

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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**2024****This Form is Open to Public  
Inspection****Part I Annual Report Identification Information**For calendar plan year 2024 or fiscal plan year beginning **01/01/2024**and ending **12/31/2024**

- A** This return/report is for:
- a multiemployer plan
  - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
  - a single-employer plan
  - a DFE (specify) \_\_\_\_\_
  - 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:
- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Form 5558                  | <input type="checkbox"/> automatic extension | <input type="checkbox"/> the DFVC program |
| <input type="checkbox"/> special extension (enter description) |  |   |
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ►

**Part II Basic Plan Information**—enter all requested information**1a** Name of plan**COX ENTERPRISES, INC. PENSION PLAN**

<b>1b</b>	Three-digit plan number (PN) ►	<b>001</b>
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<b>1c</b>	Effective date of plan
	<b>01/01/1968</b>

**2a** Plan sponsor's name (employer, if for a single-employer plan)

Mailing address (include room, apt., suite no. and street, or P.O. Box)

City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

**COX ENTERPRISES, INC.**

<b>2b</b>	Employer Identification Number (EIN)
	<b>58-1035149</b>

<b>2c</b>	Plan Sponsor's telephone number
	<b>866-999-0192</b>

<b>2d</b>	Business code (see instructions)
	<b>517000</b>

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

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/10/2025	ROBERT EGNOR
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN
		<b>3c</b> Administrator's telephone number
<b>4</b> 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:		<b>4b</b> EIN
<b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year		<b>5</b> 55490
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1), 6a(2), 6b, 6c, and 6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....		<b>6a(1)</b> 22501
<b>a(2)</b> Total number of active participants at the end of the plan year .....		<b>6a(2)</b> 20043
<b>b</b> Retired or separated participants receiving benefits.....		<b>6b</b> 13585
<b>c</b> Other retired or separated participants entitled to future benefits .....		<b>6c</b> 15765
<b>d</b> Subtotal. Add lines <b>6a(2), 6b, and 6c</b> .....		<b>6d</b> 49393
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....		<b>6e</b> 1749
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....		<b>6f</b> 51142
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....		<b>6g(1)</b>
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....		<b>6g(2)</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<b>6h</b> 41
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....		<b>7</b>

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

1A 1B 1E 3H

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

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

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

**a Pension Schedules**

- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

**SCHEDULE SB****(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

OMB No. 1210-0110

**2024****This Form is Open to Public  
Inspection**For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

► Round off amounts to nearest dollar.

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

**A** Name of plan**COX ENTERPRISES, INC. PENSION PLAN****B** Three-digit  
plan number (PN)**001****C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**COX ENTERPRISES, INC.****D** Employer Identification Number (EIN)**58-1035149****E** Type of plan:  Single  Multiple-A  Multiple-B      **F** Prior year plan size:  100 or fewer  101-500  More than 500**Part I Basic Information****1** Enter the valuation date: Month **01** Day **01** Year **2024****2** Assets:

<b>a</b> Market value .....	<b>2a</b>	<b>6735976745</b>
<b>b</b> Actuarial value.....	<b>2b</b>	<b>7265174108</b>

**3** Funding target/participant count breakdown

(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
13588	2552042366	2552042366
18397	1635309356	1635309356
22501	2662471346	2801048379
54486	6849823068	6988400101

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

<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
<b>b</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 .....	<b>4b</b>	

**5** Effective interest rate .....**5** **5.30 %****6** Target normal cost

<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	<b>209726407</b>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<b>46700000</b>
<b>c</b> Target normal cost.....	<b>6c</b>	<b>256426407</b>

**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

**09/25/2025**

Date

**DAVID FOURNIER**

Type or print name of actuary

**23-06712**

Most recent enrollment number

**WILLIS TOWERS WATSON US LLC**

Firm name

**404-224-5000**

Telephone number (including area code)

**FIVE CONCOURSE PARKWAY  
SUITE 1800  
ATLANTA, GA 30328**

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions **For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2024  
v. 240311**

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance		
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	798405759		
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	193377742		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	605028017		
<b>10</b>	Interest on line 9 using prior year's actual return of <u>7.49</u> %.....	0	45316598		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:				
a	Present value of excess contributions (line 38a from prior year) .....		0		
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40</u> % .....		0		
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0		
c	Total available at beginning of current plan year to add to prefunding balance .....		0		
d	Portion of (c) to be added to prefunding balance .....		0		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	650344615		
<b>Part III Funding Percentages</b>		14	94.65 %		
<b>14</b>	Funding target attainment percentage.....	14	94.65 %		
<b>15</b>	Adjusted funding target attainment percentage .....	15	103.96 %		
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	98.30 %		
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%		
<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b>	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
08/28/2025	100000000	0			
			Totals ►	18(b)	100000000
				18(c)	0
<b>19</b>	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	91792307		
<b>20</b>	Quarterly contributions and liquidity shortfalls:				
a	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:				
Liquidity shortfall as of end of quarter of this plan year					
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th		
0	0	0	0		

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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<b>b</b> Applicable month (enter code) .....	<b>21b</b>	4
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<b>22</b> Weighted average retirement age .....	<b>22</b>	62
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<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute
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**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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**26 Demographic and benefit information**

<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	
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**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
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<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
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<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0
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**Part VIII Minimum Required Contribution For Current Year****31 Target normal cost and excess assets (see instructions):**

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	256426407
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<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0
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<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	373570608	34449417
<b>b</b> Waiver amortization installment.....	0	0

<b>33</b> 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 .....	<b>33</b>	
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<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	290875824
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	275266819	275266819

<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	15609005
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<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	91792307
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<b>38</b> Present value of excess contributions for current year (see instructions)		
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<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	76183302
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<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	76183302
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<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
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<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0
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**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021	
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**SCHEDULE C  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Service Provider Information**

OMB No. 1210-0110

**2024****This Form is Open to Public  
Inspection.**For calendar plan year 2024 or fiscal plan year beginning **01/01/2024**and ending **12/31/2024****A** Name of plan**COX ENTERPRISES, INC. PENSION PLAN****B** Three-digit  
plan number (PN) ►**001****C** Plan sponsor's name as shown on line 2a of Form 5500**COX ENTERPRISES, INC.****D** Employer Identification Number (EIN)**58-1035149****Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**AEOLUS CAPITAL MANAGEMENT LTD.**

98-0702465

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

**AMERICAN SECURITIES PART VIII, L.P.**

37-1878729

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

**APOLLO ADVISORS IX, L.P.**

35-2582225

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

**APOLLO ADVISORS X, L.P.**

87-4488104

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

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ARCMONT ASSET MANAGEMENT

98-1499908

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

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BEACH POINT CAPITAL MANAGEMENT LP

80-0242162

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

---

BREVAN HOWARD CAPITAL MANAGEMENT LP

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

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

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CAXTON ASSOCIATES LP

22-3430173

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

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CENTRE LANE PARTNERS V, LP

80-0208972

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

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DODGE & COX

94-1441976

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

---

EIG PARTNERS

600 NEW HAMPSHIRE AVE NW  
SUITE 1200  
WASHINGTON, DC 20037

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

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ELLIOTT INVESTMENT MANAGEMENT L.P.

