

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan MG ADVANTAGE RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 12/01/1973
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) NEXSTAR BROADCASTING, INC. 545 E JOHN CARPENTER FREEWAY SUITE 700 IRVING, TX 75062
2b	Employer Identification Number (EIN) 23-3063152
2c	Plan Sponsor's telephone number 972-373-8800
2d	Business code (see instructions) 511110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	D. RANDALL BRADFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3812
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 421 6a(2) 383 6b 1668 6c 1225 6d 3276 6e 421 6f 3697 6g(1) 6g(2) 6h 1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan MG ADVANTAGE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NEXSTAR BROADCASTING, INC.	D Employer Identification Number (EIN) 23-3063152
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	288243617	
b	Actuarial value	2b	317067978	
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	1997	210561601	210561601
b	For terminated vested participants	1394	66636127	66636127
c	For active participants	421	16676135	16676135
d	Total	3812	293873863	293873863
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	5.04 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1800000	
c	Target normal cost	6c	1800000	

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 STEVEN P. HOXMEIER Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17755 PO BOX 1447 LINCOLNSHIRE, IL 60069 Address of the firm	10/08/2025 Date 23-07239 Most recent enrollment number 847-442-3310 Telephone number (including area code)
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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	14980059
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2800639
9 Amount remaining (line 7 minus line 8)	0	12179420
10 Interest on line 9 using prior year's actual return of 8.90 %	0	1083968
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 5.16 %		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	13263388

Part III Funding Percentages

14 Funding target attainment percentage	14	103.37 %
15 Adjusted funding target attainment percentage	15	107.89 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.63 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1800000	
b Excess assets, if applicable, but not greater than line 31a	31b	1800000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1373874	1373874
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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 MG ADVANTAGE RETIREMENT PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 NEXSTAR BROADCASTING, INC.	D Employer Identification Number (EIN) 23-3063152

Part I	Service Provider Information (see instructions)
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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
FID MGMT TRUST CO
04-3022712

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

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

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

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

FIDELITY MANAGEMENT TRUST CO

04-3022712

(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?
17 28 50	NONE	615434	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INV INSTL OPS CO

04-2647768

(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 64	NONE	401299	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRUIST BANK

56-1074313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50 62	NONE	124477	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	57000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	31230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 MG ADVANTAGE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NEXSTAR BROADCASTING, INC.		D Employer Identification Number (EIN) 23-3063152
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: SPARTAN COMMODITY INDEX POOL		
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC		
c EIN-PN 82-6293122-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14981629
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG US TREAS STRIPS		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-120	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT CANADA		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-101	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3287422
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TREAS INFLATION PROTECTED SEC		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-104	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT EMERGING MARKET EQUITY		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-100	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2466849
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM HIGH YIELD BOND		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LOW VOLATILITY EQUITY COMMGLD		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-145	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG DURATION		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-053	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63068215
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM REIT		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3102590
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MARKET DEBT		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3383335
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL CAPITALIZATION		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1208392
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORPORATE A OR BETTER		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-103	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50498930
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTL SMALL CAP		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL EQ		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL / MID CAP CORE		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3513799
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERNATIONAL GROWTH		
b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-017	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL		
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC		
c EIN-PN 82-6293122-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19709150

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM 8-10 YEAR CORPORATE BOND

b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO

c EIN-PN 20-4659714-155	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27242652
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM FLOATING RATE HIGH INCOME

b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO

c EIN-PN 20-4659714-058	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MARKETS COMMINGLED

b Name of sponsor of entity listed in (a): FIDELITY INST'L ASSET MGMT TRUST CO

c EIN-PN 20-4659714-032	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2494554
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 MG ADVANTAGE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 NEXSTAR BROADCASTING, INC.	D Employer Identification Number (EIN) 23-3063152

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1959246	1949448
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1413294	1384217
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	339151	276542
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	242037306	194957517
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	42805260	69893611
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	288554257	268461335
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	310640	287574
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	310640	287574
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	288243617	268173761

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	99692	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		99692
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	262518	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		262518
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7673657
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3485559
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4550308

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22824183	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		22824183
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	31230	
(5) Investment advisory and investment management fees	2i(5)	1016730	
(6) Bank or trust company trustee/custodial fees	2i(6)	124477	
(7) Actuarial fees	2i(7)	57000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	566544	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1795981
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24620164

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-20069856
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CROWE LLP**

(2) EIN: **35-0921680**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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?	☒		5000000
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 _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 557524.

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 MG ADVANTAGE RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan sponsor's name as shown on line 2a of Form 5500 NEXSTAR BROADCASTING, INC.				D Employer Identification Number (EIN) 23-3063152	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1 0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3275867					
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 19	
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

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

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 18.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 79.5 %

High-Yield Debt: _____ % Real Assets: 1.2 % Cash or Cash Equivalents: _____ % Other: 1.3 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

MG Advantage Retirement Plan

**Financial Statements
and Supplemental Schedules**

**Years ended December 31, 2024 and 2023
with Independent Auditor's Report**

MG Advantage Retirement Plan

**Financial Statements
and Supplemental Schedules**

Years ended December 31, 2024 and 2023

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Note: All other schedules of additional financial information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Act of 1974, as amended ("ERISA") have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
MG Advantage Retirement Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

(Continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

(Continued)

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

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

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

In our opinion

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

Crowe LLP
Crowe LLP

Oakbrook Terrace, Illinois
October 13, 2025

MG Advantage Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	December 31, 2024	December 31, 2023
Assets		
Cash	\$ 1,949,448	\$ 1,959,246
Investments at fair value:		
Money market funds	276,542	339,151
Mutual funds	69,893,611	42,805,260
Commingled pools/collective trusts	194,957,517	242,037,306
Total investments	<u>265,127,670</u>	<u>285,181,717</u>
Prepaid benefit payments	1,377,972	1,406,136
Dividends and interest receivable	6,245	7,158
Total assets	<u>268,461,335</u>	<u>288,554,257</u>
Liabilities		
Administrative expenses payable	287,574	310,640
Total liabilities	<u>287,574</u>	<u>310,640</u>
Net assets available for plan benefits	<u>\$ 268,173,761</u>	<u>\$ 288,243,617</u>

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

MG Advantage Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	Year ended December 31,	
	2024	2023
Additions:		
Dividends	\$ 262,518	\$ 924,440
Interest	99,692	107,760
Net appreciation in fair value of investments	4,188,098	23,586,723
Total additions	<u>4,550,308</u>	<u>24,618,923</u>
Deductions:		
Administrative expenses	(1,795,981)	(2,549,886)
Benefit payments	<u>(22,824,183)</u>	<u>(23,147,877)</u>
Total deductions	<u>(24,620,164)</u>	<u>(25,697,763)</u>
Net decrease in net assets available for benefits	(20,069,856)	(1,078,840)
Net assets available for plan benefits:		
Beginning of year	<u>288,243,617</u>	<u>289,322,457</u>
End of year	<u>\$ 268,173,761</u>	<u>\$ 288,243,617</u>

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

**MG Advantage Retirement Plan
Notes to Financial Statements
December 31, 2020 and 2019**

1. General

The MG Advantage Retirement Plan (the "Plan") is a noncontributory defined benefit plan maintained by the Plan sponsor, Nexstar Media Inc. (the "Company" or "Nexstar") as of January 17, 2017 and previously, Media General, Inc. (the "Prior Sponsor").

LIN Merger

Effective January 1, 2016, the LIN Television Corporate Retirement Plan (the "LIN Plan") merged with the Plan ("LIN Merger") and the LIN Plan ceased to exist as a separate plan as of that date. The LIN Merger resulted in a transfer of assets and actuarial liabilities from the LIN Plan to the Plan. This resulted in a merged plan consisting of three component plan documents. One plan document is used to determine the benefits of the original participants of the Plan, the second plan document is used to determine the benefits of those participants who joined as part of this LIN Plan and the third is used to determine the benefits of those participants who joined as part of the KRON/IBEW Local 45 Pension Plan (the "KRON Plan").

Funding Policy

The Plan is a noncontributory defined benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Truist Bank is the Plan's Trustee.

