assumed to continue at the rate in effect prior to a participant's disability. A month of Benefit Service will be granted for every month that includes an hour of disability.

Plan Name:	Viacom Pension Plan
EIN / PN:	04-2949533/205
Plan Sponsor:	Paramount Global
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Death Benefit

Available if death occurs after Vesting Date, Early Retirement Date or Normal Retirement Date. Upon death, payment to a participant's beneficiary in an annual amount computed as for normal retirement but reduced to reflect early commencement, as follows:

Years prior to NRD	Reduction Basis
Before age 55	Actuarial Equivalent
55-62	4% per year
62 and after	none

The reduced benefit is then converted to a lump sum using the plan's Actuarial Equivalence and the participant's age as of the date of death. The lump sum value is then converted to a life annuity using the plan's Actuarial Equivalence and spouse's age as of the participant's date of death. The 10 year and 15 year certain and life options are available to the spouse.

Optional Forms of Payment

The available optional forms of payment are:

- 10-year certain and life
- 15-year certain and life
- Joint & 100% survivor annuity
- Joint & 75% survivor annuity
- Joint & 50% survivor annuity
- Single life annuity
- Single sum

Note: If single sum is elected, the participant receives the Actuarial Equivalence value of the age 65 accrued benefit.

Actuarial Equivalence

Annuity Payments: 6% interest and 1971 TPF&C Forecast Mortality Table, setback 3 years.

Single Sum: The applicable interest rate for determining lump sum benefits and the required mortality table as specified under §417(e)(3) of the Internal Revenue Code.

IRC Section 415: 5% interest and IRS 1994 GAR mortality table, blended 50/50 for males and females, projected to 2002.

SCHEDULE SB ATTACHMENTS

Cash Balance Component

Plan Year

The twelve-month period ending each December 31.

Participation Eligibility for Opening Balance:

Active full-time staff who actively participated in the CBS Component of the CBS Combined Pension Plan (CCPP) on or before December 31, 2005. This benefit is payable in addition to benefits earned after date of participation under the final average pay formula.

Base Pay Credit

Cash balance accruals ceased as of December 31, 2005.

Interest Rate

The monthly interest rate such that the effective annual interest rate is the average yield for 30-Year Treasury bonds for November of the previous year.

Interest Credit Limits

- Minimum: 5%
- Maximum: 10% will trigger a review and approval by Paramount Global

Cash Balance Survivor Benefit

Total Account Balance is payable upon death of vested employee:

- If the participant died during active employment
- If the participant died after termination of employment and before annuity start date

Surviving spouse (if beneficiary) may leave account in plan, and receive additional interest credits, until employee would have been age 70.5.

Surviving spouse may elect single life annuity equal to cash balance account at annuity starting date divided by immediate conversion factor based on spouse's age at annuity starting date.

Non-spouse beneficiary must take the account balance.

SCHEDULE SB ATTACHMENTS

Normal Form of Payment

Married Participants: Joint & 50% survivor annuity
Unmarried Participants: Single life annuity (60 month guarantee)

Optional Forms of Payment

The available optional forms of payment are as follows:

- 10-year certain and life
- 15-year certain and life
- Joint & 100% survivor annuity
- Joint & 75% survivor annuity
- Joint & 50% survivor annuity
- Single life annuity
- Single sum
- Optional Forms of Payment

Plan Name	**VIACOM PENSION PLAN**
Plan Sponsor EIN	**04-2949533**
ERISA Plan #	**205**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	

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	(2,792,894)	15.00000	(2,792,894)	(260,411)
2. Shortfall	01/01/2024	23,084,296	14.00000	21,506,863	2,100,216
3. Shortfall	01/01/2023	32,517,176	13.00000	28,975,206	2,977,946
Total				47,689,175	4,817,751

Plan Name: Viacom Pension Plan
EIN / PN: 04-2949533/205
Plan Sponsor: Paramount Global
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The mortality table used for lump sum conversions was updated to the 2025 417(e) mortality table.
- The interest crediting rate was updated from 5.00% to 5.25%.

Plan Name:	Viacom Pension Plan
EIN / PN:	04-2949533/205
Plan Sponsor:	Paramount Global
Valuation Date:	January 1, 2025