84-3339129

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

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EMG FUND II GP, LP

45-1997356

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

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EMG FUND II MANAGEMENT, LP

45-2024084

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

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EMG FUND III GP, LP

46-3835066

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

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EMG FUND III MANAGEMENT, LP

46-3835150

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

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ENTRUST GLOBAL PARTNERS LLC

13-4021839

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

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FAIRVIEW PM MANAGEMENT IV, LLC

47-4854891

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

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FULCRUM EQUITY PARTNERS

5555 GLENRIDGE CONNECTOR, SUITE 930  
ATLANTA, GA 30342

H.I.G. BAYSIDE ADVISORS II, LLC

26-2239089

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

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H.I.G. CAPITAL, LLC

65-0863927

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

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HUDSON BAY CAPITAL MANAGEMENT LP

37-1511773

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

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MAKENA CAPITAL MANAGEMENT, LLC

20-3873840

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

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MILLENNIUM INTERNATIONAL, LTD

98-0364014

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

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PINEBRIDGE INVESTMENTS

399 PARK AVENUE, 4TH FL  
NEW YORK, NY 10022

PROLOGIS, L.P.

94-3285362

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

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PSG EQUITY, L.L.C.

401 PARK DRIVE  
SUITE #204  
BOSTON, MA 02215

ROARK CAPITAL MANAGEMENT LLC

06-1735341

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

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RUSSELL INVST. IMPLEMENTATION SERV.

91-0604934

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

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SIGULER GUFF ADVISERS, LLC

13-3855629

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

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STARBOARD VALUE L LP

90-0658694

---

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

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STARBOARD VALUE LP

80-0684530

---

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

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TTV CAPITAL, LLC

58-2536455

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

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WATERFALL ASSET MANAGEMENT, LLC

20-2421778

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

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WATERFALL MANAGEMENT, LLC

20-2393745

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

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

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

WELLINGTON TRUST COMPANY, NA

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	NONE	744634	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4036260	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ARROWSTREET CAPITAL, LIMITED PARTNE

04-3472863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	4596184	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

T. ROWE PRICE ASSOCIATES, INC.

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	2199527	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ACADIAN ASSET MANAGEMENT, LLC

260 FRANKLIN STREET  
BOSTON, MA 02110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	1960493	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRUDENTIAL TRUST CO.

23-6994310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	1825940	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NISA INVESTMENT ADVISORS, LLC

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	1271264	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WELLS CAPITAL MANAGEMENT

95-3692822

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	1072899	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLSPRING GLOBAL INVESTMENTS HOLDIN

87-0896782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	1072899	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BAILLIE GIFFORD OVERSEAS LTD

22-3438530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 56 68 71	NONE	999276	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	725831	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MERCER INVESTMENTS LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	706000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JPMORGAN CHASE BANK, NATIONAL ASSOC

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24 27 28 50 51	NONE	703648	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INVESCO ADVISORS, INC

58-1707262

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	624685	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGALL BRYANT & HAMILL

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	401324	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLSPRING CAPITAL MANAGEMENT LLC

82-0786703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	143823	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ATLANTA CAPITAL MGMT LLC

54-1877943

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	124656	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

METLIFE INVESTMENT MANAGEMENT

82-2405817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	123374	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BNY MELLON

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 21 24 28 50 51 60 64	NONE	115031	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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)

SWEETWATER INVESTMENT MANAGEMENT LL

82-5440950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	102121	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BDT CAPITAL PARTNERS, LLC

80-0400706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 52	NONE	11859	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	68454	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BAY HILLS CAPITAL MANAGEMENT, LLC

600 MONTGOMERY STREET  
SUITE 3900  
SAN FRANCISCO, CA 94111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	75000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CITCO (CANADA) INC.

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	74569	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRUST COMPANY OF THE WEST

95-3703295

(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 14 51	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	13895	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ABEL NOSE LLC

13-3710240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	5248	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
WELLINGTON TRUST COMPANY, NA	51 52	4036260
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WTC-CIF II SMID CAP RESEARCH EQUITY      280 CONGRESS STREET BOSTON, MA 02210	INVESTMENT MAMAGEMETN FEES	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
SWEETWATER INVESTMENT MANAGEMENT LL	28	102121
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SWEETWATER PRIVATE EQUITY III L.P.  86-2997289	INVESTMENT MANAGEMENT FEES	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
BDT CAPITAL PARTNERS, LLC	27 52	68454
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BDT CAPITAL PARTNERS FD I, LP  80-0400706	MANAGEMENT FEES	

**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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
CITCO (CANADA) INC.	28	74569
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ENTRUST SPECIAL OPPORTUNITIES FUND      375 PARK AVENUE NEW YORK, NY 10152	MANAGEMENT FEES	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
TRUST COMPANY OF THE WEST	10 14 51	13895
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW DIRECT LENDING LLC      515 S. FLOWER STREET LOS ANGELES, CA 90071	MANAGEMENT FEES, FUND ACCOUNTING AND ADMIN FEES	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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

<b>Part III</b>	<b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b> (complete as many entries as needed)
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<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:
Explanation:	

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:
Explanation:	

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:
Explanation:	

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:
Explanation:	

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:
Explanation:	

**SCHEDULE D  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration**DFE/Participating Plan Information**

OMB No. 1210-0110

**2024****This Form is Open to Public Inspection.**For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>COX ENTERPRISES, INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>001</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>COX ENTERPRISES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>58-1035149</b>

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
(Complete as many entries as needed to report all interests in DFEs)**a** Name of MTIA, CCT, PSA, or 103-12 IE: **COX ENTERPRISES, INC. MASTER TRUST****b** Name of sponsor of entity listed in (a): **COX ENTERPRISES, INC.**

<b>c</b> EIN-PN <b>58-6043548-001</b>	<b>d</b> Entity code <b>M</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>7033243224</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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.)

**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

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>COX ENTERPRISES, INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ► <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>COX ENTERPRISES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>58-1035149</b>

**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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
(1) Employer contributions .....	<b>1b(1)</b>	<b>100000000</b>
(2) Participant contributions.....	<b>1b(2)</b>	
(3) Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
(2) U.S. Government securities .....	<b>1c(2)</b>	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred .....	<b>1c(3)(A)</b>	
(B) All other.....	<b>1c(3)(B)</b>	
(4) Corporate stocks (other than employer securities):		
(A) Preferred .....	<b>1c(4)(A)</b>	
(B) Common .....	<b>1c(4)(B)</b>	
(5) Partnership/joint venture interests .....	<b>1c(5)</b>	
(6) Real estate (other than employer real property) .....	<b>1c(6)</b>	
(7) Loans (other than to participants).....	<b>1c(7)</b>	
(8) Participant loans .....	<b>1c(8)</b>	
(9) Value of interest in common/collective trusts .....	<b>1c(9)</b>	
(10) Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
(11) Value of interest in master trust investment accounts .....	<b>1c(11)</b>	<b>7296009274</b>
(12) Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	<b>7033243224</b>
(13) Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
(14) Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
(15) Other.....	<b>1c(15)</b>	