Excluding participants of the KRON Plan merged in on December 31, 2014 and participants of the LIN Plan merged in on January 1, 2016, whose eligibility is governed differently, employees hired after December 31, 2006, are not eligible to participate in the Plan. Effective January 1, 2007, the Prior Sponsor froze the service accrual for all participants, but continued to allow the retirement benefit to grow based on final average earnings as of ultimate retirement or termination. Effective May 31, 2009, the Company froze the earnings accrual for all participants; thus each participant's final benefit accrual has been frozen as of May 31, 2009. Prior to the changes implemented on January 1, 2007, under the terms of the Plan an employee became a member of the Plan as follows:

- (a) An employee who completed 1,000 or more hours of service in the 12-month period beginning on his/her employment commencement date became a member on his/her employment commencement date.
- (b) An employee who did not complete 1,000 hours of service in the 12-month period beginning on his/her employment commencement date became a member on the first day of the plan year in which he/she did complete 1,000 hours of service.
- (c) A union employee who satisfied the foregoing requirements did not become a member until the date on which (i) it was agreed with his bargaining agent that he/she could become a member or (ii) he/she ceased to be a union employee.

Participants are eligible for normal retirement benefit payments upon reaching age sixty-five (65). Monthly benefit payments are determined by application of a benefit formula to the average of the participant's 60 highest consecutive monthly earnings through May 31, 2009.

In addition, the Plan provides for early retirement at reduced benefits upon reaching age fifty-five (55) and completing ten (10) years of credited service. The Plan also provides for delayed retirement benefits. Delayed benefits apply to participants who work past age 65.

The Plan provides for 100% vesting after five years of recognized service or upon attaining age 65 and provides for a survivor's allowance payable on behalf of an employee who dies after completing five years of recognized service. Company contributions are actuarially determined to provide the necessary assets to pay benefits to Plan participants. Such contributions meet the minimum funding requirements of ERISA. The Company may, at its discretion, contribute amounts to the Plan in excess of the minimum funding requirements. The Company has complied with the minimum funding requirements of ERISA in 2024 and 2023.

Benefits of participants merged in from the KRON Plan

For participants brought over as part of the KRON Plan, each employee of KRON-TV, full power television station owned, operated, programmed or provided sales and other services by the Company, who was a participant in the KRON Plan on October 31, 1976, or was eligible to become a participant on November 1, 1976, is now a participant in the Plan. Other employees became participants in the KRON Plan on either January 1 or July 1 after completing one year of service, provided that they are members of The International Brotherhood of Electrical Workers Local Union 45, AFL-CIO-CLF. Effective as of the end of the day, October 14, 2005, the KRON Plan was amended (by the 18th amendment) to cease all future benefit accruals for all participants and to freeze participation in the KRON Plan. Benefits earned by members are based on continuous employment with the Company prior to November 1, 1976 and one year of credited service for each calendar year during which an employee works 1,000 or more hours on or after November 1, 1976. Effective October 15, 2005, no participant could earn any additional benefit accruals. If by October 14, 2005 a participant had earned seven full years of vested service, they would be 100% vested in the pension benefit they have earned. If by October 14, 2005 a participant had not yet earned seven full years of vested service, the participant would be partially vested and during their employment with the Company may continue to earn credit for years of vested service.

Normal retirement is at age 65. Members may elect early retirement as early as age 55 with actuarially reduced benefits. Members may retire after age 65 and receive an actuarially increased benefit. Benefits are also paid to the surviving spouse (if married at least one year) and are equal to 50% of the normal retirement benefit, provided, however, that the member may make an election for his/her surviving spouse to receive a monthly retirement benefit in an amount equal to sixty-six and two-thirds percent (66-2/3%), or one hundred percent (100%), of the monthly retirement benefit payable to the participant during his/her lifetime; or, effective for plan years beginning on or after January 1, 2008, the member may elect for his/her surviving spouse to receive a qualified optional survivor annuity ("QOSA") in lieu of the 50%, 66-2/3% or 100% survivor benefit. The QOSA is an annuity for the life of the participant with a survivor annuity for the life of the spouse that is equal to 75% of the amount of the annuity that is payable during the joint lives of the participant and the spouse, subject to certain limitations and actuarial reductions.

Benefits of participants merged in from the LIN Plan

The LIN Plan has two components; a traditional average final-pay component ("traditional LIN Plan") and a cash balance component ("LIN cash balance plan"). Participants are eligible for either the traditional LIN Plan or the LIN cash balance plan.

In the traditional LIN Plan, employees who obtained normal retirement age (65) and were active employees on and after January 1, 2002 are entitled to annual pension benefits accrued prior to February 1, 2009 equal to their average annual earnings, defined as the average of three highest years of pay, multiplied by 1.5%. Employees who have obtained normal retirement age and were terminated prior to January 1, 2002 are entitled to annual pension benefits equal to 1.25% of their average annual earnings multiplied by their credited years of service up to a maximum of 32 years. Annual pension benefits accrued after February 1, 2009 are equal to .90% of the

participants average annual earnings for active participants employed on and after February 1, 2009 multiplied by their credited years of service earned from January 1, 2009 to March 31, 2009 to a maximum of 32 years, when added to the years of service used previously in the calculation.

In the LIN cash balance plan, eligible participants' normal retirement benefit shall be the vested value of their cash balance account.

Participants are eligible for early retirement benefits upon the attainment of age 55 and five years of vested service. Participants are eligible for an ancillary disability benefit upon the attainment of age 45 and ten years of vested service, prior to April 1, 2009.

The normal form of benefit in the traditional LIN Plan is a monthly life income annuity for single participants and a joint survivor annuity for married participants. Participants in the LIN cash balance plan may elect to have their benefit paid in either a single lump-sum payment or monthly payments.

Traditional LIN plan participants are fully vested in their accrued benefit on or after their normal retirement date or five years of service (ten years of service if termination of employment occurred prior to January 1, 1988). LIN cash balance participants must have three years of service (ten years of service if termination occurred prior to January 1, 1988, and five years of service if termination occurred after December 31, 1997 and prior to January 1, 2008).

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America 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.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note 5 for discussion of fair value measurements.

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

Contributions

Contributions are accrued based on amounts, if any, required to be funded for each fiscal year of the Plan under ERISA or, if greater, amounts actually received or committed to be paid for the year. The Plan has met the ERISA minimum funding requirements.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company. Expenses that are paid directly by the Company are excluded from these financial statements. Trustee, recordkeeping, consulting and actuarial fees incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

3. Plan Termination

While the Company has not expressed any intent to discontinue contributions to the Plan, they are free to do so at any time, subject to the provisions of ERISA. In the event a future discontinuance results in the termination of the Plan:

- (a) The portion of the net assets which was transferred to the Plan from a predecessor plan shall be allocated among the participants who were participants of the predecessor plan in the proportion of their accrued benefits at the date of transfer to the assets transferred.
- (b) The remaining assets of the Plan shall be allocated to the participants and beneficiaries of the Plan in the order provided for in ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. government agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The amount of benefit protection is subject to certain limitations.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the benefit service employees have rendered, final average earnings, and vesting service rendered through dates applicable to their specific plan document. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary and is that amount which 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.

Significant assumptions underlying the actuarial calculations of accumulated plan benefits as of December 31, 2024 and 2023 are as follows:

- Discount rate – 6.59% and 5.91% per annum at December 31, 2024 and 2023.
- Mortality – Based on the Pri-2012 Mortality Table using the MP-2021 Aon Endemic Scale at December 31, 2024 and 2023.
- Retirement age - actives range starting at 1% at age 55 to 100% at age 70. Term vested: age 62 for MG Advantage participants with 10+ years of service; 65 for MG Advantage participants with less than 10 years of service; 65 for former LIN participants.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuarial present value of accumulated plan benefits at December 31, 2024 and 2023 follows:

	2024	2023
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$ 186,976,451	\$ 198,057,967
Other active and inactive participants	68,263,844	77,054,243
	<u>255,240,295</u>	<u>275,112,210</u>
Non-vested benefits	—	—
Total	<u>\$ 255,240,295</u>	<u>\$ 275,112,210</u>

The change in the actuarial present value for the years ended December 31, 2024 and 2023 is due to the following:

	2024	2023
Actuarial present value of accumulated plan benefit as of January 1	\$ 275,112,210	\$ 276,485,605
Benefits accumulated and changes in participant data	428,351	(624,768)
Increase in interest due to change in discount period	15,594,358	16,382,263
Benefits paid	(22,824,183)	(23,147,877)
Changes in assumptions ⁽¹⁾	(13,070,441)	6,016,987
Actuarial present value of accumulated plan benefit as of December 31	<u>\$ 255,240,295</u>	<u>\$ 275,112,210</u>

(1) Changes in assumptions primarily driven by the increase in the discount rate for December 31, 2024 and the decrease in discount rate for December 31, 2023.