	(a) Beginning of Year	(b) End of Year
<b>1d</b> Employer-related investments:		
(1) Employer securities.....	<b>1d(1)</b>	
(2) Employer real property.....	<b>1d(2)</b>	
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>	
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	<b>7396009274</b>
<b>Liabilities</b>		
<b>g</b> Benefit claims payable .....	<b>1g</b>	
<b>h</b> Operating payables .....	<b>1h</b>	
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	
<b>j</b> Other liabilities.....	<b>1j</b>	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	<b>0</b>
<b>Net Assets</b>		
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	<b>7396009274</b>
<b>133243224</b>		

## 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
<b>a Contributions:</b>		
(1) Received or receivable in cash from: (A) Employers .....	<b>2a(1)(A)</b>	<b>70840000</b>
(B) Participants .....	<b>2a(1)(B)</b>	
(C) Others (including rollovers).....	<b>2a(1)(C)</b>	
(2) Noncash contributions.....	<b>2a(2)</b>	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....	<b>2a(3)</b>	<b>70840000</b>
<b>b Earnings on investments:</b>		
(1) Interest:		
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	
(B) U.S. Government securities .....	<b>2b(1)(B)</b>	
(C) Corporate debt instruments .....	<b>2b(1)(C)</b>	
(D) Loans (other than to participants) .....	<b>2b(1)(D)</b>	
(E) Participant loans .....	<b>2b(1)(E)</b>	
(F) Other .....	<b>2b(1)(F)</b>	
(G) Total interest. Add lines <b>2b(1)(A)</b> through (F).....	<b>2b(1)(G)</b>	<b>0</b>
(2) Dividends: (A) Preferred stock.....	<b>2b(2)(A)</b>	
(B) Common stock .....	<b>2b(2)(B)</b>	
(C) Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	
(D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C)	<b>2b(2)(D)</b>	<b>0</b>
(3) Rents .....	<b>2b(3)</b>	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....	<b>2b(4)(A)</b>	
(B) Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	
(C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>	<b>0</b>
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....	<b>2b(5)(A)</b>	
(B) Other .....	<b>2b(5)(B)</b>	
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....	<b>2b(5)(C)</b>	<b>0</b>

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>	
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>	
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>	<b>79980398</b>
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>	
<b>c</b> Other income .....	<b>2c</b>	
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>	<b>150820398</b>

**Expenses**

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	<b>348785140</b>
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	
(3) Other.....	<b>2e(3)</b>	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>	<b>348785140</b>
f Corrective distributions (see instructions) .....	<b>2f</b>	
g Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>	
h Interest expense.....	<b>2h</b>	
i Administrative expenses:		
(1) Salaries and allowances .....	<b>2i(1)</b>	
(2) Contract administrator fees .....	<b>2i(2)</b>	<b>443879</b>
(3) Recordkeeping fees .....	<b>2i(3)</b>	
(4) IQPA audit fees .....	<b>2i(4)</b>	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	<b>17338419</b>
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	<b>2372515</b>
(7) Actuarial fees .....	<b>2i(7)</b>	
(8) Legal fees .....	<b>2i(8)</b>	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	
(11) Other expenses.....	<b>2i(11)</b>	<b>44646495</b>
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>	<b>64801308</b>
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>	<b>413586448</b>

**Net Income and Reconciliation**

k Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>	<b>-262766050</b>
l Transfers of assets:		
(1) To this plan.....	<b>2l(1)</b>	
(2) From this plan .....	<b>2l(2)</b>	

**Part III Accountant's Opinion**

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

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

(1)  Unmodified    (2)  Qualified    (3)  Disclaimer    (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8    (2)  DOL Regulation 2520.103-12(d)    (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA.    (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

- 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.) .....
- 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.)......
- 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.) .....
- 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.)......
- e** Was this plan covered by a fidelity bond? .....
- f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....
- 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? .....
- 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? .....
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....
- 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.).....
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....
- l** Has the plan failed to provide any benefit when due under the plan?.....
- m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....
- n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?.....  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

	Yes	No	Amount
<b>4a</b>		<input checked="" type="checkbox"/>	
<b>4b</b>		<input checked="" type="checkbox"/>	
<b>4c</b>		<input checked="" type="checkbox"/>	
<b>4d</b>		<input checked="" type="checkbox"/>	
<b>4e</b>	<input checked="" type="checkbox"/>		25000000
<b>4f</b>		<input checked="" type="checkbox"/>	
<b>4g</b>		<input checked="" type="checkbox"/>	
<b>4h</b>		<input checked="" type="checkbox"/>	
<b>4i</b>		<input checked="" type="checkbox"/>	
<b>4j</b>		<input checked="" type="checkbox"/>	
<b>4k</b>		<input checked="" type="checkbox"/>	
<b>4l</b>		<input checked="" type="checkbox"/>	
<b>4m</b>		<input checked="" type="checkbox"/>	
<b>4n</b>			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 556778.

**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

**2024**

**This Form is Open to Public Inspection.**

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

**A** Name of plan

**COX ENTERPRISES, INC. PENSION PLAN**

**B** Three-digit plan number (PN) ►

**001**

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

**COX ENTERPRISES, INC.**

**D** Employer Identification Number (EIN)

**58-1035149**

**Part I Distributions**

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

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

**1**

**0**

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

EIN(s): **13-5160382**

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

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

**3**

**4242**

**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.

<b>a</b>	Name of contributing employer				
<b>b</b>	EIN		<b>c</b> Dollar amount contributed by employer		
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____				
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> Other (specify): _____
<b>a</b>	Name of contributing employer				
<b>b</b>	EIN		<b>c</b> Dollar amount contributed by employer		
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____				
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> Other (specify): _____
<b>a</b>	Name of contributing employer				
<b>b</b>	EIN		<b>c</b> Dollar amount contributed by employer		
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____				
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> Other (specify): _____
<b>a</b>	Name of contributing employer				
<b>b</b>	EIN		<b>c</b> Dollar amount contributed by employer		
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____				
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> Other (specify): _____
<b>a</b>	Name of contributing employer				
<b>b</b>	EIN		<b>c</b> Dollar amount contributed by employer		
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____				
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> Other (specify): _____

<b>14</b>	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:		
<b>a</b>	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b>	The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b>	The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	
<b>15</b>	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:		
<b>a</b>	The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b>	The corresponding number for the second preceding plan year .....	<b>15b</b>	
<b>16</b>	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
<b>a</b>	Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	
<b>17</b>	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 .....	<input type="checkbox"/>	

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

<b>18</b>	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 .....	<input type="checkbox"/>
<b>19</b>	If the total number of participants is 1,000 or more, complete lines (a) and (b):	
<b>a</b>	Enter the percentage of plan assets held as: Public Equity: <u>23.0</u> % Private Equity: <u>19.0</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>31.0</u> % High-Yield Debt: <u>2.0</u> % Real Assets: <u>6.0</u> % Cash or Cash Equivalents: <u>0.0</u> % Other: <u>19.0</u> %	
<b>b</b>	Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: <input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input checked="" type="checkbox"/> 15 years or more	
<b>20</b>	<b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
<b>a</b>	Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</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:	
	<input type="checkbox"/> Yes.	
	<input type="checkbox"/> 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.	
	<input type="checkbox"/> 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.	
	<input type="checkbox"/> No. Other. Provide explanation. _____	

#### Part VII IRS Compliance Questions

<b>21a</b>	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21b</b>	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).	
	<input type="checkbox"/> Design-based safe harbor method	
	<input type="checkbox"/> "Prior year" ADP test	
	<input type="checkbox"/> "Current year" ADP test	
	<input checked="" type="checkbox"/> N/A	
<b>22</b>	If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

# **Cox Enterprises, Inc. Pension Plan**

## **Financial Statements**

**As of and for the Years Ended December 31, 2024  
and 2023**

## **Cox Enterprises, Inc. Pension Plan**

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### **Financial Statements**

As of and for the Years Ended December 31, 2024 and 2023

# Cox Enterprises, Inc. Pension Plan

## Contents

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

## Independent Auditor's Report

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

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

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

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

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

### ***Opinion***

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

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



### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

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

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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



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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

*BDO USA, P.C.*

October 1, 2025

## **Financial Statements**

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## Cox Enterprises, Inc. Pension Plan

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

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<i>December 31,</i>	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Plan interest in the Cox Enterprises, Inc. Master Trust	\$ 6,399,369	\$ 6,639,577
Employer contributions receivable	100,000	100,000
Restricted assets held in the Cox Enterprises, Inc. Master Trust for the 401(h) account	633,874	656,432
<b>Total Assets</b>	<b>7,133,243</b>	<b>7,396,009</b>
<b>Liabilities</b>		
Amounts related to obligation of 401(h) account	633,874	656,432
<b>Net Assets Available for Benefits</b>	<b>\$ 6,499,369</b>	<b>\$ 6,739,577</b>

*See accompanying notes to financial statements.*

## Cox Enterprises, Inc. Pension Plan

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

---

<i>Year ended December 31,</i>	<b>2024</b>	<b>2023</b>
<b>Additions</b>		
Plan's interest in net investment income of Cox Enterprises, Inc. Master Trust	\$ 71,498	\$ 488,312
Employer contributions	100,000	100,000
<b>Total Additions</b>	<b>171,498</b>	<b>588,312</b>
<b>Deductions</b>		
Benefits paid	348,785	213,008
Administrative expenses	62,921	66,738
<b>Total Deductions</b>	<b>411,706</b>	<b>279,746</b>
<b>Net (Decrease) Increase</b>	<b>(240,208)</b>	<b>308,566</b>
<b>Net Assets Available for Benefits, beginning of year</b>	<b>6,739,577</b>	<b>6,431,011</b>
<b>Net Assets Available for Benefits, end of year</b>	<b>\$ 6,499,369</b>	<b>\$ 6,739,577</b>

*See accompanying notes to financial statements.*

# Cox Enterprises, Inc. Pension Plan

## Notes to Financial Statements

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### 1. Plan Description

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

#### *General*

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

#### *Administration*

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

#### *Master Trust*

The CEI Master Trust (the Master Trust) serves as the funding vehicle for the Plan. The Plan is one of two Company-sponsored employee benefit plans for which the Master Trust holds all investment assets. The respective portion of the Master Trust's net assets and investment income or loss attributable to each plan is based on each plan's respective ownership participation in the Master Trust each year. The ownership participation of each plan is determined by the number of units that each plan purchases with contributions, less units sold for benefit payments and certain plan-specific expenses. Investment income (loss) and administrative expenses related to the Master Trust are allocated to the individual plans based upon their monthly ending net assets available for benefits as a percentage of the entire Master Trust's ending net assets. The Plan's investments represent an undivided interest in the net assets of the Master Trust of 91% for the years ended December 31, 2024 and 2023.

#### *401(h) Account*

The Plan includes a medical benefit component in addition to the normal retirement benefits. To fund a portion of the postretirement obligation under the Cox Enterprises, Inc. Retiree Healthcare Plan for retirees and their beneficiaries, in accordance with Section 401(h) of the Internal Revenue Code (IRC), a separate account has been established and maintained in the Master Trust for the net assets related to the medical benefit component (401(h) account). The 401(h) account may not be used for, or diverted to, any purpose other than providing health and welfare benefits for retirees and their beneficiaries. The related obligations for health and welfare benefits are not included in the Plan's obligations in the accumulated plan benefits but are reflected as obligations in the financial statements (modified cash basis) of the Cox Enterprises, Inc. Retiree Healthcare Plan. The allowed employer contributions to the 401(h) account are determined annually by the Plan's actuaries, subject to subordination and deductibility limits, and are made at the discretion of the Management Committee. No minimum contribution is required. The Plan participants do not contribute to the 401(h) account.

# Cox Enterprises, Inc. Pension Plan

## Notes to Financial Statements

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### ***Funding Policy***

The Plan's funding policy is for the Company to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. The Company's contributions for 2024 and 2023 exceeded the minimum funding requirements of ERISA. Additionally, the Company makes annual contributions to the 401(h) account based on the maximum deductibility under the IRC. Employer contributions receivable in the statements of net assets available for benefits represent contributions approved as of the valuation date but not paid during the year then ended.

### ***Pension Benefits***

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

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

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

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

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

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

# Cox Enterprises, Inc. Pension Plan

## Notes to Financial Statements

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### ***Death and Disability Benefits***

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

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

## **2. Summary of Accounting Policies**

### ***Basis of Accounting***

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

### ***Use of Estimates***

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

### ***Risks and Uncertainties***

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

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

### ***Investment Valuation and Income Recognition***

The Plan's interest in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. Fair value of a financial instrument is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs. Certain investments are measured at fair value using net asset value (NAV) per share (or its equivalent).

# Cox Enterprises, Inc. Pension Plan

## Notes to Financial Statements

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The Plan's interest in net investment income in the Master Trust includes both investment income (loss) and appreciation (depreciation) in fair value of investments allocated from the Master Trust. The allocated Plan's interest in investment income of Master Trust consists of interest, dividends, and realized gains (losses), as well as the unrealized appreciation (depreciation) on investments held, less investment expenses.

### ***Administrative Expenses***

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

### ***Payment of Benefits***

Benefits are recorded when paid.

### **3. Certified Investment Information**

Certain information disclosed in the accompanying financial statements related to investments held at December 31, 2024 and 2023, and investment income and the Plan's interest in net investment income of Cox Enterprises, Inc. Master Trust for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A., a qualified institution.