5. Fair Value Measurements

Accounting Standards Codification (“ASC”) Topic 820 “Fair Value Measurements and Disclosures” (“ASC Topic 820”) establishes a framework for measuring fair value and expands disclosures about fair value measurements. ASC Topic 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC Topic 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities.

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 Unobservable inputs that are supported by little or no market activity that are significant to the fair value of the assets or liabilities.

The asset’s or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the three levels of inputs that may be used to measure fair value, the types of Plan investments that fall under each category, and the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Actively traded mutual funds and money market funds are public investment securities. Actively traded mutual funds and money market funds are valued at the daily closing price as reported by the fund. Mutual funds and money market funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

Level 2 - Inputs to the valuation methodology are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

No Plan investments fit this category.

Level 3 - Inputs to the valuation methodology are unobservable and supported by little or no market activity and are significant to the fair value of the assets or liabilities.

No Plan investments fit this category.

Commingled pools/collective trusts – Valued at the NAV per share or unit as reported by the fund manager. The NAV as provided by the fund manager is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. These commingled pools/collective trusts may be redeemed daily and may require up to a 5 business day notice period, and have no unfunded commitments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

The following tables set forth by level and by investment class, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024, and 2023:

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Assets:				
Money market funds	\$ 276,542	\$ —	\$ —	\$ 276,542
Mutual fund	69,893,611	—	—	69,893,611
Total assets in the fair value hierarchy	<u>\$ 70,170,153</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 70,170,153</u>
Commingled pool/collective trusts, measured at net asset value				194,957,517
Total assets at fair value				<u>\$ 265,127,670</u>

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Assets:				
Money market funds	\$ 339,151	\$ —	\$ —	\$ 339,151
Mutual fund	42,805,260	—	—	42,805,260
Total assets in the fair value hierarchy	<u>\$ 43,144,411</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 43,144,411</u>
Commingled pools/collective trusts, measured at net asset value				242,037,306
Total assets at fair value				<u>\$ 285,181,717</u>

In accordance with Financial Accounting Standards Board Accounting Standards Update 2015-07, "Fair Value Measurement (Topic 820) Disclosures for Investment in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)", certain investments that were measured at NAV have not been classified in the fair value hierarchy. The fair value amounts presented in the tables above are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

6. Certified Financial Information

Except for the fair value of the Plan's investments in certain collective trusts and mutual funds totaling \$210,703,408 as of December 31, 2024, and the related net appreciation in the fair value of this investment of \$3,396,454 for the year ended December 31, 2024, substantially all information related to the investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments, interest and dividends, for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Truist Bank.

7. Income Tax Status

The Plan received a determination letter from the Internal Revenue Service ("IRS") dated August 1, 2014, advising that the Plan is qualified under Section 401(a) of the Internal Revenue Code ("IRC"), and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. This ruling from the IRS covers all amendments and restatements through November 18, 2013. The Plan has been amended since receiving the determination letter, but the Plan sponsor believes the Plan continues to qualify under the IRC and the related trust is tax exempt.

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

8. Related Party Transactions

The Plan invests in mutual funds and commingled pool funds sponsored by an affiliate of the recordkeeper of the Plan. These are related party transactions and are identified as parties-in-interest in the accompanying schedule of assets held for investment purposes. The Plan paid administrative and advisory expenses to the Plan's Trustee and its affiliates totaling \$1,141,210 during 2024 and \$1,123,397 during 2023.

9. Subsequent Events

On October 1, 2025, the Company signed an agreement with PNC Bank, NA to become the Plan's new trustee beginning in the fourth quarter of 2025.

Management has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued.

Supplemental Schedules

Schedule A

MG Advantage Retirement Plan

EIN: 23-3063152

Plan: 002

Schedule H, Line 4 (i) - Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity, date, rate of interest, collateral, par or maturity value	Cost	Total current value
	Federated Hermes Treasury Obligation MMKT Instl # 68	Money market funds	\$ 276,542	\$ 276,542
*	Fidelity Intermediate Treasury Bond Fund	Mutual fund	\$ 49,720,240	\$ 49,423,115
*	Fidelity Long-Term Treasury Bond Index Fund	Mutual fund	\$ 21,321,507	\$ 20,470,496
*	Spartan 500 Index Pool	Commingled pooled funds	\$ 12,369,099	\$ 19,709,150
	FIAM Group TR Employee Benefit Plans			
*	Select CAD Commingled Pool	Commingled pooled funds	\$ 3,168,265	\$ 3,287,422
	FIAM Group TR Employee Benefit Plans			
	Select Emerging Markets Equity			
*	Commingled Pool CI A	Commingled pooled funds	\$ 2,311,289	\$ 2,466,849
	FIAM Group TR Employee Benefit Plans			
	Emerging Market			
*	Commingled Pool CI A	Commingled pooled funds	\$ 2,336,945	\$ 2,494,554
	Spartan Group TR Employee Benefit Plans			
	World Minimum Volatility Equity			
*	Commingled Pool CI A	Commingled pooled funds	\$ 13,892,977	\$ 14,981,629
	FIAM Group TR Employee Benefit Plans			
*	Long Duration Commingled Pool CI A	Commingled pooled funds	\$ 62,741,588	\$ 63,068,215
	FIAM Group TR Employee Benefit Plans			
*	REIT Commingled Pool CI A	Commingled pooled funds	\$ 2,850,478	\$ 3,102,590
	FIAM Group TR Employee Benefit Plans			
*	Emerging Mkt Dbt Commingled Pool CI A	Commingled pooled funds	\$ 2,851,092	\$ 3,383,335
	FIAM Group TR Employee Benefit Plans			
*	SM Capitalization Core Commingled Pool CI A	Commingled pooled funds	\$ 1,123,424	\$ 1,208,392
	FIAM Group TR Employee Benefit Plans			
*	Long Corp A or better Commingled Pool CI A	Commingled pooled funds	\$ 49,861,963	\$ 50,498,930
	FIAM Group TR Employee Benefit Plans			
*	Small/Mid Cap Core Commingled Pool CI A	Commingled pooled funds	\$ 3,566,984	\$ 3,513,799
	FIAM Group TR Employee Benefit Plans			
*	8-10 Year Corporate Bond Pool	Commingled pooled funds	\$ 26,237,060	\$ 27,242,652
		Total	<u>\$ 254,629,453</u>	<u>\$ 265,127,670</u>

* Indicates party-in-interest to the Plan

See independent auditor's report.

□

Schedule B

MG Advantage Retirement Plan

EIN: 23-3063152

Plan: 002

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2024

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	(c) Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category 1							
FIAM Group Trust Employee Benefit Plans Long Duration	Commingled Pool	1	\$ -	\$ 27,147,193	\$ 28,163,880	\$ 27,147,193	\$ (1,016,687)
FIAM Group Trust Employee Benefit Plans Long Duration	Commingled Pool	1	-	65,895,870	68,507,654	65,895,870	(2,611,784)
FIAM Group Trust Employee Benefit Plans Long Duration	Commingled Pool	1	65,895,870	-	65,895,870	65,895,870	-
FIAM 8-10 Year Corporate Bond	Commingled Pool	1	-	27,537,198	27,726,110	27,537,198	(188,912)
FIAM 8-10 Year Corporate Bond	Commingled Pool	1	27,537,198	-	27,537,198	27,537,198	-
FIAM Group Trust Employee Benefit Plans Long Corporate A or Better	Commingled Pool	1	-	17,319,057	17,869,351	17,319,057	(550,294)
FIAM Group Trust Employee Benefit Plans Long Corporate A or Better	Commingled Pool	1	-	52,361,933	54,070,231	52,361,933	(1,708,298)
FIAM Group Trust Employee Benefit Plans Long Corporate A or Better	Commingled Pool	1	52,361,933	-	52,361,933	52,361,933	-
Fidelity Long-Term Treasury Bond Index	Mutual Fund	1	21,855,701	-	21,855,701	21,855,701	-
Fidelity Long-Term Treasury Bond Index	Mutual Fund	1	-	21,787,259	21,855,701	21,787,259	(68,442)
Fidelity Long-Term Treasury Bond Index	Mutual Fund	1	21,787,259	-	21,787,259	21,787,259	-
Fidelity Intermediate Treasury Bond Index Fund	Mutual Fund	1	-	50,707,378	51,734,018	50,707,378	(1,026,640)
Fidelity Intermediate Treasury Bond Index Fund	Mutual Fund	1	50,707,378	-	50,707,378	50,707,378	-
Category 3							
FIAM Global Low Volatility Equity	Commingled Pool	6	-	15,310,407	14,776,012	15,310,407	534,395
FIAM 8-10 Year Corporate Bond	Commingled Pool	11	40,541,910	-	40,541,910	40,541,910	-
FIAM 8-10 Year Corporate Bond	Commingled Pool	16	-	30,311,036	30,419,168	30,311,036	(108,132)
Fidelity Intermediate Treasury Bond Index Fund	Mutual fund	24	66,466,548	-	66,464,548	66,466,548	-
Fidelity Intermediate Treasury Bond Index Fund	Mutual fund	17	-	58,565,277	59,551,569	58,565,277	(986,292)
Fidelity Long-Term Treasury Bond Index	Mutual fund	19	45,055,358	-	45,055,358	45,055,358	-
Fidelity Long-Term Treasury Bond Index	Mutual fund	14	-	23,674,627	23,733,852	23,674,627	(59,225)
FIAM Group Trust Employee Benefit Plans Long Duration	Commingled Pool	11	70,964,815	-	70,964,815	70,964,815	-