### **4. Fair Value Measurements**

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

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

# Cox Enterprises, Inc. Pension Plan

## Notes to Financial Statements

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

### December 31, 2024

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

### December 31, 2023

	Level 1	Level 2	NAV as a Practical Expedient	Total
Cash and cash equivalents	\$ -	\$ 365,012	\$ -	\$ 365,012
Equity securities	659,018	13,327	614,511	1,286,856
Fixed income	1,302,625	576,519	-	1,879,144
Opportunistic credit funds	-	-	898,456	898,456
Hedge funds	-	-	1,152,758	1,152,758
Private equity	-	-	1,184,238	1,184,238
Real assets	-	-	525,184	525,184
Collateral held under securities lending agreement	115,621	64,367	-	179,988
Liabilities to return collateral held under securities lending agreement	(115,621)	(64,367)	-	(179,988)
<b>Total Investments</b>	<b>\$ 1,961,643</b>	<b>\$ 954,858</b>	<b>\$ 4,375,147</b>	<b>7,291,648</b>
Other				4,361
<b>Total Master Trust Net Assets</b>				<b>\$ 7,296,009</b>

# Cox Enterprises, Inc. Pension Plan

## Notes to Financial Statements

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### ***Investment Strategies and Benefit Plan Asset Fair Values***

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

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

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

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

Shares of stock are actively traded on exchanges and price quotes are readily available. Stock is primarily categorized as Level 1. Commingled funds with primarily stocks as the underlying investment are valued at NAV. Redemption frequency and periods are primarily daily but can range to monthly. Equity-based derivatives are valued by the custodian using market-derived inputs and are categorized as Level 2 investments.

- ***Fixed Income*** - This asset consists of a mix of government bonds and corporate or generally investment-grade credit bonds, reverse repurchase agreements, and certain treasury-based derivatives held by managers with fixed-income mandates.

U.S. Treasury and related securities, including futures, are traded on exchanges, and price quotes are available. They are categorized as Level 1 investments. Long duration corporate bonds and other fixed-income securities consist of mainly investment-grade fixed-income securities, reverse repurchase agreements, and certain treasury-based derivatives are valued using a bid evaluation process with bid data provided by independent pricing sources. They are categorized as Level 2 investments.

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

Exposure to these strategies come from commingled or drawdown vehicles and are reported at NAV. Valuation is determined by the reported NAV from the investment manager. Redemption frequency and notice period vary based on liquidation restrictions set forth by the funds. The most liquid funds allow monthly redemptions, whereas the least liquid funds provide liquidity at the discretion of the general partner subject to the governing document. At December 31, 2024 and 2023, unfunded commitments to opportunistic credit funds totaled \$101 million and \$96 million, respectively.

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

# Cox Enterprises, Inc. Pension Plan

## Notes to Financial Statements

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Primarily due to the nature of these assets and the structures in which they are held, pricing inputs are not readily observable. Investments are valued using reported NAV from the investment managers. These investments are redeemable at NAV but are subject to certain liquidation restrictions and notice periods. There were no unfunded commitments at December 31, 2024. Unfunded commitments to hedge funds totaled \$31 million as of December 31, 2023.

- *Private Equity* - This category consists of investments with interests in limited partnerships that invest primarily in privately held companies.
- *Real Assets* - This category consists of private market investments (debt and equity) in real properties. Exposure is gained indirectly through pooled funds or partnerships.

Private equity and real assets investments are measured at NAV. Due to the private nature of the partnership investments, pricing inputs are not readily observable. Asset valuations are developed by the managers that manage the partnerships and are based on inputs such as cost, operating results, discounted future cash flows, and market-based comparable data, which result in an estimated fair value. Redemptions are determined at the discretion of the general partner subject to the governing document. At December 31, 2024 and 2023, unfunded commitments to private equity partnerships totaled \$307 million and \$336 million, respectively, and unfunded commitments to real assets investments totaled \$52 million and \$82 million, respectively.

### *Collateral Held Under Securities Lending Agreement*

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

- (a) Cash or letters of credit, exchange-traded funds, U.S. and non-U.S. equities, which are categorized as Level 1.
- (b) Securities issued or guaranteed by the U.S. government, its agencies, and instrumentalities, categorized as Level 2.

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

## 5. Actuarial Present Value of Accumulated Plan Benefits

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

# Cox Enterprises, Inc. Pension Plan

## Notes to Financial Statements

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

The actuarial present value of accumulated plan benefits is summarized as follows (in thousands):

*December 31, 2023*

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**Vested Benefits**

Participants and/or beneficiaries currently receiving benefits	\$ 2,141,444
Participants with deferred benefits	1,187,814
Active employees	1,878,009
<b>Total Vested Benefits</b>	<b>5,207,267</b>
<b>Non-Vested Benefits</b>	<b>109,264</b>
<b>Total Actuarial Present Value of Accumulated Plan Benefits</b>	<b>\$ 5,316,531</b>

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

<b>Actuarial Present Value of Accumulated Plan Benefits, December 31, 2022</b>	<b>\$ 4,908,729</b>
Increase (decrease) during the year attributable to:	
Additional benefits accumulated	164,205
Actuarial losses	96,539
Decrease in the discount period	360,066
Benefits paid	(213,008)
<b>Net Increase</b>	<b>407,802</b>
<b>Actuarial Present Value of Accumulated Plan Benefits, December 31, 2023</b>	<b>\$ 5,316,531</b>

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***Actuarial Assumptions***

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

*December 31, 2023*

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

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The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties

# Cox Enterprises, Inc. Pension Plan

## Notes to Financial Statements

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inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

### 6. Securities Lending

The Master Trust participates in a securities lending program through the Trustee. Under this program, the Master Trust's investment securities are loaned to registered broker-dealers for a fee. Securities so loaned are fully collateralized by cash or letters of credit (which are categorized as Level 1 in the fair value hierarchy) or securities issued or guaranteed by the U.S. government, its agencies, and instrumentalities (categorized as Level 2). Collateral held by the Master Trust under the Trustee's securities lending program was \$205 million and \$180 million as of December 31, 2024 and 2023, respectively. The market value of the collateral held by the Master Trust as a percentage of the total market value of the securities on loan by the Master Trust was 103% as of December 31, 2024 and 2023. Income from the program was \$784,000 and \$868,000 for the years ended December 31, 2024 and 2023, respectively. The borrowers of the securities are contractually obligated to return the securities or securities of the same issuer, issue, and class (or the equivalent thereof in the event of reorganization, recapitalization, or merger of the issuer of the securities) to the Master Trust on demand. Liabilities to return collateral held under this program are also categorized in the fair value hierarchy based on the categorization of the collateral held.

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

<i>December 31,</i>	<i>2024</i>	<i>2023</i>
Equity securities	\$ 48,599	\$ 53,731
Fixed income	151,381	121,122
<b>Total Market Value of Securities on Loan</b>	<b>\$ 199,980</b>	<b>\$ 174,853</b>

### 7. Interest in Master Trust

The Master Trust serves as the funding vehicle for the Plan and holds all of its investment assets. In addition, the Master Trust holds all of the investment assets of the CEI Retiree Healthcare Plan in a separate 401(h) account. Each participating retirement plan has an undivided interest in the Master Trust. The respective portion of the Master Trust's net assets and investment income or loss attributable to each plan is based on each plan's respective ownership participation in the Master Trust each year. The Plan's investments represented an undivided interest in the net assets of the Master Trust of 91% for the years ended December 31, 2024 and 2023. The difference between the Master Trust and the Plan's proportionate share of the Master Trust is directly attributable to the 401(h) account.