FIAM Group Trust Employee Benefit Plans Long Duration	Commingled Pool	16	-	100,014,653	103,525,370	100,014,653	(3,510,717)
FIAM Group Trust Employee Benefit Plans Long Corporate A	Commingled Pool						
or Better		10	55,087,373	-	55,087,373	55,087,373	-
FIAM Group Trust Employee Benefit Plans Long Corporate A	Commingled Pool						
or Better		16	-	75,167,885	77,322,765	75,167,885	(2,154,880)
Federated Hermes Treasury Obligation MMKT Instl #68	Money market	70	29,334,830	-	29,334,830	29,334,830	-
Federated Hermes Treasury Obligation MMKT Instl #68	Money market	35	-	29,397,442	29,397,442	29,397,442	-
Spartan World Minimum Volatility	Commingled Pool	8	16,648,991	-	16,648,991	16,648,991	-
Spartan World Minimum Volatility	Commingled Pool	11	-	3,022,753	2,756,013	3,022,753	266,740

* The information related to items (e) and (f) have not been included within the schedule as they are not applicable.

See independent auditor's report.

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data
as of January 1, 2024

Number of Participants										
Attained	Years of Credited Service									
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39						1				
40-44										
45-49						27	11	3		
50-54						22	32	11		
55-59						19	25	23	9	
60-64						10	13	26	16	10
65-69						14	9	15	15	34
70+						3	5	6	5	11
						1		1	2	2
										2

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Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization.
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Cash Balance Interest Crediting Rate	4.74% in 2024 and 4.25% thereafter
Optional Payment Form Election Percentage	It is assumed that 100% of former LIN plan participant will elect an immediate lump sum upon termination. It is assumed 60% of MG Advantage participants will elect life annuity and 40% elect 100% joint and survivor annuity.
Optional Payment Form Conversion Interest Rate	5.01%, 5.13%, and 5.15%
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1 and Table 2
Terminated Vested Participants	Age 62 for MG Advantage participants with 10 or more years of vesting service Age 65 for MG Advantage participants with less than 10 years of vesting service Age 65 for former LIN plan participants

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

Mortality Rates

Healthy and Disabled

2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)

Withdrawal Rates

See Table 3

Disability Rates

See Table 4

Male rates of the 1985 Pension Disability Study, Class 2 Table, with a loading factor of 82%.

Decrement Timing

Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

Surviving Spouse Benefit

For MG Advantage participants, it is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.

For former LIN Plan participants, it is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

Expected Return on Assets	
2022 Plan Year	4.36%, limited to 5.92%
2023 Plan Year	6.18%, limited to 5.74%
2024 Plan Year	5.91%, limited to 5.59%
Trust Expenses Included in Target Normal Cost	
\$1,100,000. Based on the prior year's actual plan administrative expenses (excluding PBGC Variable Rate Premium), plus the estimated PBGC Variable Rate Premium for the current year, rounded to the nearest \$100,000.	
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

Table 1—MG Advantage Active Retirement Rates

Age	Rate
55	6%
56	3%
57	3%
58	4%
59	5%
60	5%
61	5%
62	25%
63	20%
64	15%
65	75%
66	40%
67	30%
68	25%
69	25%
70	100%

Table 2—Former LIN Plan Active Retirement Rates

Age	Male	Female
55	2%	1%
56	3%	1%
57	5%	1%
58	5%	1%
59	5%	1%
60	5%	1%
61	5%	1%
62	25%	15%
63	5%	5%
64	5%	5%
65	50%	75%
66	30%	30%
67	20%	20%
68	10%	10%
69	10%	10%
70	100%	100%

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

Table 3—Withdrawal Rates

Age	Rate	Age	Rate
18	30.0%	56	4.2%
19	28.0%	57	4.0%
20	26.0%	58	3.8%
21	24.0%	59	3.6%
22	22.5%	60	3.4%
23	21.0%	61	3.2%
24	19.5%	62	2.8%
25	18.0%	63	2.6%
26	16.5%	64	2.5%
27	15.0%	65+	2.5%
28	14.0%		
29	13.0%		
30	12.2%		
31	11.4%		
32	10.6%		
33	9.9%		
34	9.2%		
35	8.7%		
36	8.3%		
37	7.9%		
38	7.5%		
39	7.1%		
40	6.9%		
41	6.7%		
42	6.5%		
43	6.3%		
44	6.2%		
45	6.1%		
46	6.0%		
47	5.9%		
48	5.8%		
49	5.7%		
50	5.6%		
51	5.4%		
52	5.2%		
53	5.0%		
54	4.6%		
55	4.4%		

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

Table 3—Disability Rates

Age	Rate	Age	Rate
15	0.0361%	45	0.4141%
16	0.0385%	46	0.4559%
17	0.0418%	47	0.5051%
18	0.0451%	48	0.5592%
19	0.0484%	49	0.6158%
20	0.0525%	50	0.6806%
21	0.0566%	51	0.7560%
22	0.0607%	52	0.8471%
23	0.0656%	53	0.9594%
24	0.0705%	54	1.0906%
25	0.0763%	55	1.2316%
26	0.0820%	56	1.3727%
27	0.0886%	57	1.5055%
28	0.0951%	58	1.6269%
29	0.1025%	59	1.7425%
30	0.1099%	60	1.8581%
31	0.1189%	61	1.9754%
32	0.1287%	62	2.0976%
33	0.1394%	63	2.2238%
34	0.1509%	64	2.3518%
35	0.1632%	65	2.4730%
36	0.1771%	66	2.6232%
37	0.1943%	67	2.7732%
38	0.2132%	68	2.9331%
39	0.2337%	69	3.1004%
40	0.2575%		
41	0.2829%		
42	0.3124%		
43	0.3436%		
44	0.3772%		

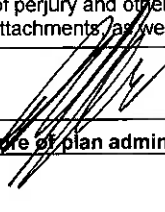
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here:	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here:	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan MG ADVANTAGE RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 12/01/1973
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) Nexstar Broadcasting, Inc. 545 E John Carpenter Freeway Suite 700 Irving TX 75062	2b Employer Identification Number (EIN) 23-3063152 2c Plan Sponsor's telephone number 972-373-8800 2d Business code (see instructions) 511110

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

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

SIGN HERE		10/15/25	D. RANDALL BRADFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3,812
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 421 6a(2) 383 6b 1,668 6c 1,225 6d 3,276 6e 421 6f 3,697 6g(1) 6g(2) 6h 1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I	

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 _____ (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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□

Schedule B

MG Advantage Retirement Plan

EIN: 23-3063152

Plan: 002

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2024

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category 1							
FIAM Group Trust Employee Benefit Plans Long Duration	Commingled Pool	1	\$ -	\$ 27,147,193	\$ 28,163,880	\$ 27,147,193	\$ (1,016,687)
FIAM Group Trust Employee Benefit Plans Long Duration	Commingled Pool	1	-	65,895,870	68,507,654	65,895,870	(2,611,784)
FIAM Group Trust Employee Benefit Plans Long Duration	Commingled Pool	1	65,895,870	-	65,895,870	65,895,870	-
FIAM 8-10 Year Corporate Bond	Commingled Pool	1	-	27,537,198	27,726,110	27,537,198	(188,912)
FIAM 8-10 Year Corporate Bond	Commingled Pool	1	27,537,198	-	27,537,198	27,537,198	-
FIAM Group Trust Employee Benefit Plans Long Corporate A or Better	Commingled Pool	1	-	17,319,057	17,869,351	17,319,057	(550,294)
FIAM Group Trust Employee Benefit Plans Long Corporate A or Better	Commingled Pool	1	-	52,361,933	54,070,231	52,361,933	(1,708,298)
FIAM Group Trust Employee Benefit Plans Long Corporate A or Better	Commingled Pool	1	52,361,933	-	52,361,933	52,361,933	-
Fidelity Long-Term Treasury Bond Index	Mutual Fund	1	21,855,701	-	21,855,701	21,855,701	-
Fidelity Long-Term Treasury Bond Index	Mutual Fund	1	-	21,787,259	21,855,701	21,787,259	(68,442)
Fidelity Long-Term Treasury Bond Index	Mutual Fund	1	21,787,259	-	21,787,259	21,787,259	-
Fidelity Intermediate Treasury Bond Index Fund	Mutual Fund	1	-	50,707,378	51,734,018	50,707,378	(1,026,640)
Fidelity Intermediate Treasury Bond Index Fund	Mutual Fund	1	50,707,378	-	50,707,378	50,707,378	-
Category 3							
FIAM Global Low Volatility Equity	Commingled Pool	6	-	15,310,407	14,776,012	15,310,407	534,395
FIAM 8-10 Year Corporate Bond	Commingled Pool	11	40,541,910	-	40,541,910	40,541,910	-
FIAM 8-10 Year Corporate Bond	Commingled Pool	16	-	30,311,036	30,419,168	30,311,036	(108,132)
Fidelity Intermediate Treasury Bond Index Fund	Mutual fund	24	66,466,548	-	66,464,548	66,466,548	-
Fidelity Intermediate Treasury Bond Index Fund	Mutual fund	17	-	58,565,277	59,551,569	58,565,277	(986,292)
Fidelity Long-Term Treasury Bond Index	Mutual fund	19	45,055,358	-	45,055,358	45,055,358	-
Fidelity Long-Term Treasury Bond Index	Mutual fund	14	-	23,674,627	23,733,852	23,674,627	(59,225)
FIAM Group Trust Employee Benefit Plans Long Duration	Commingled Pool	11	70,964,815	-	70,964,815	70,964,815	-

FIAM Group Trust Employee Benefit Plans Long Duration	Commingled Pool	16	-	100,014,653	103,525,370	100,014,653	(3,510,717)
FIAM Group Trust Employee Benefit Plans Long Corporate A	Commingled Pool						
or Better		10	55,087,373	-	55,087,373	55,087,373	-
FIAM Group Trust Employee Benefit Plans Long Corporate A	Commingled Pool						
or Better		16	-	75,167,885	77,322,765	75,167,885	(2,154,880)
Federated Hermes Treasury Obligation MMKT Instl #68	Money market	70	29,334,830	-	29,334,830	29,334,830	-
Federated Hermes Treasury Obligation MMKT Instl #68	Money market	35	-	29,397,442	29,397,442	29,397,442	-
Spartan World Minimum Volatility	Commingled Pool	8	16,648,991	-	16,648,991	16,648,991	-
Spartan World Minimum Volatility	Commingled Pool	11	-	3,022,753	2,756,013	3,022,753	266,740

* The information related to items (e) and (f) have not been included within the schedule as they are not applicable.

See independent auditor's report.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 MG ADVANTAGE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NEXSTAR BROADCASTING, INC.		D Employer Identification Number (EIN) 23-3063152
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 288,243,617
b Actuarial value.....		2b 317,067,978
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.....	1,997	210,561,601 210,561,601
b For terminated vested participants	1,394	66,636,127 66,636,127
c For active participants.....	421	16,676,135 16,676,135
d Total.....	3,812	293,873,863 293,873,863
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 5.04%
6 Target normal cost		
a Present value of current plan year accruals		6a 0
b Expected plan-related expenses		6b 1,800,000
c Target normal cost		6c 1,800,000
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE Signature of actuary STEVEN P. HOXMEIER Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17755 PO BOX 1447 LINCOLNSHIRE IL 60069 Address of the firm		10/8/2025 Date 2307239 Most recent enrollment number 847-442-3310 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. Schedule SB (Form 5500) 2024 v. 240311		

Part II	Beginning of Year Carryover and Prefunding Balances
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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	14,980,059
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,800,639
9	Amount remaining (line 7 minus line 8)	0	12,179,420
10	Interest on line 9 using prior year's actual return of <u>8.90</u> %	0	1,083,968
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 <u>5.16</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
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	13,263,388

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	103.37 %
15	Adjusted funding target attainment percentage.....	15	107.89 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	99.63 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

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

19 Contributions made to the plan for the plan year by employer(s) and employee(s)							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1,800,000	
b Excess assets, if applicable, but not greater than line 31a	31b	1,800,000	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,373,874	1,373,874
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

MG Advantage			
(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55	6.00%	1.0000	3.30
56	3.00%	0.9400	1.58
57	3.00%	0.9118	1.56
58	4.00%	0.8844	2.05
59	5.00%	0.8491	2.50
60	5.00%	0.8066	2.42
61	5.00%	0.7663	2.34
62	25.00%	0.7280	11.28
63	20.00%	0.5460	6.88
64	15.00%	0.4368	4.19
65	75.00%	0.3713	18.10
66	40.00%	0.0928	2.45
67	30.00%	0.0557	1.12
68	25.00%	0.0390	0.66
69	25.00%	0.0292	0.50
70	100.00%	0.0219	1.53
Weighted Average			62.46

Former LIN Plan - Male			
(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55	2.00%	1.0000	1.10
56	3.00%	0.9800	1.65
57	5.00%	0.9506	2.71
58	5.00%	0.9031	2.62
59	5.00%	0.8579	2.53
60	5.00%	0.8150	2.45
61	5.00%	0.7743	2.36
62	25.00%	0.7356	11.40
63	5.00%	0.5517	1.74
64	5.00%	0.5241	1.68
65	50.00%	0.4979	16.18
66	30.00%	0.2489	4.93
67	20.00%	0.1743	2.34
68	10.00%	0.1394	0.95
69	10.00%	0.1255	0.87
70	100.00%	0.1129	7.90
Weighted Average			63.41

Former LIN Plan - Female			
(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55	1.00%	1.0000	0.55
56	1.00%	0.9900	0.55
57	1.00%	0.9801	0.56
58	1.00%	0.9703	0.56
59	1.00%	0.9606	0.57
60	1.00%	0.9510	0.57
61	1.00%	0.9415	0.57
62	15.00%	0.9321	8.67
63	5.00%	0.7923	2.50
64	5.00%	0.7526	2.41
65	75.00%	0.7150	34.86
66	30.00%	0.1788	3.54
67	20.00%	0.1251	1.68
68	10.00%	0.1001	0.68
69	10.00%	0.0901	0.62
70	100.00%	0.0811	5.68
Weighted Average			64.57

Retirement Table	Count	Average Retirement Age	Weight
MG	268	62.46	63.66%
LIN - Male	102	63.41	24.23%
LIN -	51	64.57	12.11%
	421		
Weighted Average Retirement Age			62.95

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

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	1,173,060	3,069,195	22,289,560	26,531,815
2025	706,722	3,065,724	21,469,856	25,242,302
2026	874,800	3,372,721	20,644,444	24,891,965
2027	953,263	3,466,255	19,800,367	24,219,885
2028	1,096,394	4,184,233	18,958,087	24,238,714
2029	1,128,624	4,589,356	18,101,535	23,819,515
2030	1,144,469	4,586,431	17,238,871	22,969,771
2031	1,197,597	4,366,108	16,367,363	21,931,068
2032	1,210,165	4,624,168	15,484,247	21,318,580
2033	1,182,454	4,759,111	14,600,477	20,542,042
2034	1,208,883	4,695,620	13,715,028	19,619,531
2035	1,170,150	5,040,432	12,830,947	19,041,529
2036	1,163,282	5,106,525	11,950,324	18,220,131
2037	1,213,147	4,992,598	11,076,892	17,282,637
2038	1,156,260	4,966,283	10,214,671	16,337,214
2039	1,159,980	4,842,631	9,367,886	15,370,497
2040	1,112,945	4,756,497	8,540,985	14,410,427
2041	1,045,924	4,584,826	7,738,575	13,369,325
2042	1,047,926	4,567,315	6,965,230	12,580,471
2043	1,009,901	4,500,860	6,225,359	11,736,120
2044	970,082	4,226,053	5,523,066	10,719,201
2045	922,432	4,242,303	4,862,016	10,026,751
2046	869,048	3,835,070	4,245,373	8,949,491
2047	830,404	3,663,277	3,675,650	8,169,331
2048	779,504	3,388,835	3,154,640	7,322,979
2049	739,897	3,107,434	2,683,354	6,530,685
2050	690,014	2,904,405	2,261,864	5,856,283
2051	639,646	2,699,483	1,889,316	5,228,445
2052	589,948	2,494,736	1,563,974	4,648,658
2053	542,346	2,291,953	1,283,293	4,117,592
2054	497,609	2,092,919	1,044,119	3,634,647
2055	452,372	1,899,348	842,801	3,194,521
2056	408,340	1,712,821	675,376	2,796,537
2057	366,906	1,534,753	537,764	2,439,423
2058	327,745	1,366,316	425,919	2,119,980