# Cox Enterprises, Inc. Pension Plan

## Notes to Financial Statements

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

*December 31,*

	2024		2023	
	Master Trust	Plan's Proportionate Share	Plan's Proportionate Share	
			Master Trust	Plan's Proportionate Share
Cash and cash equivalents	\$ 199,374	\$ 181,405	\$ 365,012	\$ 332,172
Equity securities	873,849	795,094	672,345	611,853
Fixed income	1,381,182	1,256,703	1,879,144	1,709,986
Collateral held under securities lending agreement	205,305	186,802	179,988	163,794
Liabilities to return collateral held under securities lending agreement	(205,305)	(186,802)	(179,988)	(163,794)
<b>Total Investments, at fair value</b>	<b>2,454,405</b>	<b>2,233,202</b>	<b>2,916,501</b>	<b>2,654,011</b>
Equity securities	764,562	695,656	614,511	559,223
Opportunistic credit funds	823,711	749,473	898,456	817,620
Hedge funds	1,264,248	1,150,306	1,152,758	1,049,042
Private equity	1,231,501	1,120,512	1,184,238	1,077,691
Real assets	485,834	442,047	525,184	478,021
<b>Investments, measured at NAV</b>	<b>4,569,856</b>	<b>4,157,994</b>	<b>4,375,147</b>	<b>3,981,597</b>
<b>Total Investments</b>	<b>7,024,261</b>	<b>6,391,196</b>	<b>7,291,648</b>	<b>6,635,608</b>
<b>Unsettled Trades</b>				
Due from broker for securities sold	2,334	2,125	(2,035)	(1,852)
Due to broker for securities purchased	(7,228)	(6,577)	(10,978)	(9,990)
Accrued interest and dividends	17,974	16,354	19,194	17,467
Accrued expenses	(4,098)	(3,729)	(1,820)	(1,656)
Receivables relating to forward exchange rate contracts	187	170	-	-
Payables relating to forward exchange rate contracts	(187)	(170)	-	-
<b>Total Unsettled Trades</b>	<b>8,982</b>	<b>8,173</b>	<b>4,361</b>	<b>3,969</b>
<b>Total Master Trust Net Assets</b>	<b>\$ 7,033,243</b>		<b>\$ 7,296,009</b>	
<b>Plan's Interest in Net Assets of Master Trust</b>		<b>\$ 6,399,369</b>		<b>\$ 6,639,577</b>

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

<i>Year ended December 31,</i>	2024	2023
Net (depreciation) appreciation in fair value of investments	\$ (56,086)	\$ 370,927
Interest and dividends	\$ 136,066	\$ 165,549
<b>Net Investment Income of Master Trust</b>	<b>\$ 79,980</b>	<b>\$ 536,476</b>
<b>Plan's Interest in Net Investment Income of Master Trust</b>	<b>\$ 71,498</b>	<b>\$ 488,312</b>

# Cox Enterprises, Inc. Pension Plan

## Notes to Financial Statements

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### 8. Related Party and Party-in-Interest Transactions

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

### 9. Tax Status

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

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

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

### 10. Plan Termination

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

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

- a) Benefits attributable to employee contributions, taking into account those paid out before termination.
- b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- e) All nonvested benefits.

# Cox Enterprises, Inc. Pension Plan

## Notes to Financial Statements

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

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

### 11. Reconciliation of Financial Statements to Form 5500

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

<i>December 31,</i>	<b>2024</b>	<b>2023</b>
<b>Net Assets Available for Benefits</b> , per the financial statements	\$ 6,499,369	\$ 6,739,577
Net assets held in 401(h) account included as assets in Form 5500	633,874	656,432
<b>Net Assets Available for Benefits</b> , per Form 5500	\$ 7,133,243	\$ 7,396,009

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

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

#### *Year ended December 31, 2024*

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

#### *Year ended December 31, 2023*

	Amounts per the Financial Statements	401(h) Account Activity	Amounts per Form 5500
Investment income - Plan's interest in the Master Trust	\$ 488,312	\$ 48,164	\$ 536,476
Employer contributions (reimbursements)	100,000	(24,990)	75,010
Administrative expenses	(66,738)	(2,558)	(69,296)

# Cox Enterprises, Inc. Pension Plan

## Notes to Financial Statements

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### 12. Subsequent Events

The Plan has evaluated subsequent events through October 1, 2025, the date the financial statements were issued.

In May 2025, Charter Communications, Inc. (Charter) and Charter Holdings, LLC (Charter Holdings) entered into a transaction agreement with CEI. Pursuant to the transaction agreement, at the closing of the transactions, (i) CEI will sell and transfer to Charter 100% of the equity interests of certain subsidiaries of Cox Communications, Inc. (CCI), a wholly-owned subsidiary of CEI, that conduct CCI's commercial fiber and managed IT and cloud services businesses, (ii) CEI will contribute the equity interests of CCI and certain other assets (other than certain excluded assets) primarily relating to CCI's residential cable business to Charter Holdings, and (iii) CEI will contribute \$1.00 to Charter. Under the transaction agreement, Charter and CEI may designate one or more wholly-owned subsidiaries to take actions with respect to Charter and CEI, respectively. The Company is continuing to evaluate how the agreement will impact the Plan.

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service <sup>1</sup>											Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
-	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	27	234	0	0	0	0	0	0	0	0	261
-	14,293	77,594	-	-	-	-	-	-	-	-	-	71,046
30-34	0	82	946	270	0	0	0	0	0	0	0	1,298
-	3,177	91,817	92,431	-	-	-	-	-	-	-	-	86,345
35-39	1	74	1,256	766	431	0	0	0	0	0	0	2,528
-	4,607	110,377	113,111	99,831	-	-	-	-	-	-	-	106,271
40-44	4	75	1,276	871	966	476	0	0	0	0	0	3,668
-	7,521	123,198	132,535	116,907	111,648	-	-	-	-	-	-	119,800
45-49	4	68	1,010	837	942	964	269	0	0	0	0	4,094
-	16,138	126,160	139,338	127,084	123,956	130,829	-	-	-	-	-	126,942
50-54	3	67	831	732	833	961	502	93	4	0	0	4,026
-	21,321	122,411	145,334	125,362	122,189	127,930	125,055	-	-	-	-	126,126
55-59	5	60	616	487	564	688	380	151	86	0	0	3,037
-	15,465	122,911	143,394	124,842	117,419	119,219	125,203	107,486	-	-	-	122,255
60-64	6	47	453	350	389	396	228	87	96	17	2,069	
-	9,506	99,042	116,082	107,950	95,941	96,503	90,670	99,235	-	-	-	100,146
65-69	6	57	202	112	114	94	46	12	11	9	663	
-	11,084	83,171	97,732	86,110	82,644	91,529	-	-	-	-	-	80,404
70 & over	73	194	333	124	85	33	7	6	2	0	0	857
	9,899	15,052	31,967	32,192	34,862	47,042	-	-	-	-	-	27,881
Total	102	751	7,157	4,549	4,324	3,612	1,432	349	199	26	22,501	
	15,891	11,989	108,708	126,500	116,855	115,769	119,708	113,515	104,800	94,251	112,078	

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Cox Enterprises, Inc. Pension Plan  
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 Plan Sponsor: Cox Enterprises, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month September 2023
- Yield curve basis Segment rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.30%	4.49%

#### Annual rates of increase

##### • Compensation:

— Representative rates for Cox Communication participants	Age	Rate
	25	9.60%
	40	5.00%
	55	3.30%
— Representative rates for all other participants	Age	Rate
	25	10.60%
	40	6.00%
	55	3.70%

- Weighted Average 5.20%
- Assumed Target Bonus 130%
- Future Social Security wage bases 3.50%

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## SCHEDULE SB ATTACHMENTS

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- Statutory limits on compensation and benefits 2.50%

**Plan-related expenses** \$46,700,000

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

### Demographic Assumptions

<b>Inclusion date</b>	The valuation date coincident with or next following the date on which the employee becomes a participant
<b>New or rehired employees</b>	No new or rehired employees are assumed.
<b>Mortality Healthy and Disabled</b>	Separate rates for non-annuitants and annuitants based on Prior 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).

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## SCHEDULE SB ATTACHMENTS

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### Termination

Rates varying by age and service

Representative rates for Cox Communications participants:

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

Representative rates for all other participants:

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

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Plan Sponsor: Cox Enterprises, Inc.  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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<b>Disability</b>	None		
<b>Retirement</b>	Rates varying by age, average age 62		
Representative rates for employees who attained age 55 with 10 years of service by 12/31/2010:			
Cox Communications participants	All other participants		
Percentage retiring during the year	Percentage retiring during the year		
Attained Age	Rate	Attained Age	Rate
55-59	7.0%	55-59	7.0%
60	10.0%	60	11.0%
61	11.0%	61	13.0%
62-63	20.0%	62	25.0%
64	15.0%	63-64	15.0%
65-66	35.0%	65	30.0%
67-68	15.0%	66	25.0%
69	25.0%	67-69	15.0%
70	100.0%	70	100.0%

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

Cox Communications participants:

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

Plan Name: Cox Enterprises, Inc. Pension Plan  
EIN / PN: 58-1035149/001  
Plan Sponsor: Cox Enterprises, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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All other participants:

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

**Benefit commencement date:**

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

**Form of payment**

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

**Percent married**

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

**Spouse age**

Wife two years younger than husband.

**Covered pay**

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

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<b>Timing of benefit payments</b>	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.
<b>Methods</b>	
<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits
<b>Target normal cost</b>	Present value of benefits expected to accrue during plan year plus plan-related administrative expenses expected to be paid from plan assets during plan year
<b>Decrement timing</b>	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.
<b>Actuarial value of assets</b>	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-24). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)  The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

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<b>Benefits not valued</b>	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Cox Enterprises, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.  The plan provides an option to pay benefits with a present value up to \$20,000 as a single lump sum payment. Due to materiality of this threshold, these lump sums are not explicitly valued as such, but valued using the benefit choice assumptions described above.
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## Sources of Data and Other Information

Cox Enterprises, Inc. and other persons or organizations designated by Cox Enterprises, Inc. furnished participant data as of January 1, 2024. While the data was reviewed and reconciled with the prior year, a full audit of the data was not completed. Data was checked for internal consistency and for consistency with last year's data. Asset data was provided by Cox Enterprises, Inc.

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

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

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

## Assumptions Rationale - Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Plan-related expenses</b>	Plan-related expenses are estimated by determining the average non-investment-related administrative expenses paid from the trust over the preceding 3 years and the expected PBGC premiums in the upcoming year.

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# SCHEDULE SB ATTACHMENTS

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## Rates of increase in:

- Compensation Assumed base compensation increases are based on an experience study performed in 2020 that reviewed the compensation increases received by the participant population over the period 2015-2019. Future bonuses are based on the plan sponsor's long term estimate of future payments.
- National average wages (NAW) (e.g., Social Security wage bases) The assumed NAW is based on assumed CPI plus assumed increases in real wages (the portion of GDP increases that becomes part of wages). Such assumed future increases in real wages are based on historical averages and forecasts by economists.

## Assumptions Rationale - Significant Demographic Assumptions

**Healthy and Disabled Mortality** Assumptions used for funding purposes are as prescribed by IRC §430(h).

**Termination, Retirement, Form of Payment and Percent Married** Based on the results of an experience study performed in 2020 of actual data gathered on the participant population over the period 2015-2019.

## Prescribed Methods

**Funding methods** The methods used for funding purposes, 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.

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# SCHEDULE SB ATTACHMENTS

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## Changes in Assumptions and Methods

<b>Change in assumptions since prior valuation</b>	<ul style="list-style-type: none"><li>• The segment interest rates used to calculate the funding target and target normal cost was updated to the current valuation date as required by IRC §430.</li><li>• The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430, and the base mortality table was updated to Pri-2012, as required.</li><li>• The assumed plan-related expenses added to the target normal cost were changed from \$44,300,000 in 2023 to \$46,700,000 in 2024 to account for higher expected expenses to be paid from the trust.</li></ul>
<b>Change in methods since prior valuation</b>	None.

Plan Name: Cox Enterprises, Inc. Pension Plan  
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# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB – Statement by Enrolled Actuary**

<b>Plan Sponsor</b>	Cox Enterprises, Inc.
<b>EIN/PN</b>	58-1035149/001
<b>Plan Name</b>	Cox Enterprises, Inc. Pension Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	David Fournier
<b>Enrollment Number</b>	23-06712

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

**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**

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

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.

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

► Round off amounts to nearest dollar.

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

**A Name of plan**

COX ENTERPRISES, INC. PENSION PLAN

**B Three-digit  
plan number (PN)**

► 001

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

Cox Enterprises, Inc.

**D Employer Identification Number (EIN)**

58-1035149

**E Type of plan:**  Single  Multiple-A  Multiple-B

**F Prior year plan size:**  100 or fewer  101-500  More than 500

**Part I Basic Information**

**1 Enter the valuation date:** Month 01 Day 01 Year 2024

**2 Assets:**

a Market value.....	2a	6,735,976,745
b Actuarial value.....	2b	7,265,174,108

**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.....	13,588	2,552,042,366	2,552,042,366
b For terminated vested participants .....	18,397	1,635,309,356	1,635,309,356
c For active participants.....	22,501	2,662,471,346	2,801,048,379
d Total.....	54,486	6,849,823,068	6,988,400,101

**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 5.30 %

**6 Target normal cost**

a Present value of current plan year accruals .....	6a	209,726,407
b Expected plan-related expenses .....	6b	46,700,000
c Target normal cost .....	6c	256,426,407

**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**

David Fournier

Signature of actuary

David Fournier

Type or print name of actuary

Willis Towers Watson US LLC

Firm name

Five Concourse Parkway  
Suite 1800

Atlanta GA 30328

Address of the firm

9/25/2025

Date

2306712

Most recent enrollment number

404-224-5000

Telephone number (including area code)

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

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

## **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	798,405,759
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	193,377,742
9 Amount remaining (line 7 minus line 8) .....	0	605,028,017
10 Interest on line 9 using prior year's actual return of 7.49% .....	0	45,316,598
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year) .....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.40% .....		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance .....		0
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	650,344,615

### **Part III**      **Funding Percentages**

<b>14</b>	Funding target attainment percentage.....	<b>14</b>	94.65 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	103.96 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	98.30 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

## **Part IV Contributions and Liquidity Shortfalls**

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	Totals ▶	18(b)	100,000,000	18(c)	0
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a			0	
	b Contributions made to avoid restrictions adjusted to valuation date.	19b			0	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c			91,792,307	
20	Quarterly contributions	18(d)				

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..  Yes  No
- c** If line 20a is "Yes," see instructions and complete the following table.