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	291,110	1,208,428	335,977	1,835,515
2060	256,961	1,061,748	264,352	1,583,061
2061	225,596	1,040,324	207,805	1,473,725
2062	196,958	803,394	163,486	1,163,838
2063	171,000	691,810	128,948	991,758
2064	147,628	591,659	102,130	841,417
2065	126,712	502,494	81,331	710,537
2066	108,107	423,738	65,178	597,023
2067	91,655	354,724	52,582	498,961
2068	77,188	294,715	42,700	414,603
2069	64,543	242,945	34,885	342,373
2070	53,557	198,633	28,643	280,833
2071	44,077	161,016	23,611	228,704
2072	35,957	129,350	19,519	184,826
2073	29,058	102,926	16,164	148,148

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Effective Date and Plan Status

Inception and Restatement	Established December 1, 1973 and restated January 1, 2016. Last amended date September 27, 2017.
Plan Status	Future Service Accruals were stopped effective December 31, 2006. The Plan was completely frozen effective May 31, 2009. Effective April 1, 2017, as part of corporate restructure, 1,581 participants were transferred from the Media General Advantage Retirement Plan to the Retirement Plan for Graham Holdings Company Effective September 27, 2017 the Plan was amended to offer deferred vested participants a one-time opportunity to receive the value of their accrued benefits in the form of a Lump Sum payable December 1, 2017.

Definitions

Plan Year	Calendar Year
Covered Employees	All employees who work 1,000 hours or more a year are eligible to participate in the plan. Effective December 31, 2006 participation in the Plan was frozen.
Participation	One year of service is granted for each year of employment following Benefit Service Commencement Date prior to December 31, 2006 in which employee worked 1,000 hours.
Vesting Service	Years and months of service as a covered employee.
Credited Service	Years and months of service as a covered employee, limited to service accrued prior to December 31, 2006.
Benefit Service Commencement	December 1, 1982 JKS Jacksonville Television, Inc. January 1, 1983 BAD Bruno & D'Elia May 1, 1983 CBD Charleston Television, Inc.

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

October 26, 1995

CDP	Central VA Community Newspapers
CSE	Central VA Community Newspapers
CWG	Central VA Community Newspapers
VNI	Virginia Newspapers, Inc.

May 16, 1996

PCS	Professional Communications Systems
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January 1, 1997

DAN	Register Publishing Company—Danville Register & Bee
-----	---

February 1, 1997

ALB	Roy H. Park Broadcasting of Louisiana, Inc.
JHL	Roy H. Park Broadcasting of the Tri-Cities, Inc.
NCT	Roy H. Park Broadcasting, Inc.
SLS	Roy H. Park Broadcasting of Roanoke, Inc.
TVQ	MG Broadcasting Group

February 13, 1997

PRN	The Potomac News
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August 4, 1997

HLT	WHLT-TV (Hattiesburg, Mississippi)
JTV	WJTV-TV (Jackson, Mississippi)
SAV	WSAV-TV (Savannah, Georgia)

January 2, 1998

BHC	Bristol Herald Courier
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July 1, 2000

CNK	Concord Tribune
HIC	Hickory Daily Record
MAN	The Journal Messenger

October 1, 2000—Spartan Communications Companies

ASV	WASV
BTW	WBTW
JBF	WJBF
KRG	KWRG
MBB	WMBB
NEG	Spartan Communications, Inc.
RBL	WRBL
SPA	WSPA

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

January 1, 2001

SCN	Sullivan County News
WCN	Washington County News
WYT	Community Newspapers of SW VA

July 1, 2001

EDN	The Daily News
GCM	Hernando Today
HIG	Highlands Today
MAR	The McDowell News
MRG	The News Herald
MSR	The Messenger
NPR	SunBelt Newspapers
RNP	Richlands News-Press
RRV	The Reidsville Review
STV	Statesville Record and Landmark
SUN	SunBelt Newspapers
WAY	The News Virginian

August 1, 2001

ANW	Amherst Nelson
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June 3, 2002

JAM	Boxer Jam Media
-----	-----------------

July 16, 2005

BDT	Blockdot, Inc.
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June 26, 2006

CMH	WCMH
JAR	WJAR
NCN	WNCN
VTM	WVTM

August 1, 2000—Thompson Newspapers

DOT	The Dothan Eagle
ENT	The Enterprise Ledger
FLO	The Morning News
MRN	The Jackson County Floridian
OPE	Opelika-Auburn News
SMG	Strategic Marketing

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
EIN: 23-3063152 PN: 002

Date of Hire

CLP	Cliggott Publishing
FIN	MG Financial Services, Inc.
FLA	MG Broadcasting Group, Inc.
MBC	Media General Broadcasting Group
MGB	MG Business Communications, Inc.
MGI	Nexstar Media Group, Inc.
MGN	Media General News Service
MGP	Media General Publishing
PPC	Piedmont Publishing Company, Inc.
RNI	Richmond Newspapers, Inc.
RSN	Richmond Suburban Newspapers
TBO	Tampa Bay Online
TRB	The Tribune Company

Pensionable Earnings

Pensionable Pay include Base Salary, Overtime Pay, Commissions, Short-Term Bonus, Vacation Pay and Deferrals made under Code Sections 125 and 401(k).

Only Pensionable Pay earned prior to April 1, 2009 is included in Pensionable Earnings.

Annual Pensionable Earnings are subject to the limitations of Code Section 401(a)(17).

Final Average Earnings (FAE)

Average of 60 consecutive calendar months of highest Pensionable Earnings over an employee's career.

For employees with less than 60 consecutive calendar months of Pensionable Earnings, FAE is set to the average of Pensionable Earnings over their employment.

Calendar months with no Pensionable Earnings are excluded. The months immediately preceding and following such months are treated as consecutive for purposes of determining the FAE.

Covered Compensation

The average of the Social Security wage bases for the 35-year period ending with the earlier of the year of the participant's termination, the year a participant attains Social Security retirement age or May 31, 2009.

Accrued Benefit

Benefit payable as of the Normal Retirement Date.

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Normal Retirement Date The first day of the month following participants Age 65.

Actuarial Equivalence 417(e) Basis
Mortality Table: Applicable Mortality Table
Discount Rate: Applicable 3-segment Interest Rates with August
lookback

Normal Retirement

Eligibility Normal Retirement Date.

Benefit The greater of (a), (b), or (c)

(a) The Sum of (i), (ii), (iii) and (iv)

(i) 0.85% of FAE times Credited Service projected to the Normal Retirement Date up to 35 years;

(ii) 0.65% of FAE in excess of Covered Compensation times Credited Service projected to the Normal Retirement Date up to 35 years;

(iii) 1.50% of FAE times Credited Service projected to the Normal Retirement in excess of 35 years;

(iv) Prior Plan benefits in accordance with the plan document.

Effective January 1, 2007, a participant's benefit will be determined by multiplying the benefit determined in (i), (ii), and (iii) above by a fraction, where the Numerator is equal to the Credited Service as of December 31, 2006 and the Denominator is equal to the Credited Service projected to the Normal Retirement Date.

(b) The Sum of (i), (ii)

(i) The Accrued Benefit as of December 31, 1988;

(ii) Benefit Accruals as determined in section (a), disregarding service accruals prior to January 1, 1989.

(c) \$300 per year

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Early Retirement

Eligibility Attainment of Age 55 and completion of 10 Years of Vesting Service.