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
a Segment rates:	1st segment: 4 . 75 %	2nd segment: 4 . 87 %	3rd segment: 5 . 59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			<b>21b</b>	4
<b>22</b> Weighted average retirement age .....			<b>22</b>	62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	
<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment....			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>	
<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b>	0
<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....			<b>31a</b>	256,426,407
b Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b>	0
<b>32</b> Amortization installments:			Outstanding Balance	Installment
a Net shortfall amortization installment .....			373,570,608	34,449,417
b Waiver amortization installment .....			0	0
<b>33</b> 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 .....			<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			<b>34</b>	290,875,824
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	275,266,819	275,266,819	
<b>36</b> Additional cash requirement (line 34 minus line 35).....			<b>36</b>	15,609,005
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b>	91,792,307
<b>38</b> Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			<b>38a</b>	76,183,302
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			<b>38b</b>	76,183,302
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b>	0
<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

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

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

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

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

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

Plan Name: Cox Enterprises, Inc. Pension Plan  
EIN / PN: 58-1035149/001  
Plan Sponsor: Cox Enterprises, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

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

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

Plan Name: Cox Enterprises, Inc. Pension Plan  
 EIN / PN: 58-1035149/001  
 Plan Sponsor: Cox Enterprises, Inc.  
 Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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<b>Weighted Average</b>	<b>Count</b>	<b>Ret Age</b>
Cox Communication Employees with At Least 20 YOS or GF	8,732	62
All Other Participants with At Least 20 YOS or GF	7,664	61
Cox Communication Employees with Up to 20 YOS and Non GF	1,876	63
All Other Participants with Up to 20 YOS and Non GF	4,229	63
<b>Totals:</b>	<b>22,501</b>	<b>62</b>

Plan Name: Cox Enterprises, Inc. Pension Plan  
EIN / PN: 58-1035149/001  
Plan Sponsor: Cox Enterprises, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	8,561,452	8,373,542	214,170,518	231,105,512
2025	24,478,023	20,213,112	211,339,068	256,030,203
2026	39,614,274	27,308,863	208,246,190	275,169,327
2027	55,215,672	34,889,672	204,881,582	294,986,926
2028	70,927,064	43,751,107	201,255,222	315,933,393
2029	86,593,221	53,292,332	197,369,348	337,254,901
2030	102,003,560	62,983,485	193,206,481	358,193,526
2031	116,941,950	71,761,300	188,748,737	377,451,988
2032	131,132,321	80,229,686	183,975,909	395,337,916
2033	144,532,280	89,137,986	178,835,758	412,506,025
2034	157,215,195	99,068,352	173,431,412	429,714,959
2035	169,582,834	109,974,711	167,806,720	447,364,265
2036	182,029,677	120,056,191	161,873,852	463,959,720
2037	194,329,715	128,802,856	155,639,486	478,772,057
2038	206,610,204	136,302,836	149,112,172	492,025,211
2039	218,401,891	142,580,517	142,309,604	503,292,012
2040	229,628,100	148,008,250	135,253,399	512,889,749
2041	240,715,053	152,861,210	127,971,537	521,547,800
2042	250,761,944	156,540,124	120,496,637	527,798,705
2043	259,632,720	159,179,610	112,868,416	531,680,746
2044	267,296,711	161,115,005	105,130,299	533,542,016
2045	273,460,377	162,361,501	97,332,420	533,154,298
2046	278,641,410	162,741,577	89,530,799	530,913,787
2047	282,224,419	161,843,449	81,787,137	525,855,005
2048	283,902,449	159,907,369	74,167,318	517,977,136
2049	284,142,937	157,412,035	66,739,433	508,294,406
2050	282,884,336	154,153,730	59,572,106	496,610,172
2051	280,046,296	149,881,147	52,729,968	482,657,411
2052	275,766,915	145,002,352	46,270,831	467,040,098
2053	270,271,132	139,608,019	40,243,008	450,122,159
2054	263,540,960	133,678,956	34,683,652	431,903,568
2055	255,822,846	127,427,321	29,617,281	412,867,448
2056	247,151,938	120,805,668	25,056,021	393,013,626
2057	237,501,169	113,901,521	20,999,479	372,402,169
2058	227,204,579	106,879,047	17,436,086	351,519,712
2059	216,411,288	99,778,643	14,344,244	330,534,174
2060	205,124,050	92,641,819	11,694,465	309,460,334
2061	193,481,368	85,577,961	9,451,161	288,510,490
2062	181,672,850	78,653,283	7,574,764	267,900,897
2063	169,803,522	71,929,777	6,023,815	247,757,114

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2064	157,964,767	65,452,785	4,756,566	228,174,118
2065	146,256,707	59,258,218	3,732,730	209,247,655
2066	134,754,242	53,374,960	2,914,434	191,043,635
2067	123,524,667	47,824,859	2,267,072	173,616,599
2068	112,631,100	42,623,476	1,759,911	157,014,487
2069	102,131,874	37,780,239	1,366,082	141,278,195
2070	92,079,810	33,299,176	1,062,675	126,441,661
2071	82,521,414	29,179,724	830,493	112,531,632
2072	73,496,341	25,417,071	653,728	99,567,139
2073	65,036,821	22,002,558	519,603	87,558,982

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## Schedule SB, Part V Summary of Plan Provisions

Most recent plan restatement effective January 1, 2022 with amendments through January 1, 2024.

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

### Definitions

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

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

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

## Eligibility for Benefits

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

## Benefits Paid Upon the Following Events

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

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

### Other Plan Provisions

<b>Forms of payment</b>	Monthly pension benefits are paid as life annuities if the participant has no spouse as of the date payments begin, or if the participant so elects and the spouse consents. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.  For married participant, actuarially equivalent optional forms offered by the plan are: <ul style="list-style-type: none"><li>• 100% joint and survivor annuity</li><li>• 75% joint and survivor annuity</li><li>• Five-year certain and life annuity</li><li>• Ten-year certain and life annuity</li><li>• Lump sum (up to \$20,000)</li><li>• Single life annuity</li></ul>
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For single participant, actuarially equivalent optional forms offered by the plan are:

- 100% joint and survivor annuity
- 75% joint and survivor annuity
- 50% joint and survivor annuity
- Five-year certain and life annuity
- Ten-year certain and life annuity
- Lump sum (up to \$20,000)

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

## Maximum on benefits and pay

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

## Future Plan Changes

No future plan changes were recognized.

## Changes in Benefits Valued from the Prior Year

There have been no changes in benefits valued since the prior year.

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2024**

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	270,074,836	15.00000	270,074,836	24,571,491
2. Shortfall	01/01/2023	107,860,335	14.00000	103,495,772	9,877,926
Total				373,570,608	34,449,417

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### **Schedule SB, Line 24 Change in Actuarial Assumptions**

The assumed plan-related expenses added to the target normal cost were changed from \$44,300,000 in 2023 to \$46,700,000 in 2024 to account for higher expected expenses to be paid from the trust.

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