Benefit Accrued Benefit times Early Retirement Factor:

Age	Early Retirement Factor
65	1.000
64	0.933
63	0.866
62	0.800
61	0.733
60	0.666
59	0.633
58	0.600
57	0.566
56	0.533
55	0.492 ¹

¹ \$500 is used for the minimum benefit accrued to December 31, 1988.

Late Retirement

Eligibility Retirement after Normal Retirement Date.

The plan provides benefit suspension notices to participants who work past NRD, hence LRF's are only applied for the period beyond RMD.

Late retirement actuarial increases from age 65 are included for all current deferred vested participants past normal retirement age.

Benefit Greater or of (a) or (b):

(a) Benefit accrued as of the Retirement Date;

(b) Normal Retirement Benefit actuarially increased to Commencement Date using the greater of the two: Plan's Actuarial Equivalence Factor or 417(e) Actuarial Equivalence Factor.

Deferred Vested

Eligibility 5 years of Vesting Service.

Benefit Benefit Accrued at termination commencing at the Normal Retirement Date.

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Participant with 10 years of Vesting Service at retirement are eligible to commence benefits after age 55. The benefits are subject to Early Retirement Reduction as defined above.

Disability

Eligibility	Total and permanent disability
Benefit	Benefit is determined assuming continued service until the earlier of retirement or December 31, 2006 and level earnings until the earlier of retirement and May 31, 2009.

Preretirement Death

Eligibility	Death with 5 years of Vesting Service.
Benefit	Benefit is payable to the Surviving Spouse on the first of the month following the later of participant's date of death or the date the participant would have attained Early Retirement Eligibility. The amount payable is equal to 50% of the benefit payable to the participant, if the participant terminated employment on the date of death and elected to receive a 50% Joint and Survivor annuity. Surviving children (under the age of 18) of the unmarried participants will receive 50% of the present value of the participant's benefit at the time of death. The value will be split equally among all eligible surviving children.

Forms of Payment

Normal Form for Unmarried Participants	Life annuity.
Normal Form for Married Participants	100% joint and survivor.
Optional Forms	The life annuity (for married members); 50%, 66⅔%, or 100% joint and survivor annuity; 10-year certain and life annuity; Leveling Income Benefit option; Elective Lump sum option for an accrued benefit with a Lump Sum value between \$1,000 and \$10,000; Mandatory Lump Sum for an accrued benefit with a Lump Sum value under \$1,000;

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Optional Forms Conversion

Conversion Factors are determined based on the greater of (a) or (b):

(a) 417(e) Actuarial Equivalence Factor

(b) The following formulas:

10 C&C: $0.910 + (0.0060 \times (65 - X))$

50% J&S: $0.890 - (0.0040 \times (X - Y)) + (0.003 \times (65 - X))$

67% J&S: $0.855 - (0.0046 \times (X - Y)) + (0.004 \times (65 - X))$

100% J&S: $0.800 - (0.0060 \times (X - Y)) + (0.006 \times (65 - X))$

Lump Sum: 417(e) Actuarial Equivalence

Where X is the participant's age and Y is the beneficiary's age

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MG Advantage Retirement Plan
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MG Advantage Retirement Plan (Former KRON Plan Participants)

Status of the Plan

The plan was fully frozen on October 14, 2005.
The plan was merged into the Media General Advantage Retirement plan as of December 31, 2014.

Definitions

Covered Employees	All employees who were members of the IBEW local 45.
Participation	The next January 1 or July 1 following the completion of the first period 12 consecutive months in which participant worked at least 1,000 hours.
Vesting Service	Years of service in which an employee works 1,000 or more hours.
Credited Service	Years of service in which an employee works 1,000 or more hours.
Pensionable Earnings	Regular compensation (including regular skill differential payments) received by an employee while been a union member, excluding commissions, overtime pay and discretionary bonuses. Annual Pensionable Earnings are subject to the limitations of Code Section 401(a)(17).
Accrued Benefit	The benefit a participant would receive as of the first day of the month following Age 65.
Normal Retirement Date	The day on which an employee attains the age of 65.
Actuarial Equivalence	Plan Basis Mortality Table: UP1984 mortality table; Discount Rate: 5.00% 417(e) Basis Mortality Table: Applicable Mortality Table Discount Rate: Applicable 3-segment Interest Rates with November lookback

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Normal Retirement

Eligibility	Retirement at the Normal Retirement Date.
Benefit	The sum of (a) and (b): (a) 1.2% of Pensionable Earnings received in each year of Credited Service prior to the Plan Year in which Employee attains Age 50; (b) 1.5% of Pensionable Earnings received in each year of Credited Service prior to the Plan Year in which Employee attains Age 49.

Early Retirement

Eligibility	Retirement on or after attaining Age 55.
Benefit	Accrued Benefit times Early Retirement Reduction Factor:

Age	Early Retirement Factor
65	1.0000
64	0.9073
63	0.8255
62	0.7532
61	0.6889
60	0.6316
59	0.5802
58	0.5342
57	0.4927
56	0.4552
55	0.4213

Late Retirement

Eligibility	Retirement after Normal Retirement Date. Late retirement actuarial increases from age 65 are included for all current deferred vested participants past normal retirement age.
Benefit	Normal Retirement Benefit actuarially increased to Commencement Date using the greater of the two: Plan's Actuarial Equivalence Factor or 417(e) Actuarial Equivalence Factor.

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Deferred Vested

Eligibility

Terminated participants are eligible to receive their Accrued Benefit in accordance with the following schedule:

Years of Vested Service	Vested Percentage
Less than 1	0%
At least 1, but less than 2	10%
At least 2, but less than 3	20%
At least 3, but less than 4	30%
At least 4, but less than 5	40%
At least 5, but less than 6	60%
At least 6, but less than 7	80%
7 or more	100%

All Active participants become 100% vested at the attainment of Age 65.

Benefit

Benefit commences at the Normal Retirement Date and is equal to the Accrued Benefit at termination reduced in accordance with the Vesting Schedule above.

Preretirement Death

Eligibility

Death of a vested participant with at least one year of vesting service.

Benefit

Benefit is payable to the Surviving Spouse on the first of the month following the later of participant's date of death or the date the participant would have attained Early Retirement Eligibility.

The amount payable is equal to 50% of the benefit payable to the participant, if the participant terminated employment on the date of death and elected to receive a 50% Joint and Survivor annuity.

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Forms of Benefits

Automatic Form for Unmarried Participants Life annuity.

Automatic Form for Married Participants 100% joint and survivor.

Optional Forms The life annuity (for married members);
50%, 66⅔%, or 100% joint and survivor annuity;
10-year certain and life annuity;
Level Income Benefit option;
Elective Lump sum option for an accrued benefit with a Lump Sum value between \$1,000 and \$10,000;
Mandatory Lump Sum for an accrued benefit with a Lump Sum value under \$1,000;

Optional Forms Conversion Conversion Factors are the greater of (a) or (b):

(a) 417(e) Actuarial Equivalence Factor

(b) Tabular Factors:

Option	Basic Factor	Age Adjustment	Minimum Factor	Maximum Factor
50% J&S	0.910	0.004	0.830	0.990
66⅔% J&S	0.880	0.005	0.780	0.980
75% J&S	0.870	0.005	0.770	0.970
100% J&S	0.830	0.006	0.710	0.950
Lump Sum		417(e) Actuarial Equivalence Basis		

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
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MG Advantage Retirement Plan (Former LIN Plan Participants)

Status of the Plan

The plan was fully frozen on April 1, 2009.
The plan was merged into the Media General Advantage Retirement plan as of December 31, 2015.

Definitions

Covered Employees	Former participants of the LIN Television Corporation Retirement Plan.
Participation	Age 21
Vesting Service	Years of service in which an employee works 1,000 or more hours.
Credited Service	Years of service in which an employee works 1,000 or more hours. Credited service is not used to determine benefits accrued for Cash Balance Plan participant on or after January 1, 2002.
Pensionable Earnings	Pensionable Earnings include Wages, Salaries, Bonuses, Commissions and Overtime for Personal Services. Fringe benefits are not included. Annual Pensionable Earnings are subject to the limitations of Code Section 401(a)(17).
Average Annual Earnings	The average of the three highest (not necessary consecutive) Pensionable Earnings. For participant with fewer than three full years, only full years shall be considered for the average. For participants with no full years, the average is determined by multiplying a fraction, the numerator of which is the sum of Pensionable Earnings in complete months and the denominator of which is the total number of complete calendar months of employment, by 12.
Accrued Benefit	The benefit a participant would receive as of the first day of the month following Age 65.
Normal Retirement Date	The first day of the month following Age 65.

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MG Advantage Retirement Plan
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Actuarial Equivalence

Traditional Plan

Mortality Table: UP1984 with no age setback for the employee and a 5-year age setback for the beneficiary
Discount rate: 6.00%

Cash Balance

Mortality Table: Revenue Ruling 2001-62
Interest Rate: 30-year Treasury with 2-month lookback

417(e) Basis

Mortality Table: Applicable Mortality Table
Discount Rate: Applicable 3-segment Interest Rates with 2-month lookback

Normal Retirement

Eligibility

Retirement at the Normal Retirement Date

Benefit

Traditional Plan: The sum of (a) and (b):

- (a) 1.50% of FAE times years of Credited Service prior to February 1, 2009 up to a maximum of 32 years.
- (b) 90% of FAE times years of Credited Service from February 1, 2009 to April 1, 2009.

Cash Balance Plan:

- (a) The opening balance is the Actuarial Equivalent value of the Accrued Benefit as of January 1, 2002.
- (b) From January 1, 2002 through January 31, 2009, participants receive Pay Credits equal to the 5.00% of their Pensionable Earnings.
- (c) From February 1, 2009 to March 31, 2009, participants receive Pay Credits equal to the 3.00% of their Pensionable Earnings.
- (d) Interest Credits are determined, as of the last day of each calendar quarter by multiplying Cash Balance Account as of the first day of such calendar quarter by the Interest Crediting Rate.

The effective Interest Crediting Rate is equal the annual rate of interest on 5-year Treasury Securities for the November preceding the Plan Year in which the calendar quarter ends plus 25 basis points.

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Early Retirement

Eligibility

- Traditional Plan Participants
 - Retirement after Age 55 with Vested Traditional Plan Benefit
- Cash Balance Plan Participants
 - Retirement after Age 55 with Vested in Cash Balance Benefit

Benefit

- Traditional Plan
 - Accrued Benefit times Early Retirement Reduction Factor:

Age	Early Retirement Factor
65	1.000
64	0.934
63	0.868
62	0.802
61	0.736
60	0.670
59	0.634
58	0.598
57	0.562
56	0.526
55	0.490

- Cash Balance
 - Cash Balance Account without reductions

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Late Retirement

Eligibility

Retirement after Normal Retirement Date

The plan provides benefit suspension notices to participants who work past NRD, hence LRF's are only applied for the period beyond RMD.

Benefit

Traditional Plan

Greater or of (a) or (b):

(a) Benefit accrued as of the Retirement Date;

(b) Normal Retirement Benefit actuarially increased to Commencement Date using the greater of the two: Plan's Actuarial Equivalence Factor or 417(e) Actuarial Equivalence Factor.

Cash Balance

Cash Balance Account Balance

Deferred Vested

Eligibility

Traditional Plan

5 years of Vesting Service for post-1987 terminations;

10 years of Vesting Service for pre-1988 terminations;

Cash Balance Plan

3 years of Vesting Service for post-2007 terminations;

5 years of Vesting Service for post-1987 terminations;

10 years of Vesting Service for pre-1988 terminations;

Benefit

Traditional Plan

Benefit commences at the Normal Retirement Date and is equal to the Accrued Benefit at termination.

Cash Balance

Cash Balance Account Balance payable at termination

Preretirement Death

Death of a vested participant.

Traditional Plan

The amount payable is equal to 50% of the benefit payable to the participant, if the participant terminated employment on the date of death and elected to receive a 50% Joint and Survivor annuity.

Spousal Beneficiaries

- ## Non-Spousal Beneficiaries

Cash Balance Account Balance payable at participant's date of death as soon as practicable, but no later than five years following participant's death.

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Forms of Benefits

Automatic Form for Unmarried Participants	Life annuity.
Automatic Form for Married Participants	100% joint and survivor.
Optional Forms	The life annuity (for married members); 50%, 75%, or 100% joint and survivor annuity; 10-year certain and life annuity; Cash Balance participants may elect to receive the value of their Cash Balance Accounts as a single sum.
Optional Forms Conversion	Conversion Factors are the greater of (a) or (b): (a) 417(e) Actuarial Equivalence Factor (b) The following formulas: 10 C&C: Plan's Actuarial Equivalence Factor 50% J&S: $0.86 - (0.005 \times \text{minimum } (27, (65 - X) + (X - Y)))^1$ 75% J&S: Plan's Actuarial Equivalence Factor 100% J&S: $0.75 - (0.008 \times \text{minimum } (27, (65 - X) + (X - Y)))^1$ Lump Sum: 417(e) Actuarial Equivalence

Where X is the participant's age and Y is the beneficiary's age

¹ If in the above formulas (X - Y) is greater than 20, then the J&S conversion factor will be calculated using Traditional Plan's definition of Actuarial Equivalence Basis.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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Other Information to Fully and Fairly Disclose the Actuarial Position of
the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule A

MG Advantage Retirement Plan

EIN: 23-3063152

Plan: 002

Schedule H, Line 4 (i) - Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity, date, rate of interest, collateral, par or maturity value	Cost	Total current value
	Federated Hermes Treasury Obligation MMKT Instl # 68	Money market funds	\$ 276,542	\$ 276,542
*	Fidelity Intermediate Treasury Bond Fund	Mutual fund	\$ 49,720,240	\$ 49,423,115
*	Fidelity Long-Term Treasury Bond Index Fund	Mutual fund	\$ 21,321,507	\$ 20,470,496
*	Spartan 500 Index Pool	Commingled pooled funds	\$ 12,369,099	\$ 19,709,150
	FIAM Group TR Employee Benefit Plans			
*	Select CAD Commingled Pool	Commingled pooled funds	\$ 3,168,265	\$ 3,287,422
	FIAM Group TR Employee Benefit Plans			
	Select Emerging Markets Equity			
*	Commingled Pool CI A	Commingled pooled funds	\$ 2,311,289	\$ 2,466,849
	FIAM Group TR Employee Benefit Plans			
	Emerging Market			
*	Commingled Pool CI A	Commingled pooled funds	\$ 2,336,945	\$ 2,494,554
	Spartan Group TR Employee Benefit Plans			
	World Minimum Volatility Equity			
*	Commingled Pool CI A	Commingled pooled funds	\$ 13,892,977	\$ 14,981,629
	FIAM Group TR Employee Benefit Plans			
*	Long Duration Commingled Pool CI A	Commingled pooled funds	\$ 62,741,588	\$ 63,068,215
	FIAM Group TR Employee Benefit Plans			
*	REIT Commingled Pool CI A	Commingled pooled funds	\$ 2,850,478	\$ 3,102,590
	FIAM Group TR Employee Benefit Plans			
*	Emerging Mkt Dbt Commingled Pool CI A	Commingled pooled funds	\$ 2,851,092	\$ 3,383,335
	FIAM Group TR Employee Benefit Plans			
*	SM Capitalization Core Commingled Pool CI A	Commingled pooled funds	\$ 1,123,424	\$ 1,208,392
	FIAM Group TR Employee Benefit Plans			
*	Long Corp A or better Commingled Pool CI A	Commingled pooled funds	\$ 49,861,963	\$ 50,498,930
	FIAM Group TR Employee Benefit Plans			
*	Small/Mid Cap Core Commingled Pool CI A	Commingled pooled funds	\$ 3,566,984	\$ 3,513,799
	FIAM Group TR Employee Benefit Plans			
*	8-10 Year Corporate Bond Pool	Commingled pooled funds	\$ 26,237,060	\$ 27,242,652
		Total	<u>\$ 254,629,453</u>	<u>\$ 265,127,670</u>

* Indicates party-in-interest to the Plan

See independent auditor's report.

Schedule SB Attachment (Form 5500) —2024 Plan Year
MG Advantage Retirement Plan
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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the cash balance interest crediting rate from 4.31% for 2023 and 3.75% thereafter to 4.74% in 2024 and 4.25% thereafter.
- A change in the interest rate assumption for lump sum payments from segment rates of 4.84%, 5.15%, and 4.85% to 5.01%, 5.13%, and 5.15%.
- A change in the mortality assumption for lump sum payments from the 2023 plan year IRC section 417(e)(3) mortality table to the 2024 plan year IRC section 417(e)(3) mortality table.
- A change in the unlimited expected rate of return on plan assets from 6.18% to 5.91% to better reflect future expectations.

Changes in nonprescribed assumptions did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.