

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: TRIBUNE MEDIA COMPANY RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 12/01/1945
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 36-1880355
2c Plan Sponsor's telephone number: 312-222-4765
2d Business code (see instructions): 551112

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor NEXSTAR BROADCASTING, INC. 545 E JOHN CARPENTER FREEWAY SUITE 700 IRVING, TX 75062	3b Administrator's EIN 23-3063152 3c Administrator's telephone number 972-383-8800
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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
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5 Total number of participants at the beginning of the plan year	5	16162
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	430
a(2) Total number of active participants at the end of the plan year	6a(2)	388
b Retired or separated participants receiving benefits.....	6b	9041
c Other retired or separated participants entitled to future benefits	6c	5042
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	14471
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	1390
f Total. Add lines 6d and 6e	6f	15861
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1C 3H

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

(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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan TRIBUNE MEDIA COMPANY RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRIBUNE MEDIA COMPANY</p>	<p>D Employer Identification Number (EIN) 36-1880355</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	007216	0	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	5865107

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan TRIBUNE MEDIA COMPANY RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRIBUNE MEDIA COMPANY</p>	<p>D Employer Identification Number (EIN) 36-1880355</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	3080/184/1103	0	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	5739631
5	Current value of plan's interest under this contract in separate accounts at year end.....	21011209
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 5654640
c	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 240405
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 240405
d	Total of balance and additions (add lines 7b and 7c(6))	7d 5895045
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 114285
	(2) Administration charge made by carrier.....	7e(2) 41129
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 155414	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 5739631

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>TRIBUNE MEDIA COMPANY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRIBUNE MEDIA COMPANY</u>	D Employer Identification Number (EIN) <u>36-1880355</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>1145950355</u>
	b Actuarial value	2b	<u>1260545390</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>10042</u>	<u>959906016</u>
	b For terminated vested participants	<u>5690</u>	<u>297583338</u>
	c For active participants	<u>430</u>	<u>22422854</u>
	d Total	<u>16162</u>	<u>1279612208</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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	<u>5.02 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>893851</u>
	b Expected plan-related expenses	6b	<u>9940000</u>
	c Target normal cost	6c	<u>10833851</u>

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	<u>10/08/2025</u>	Date
	<u>STEVEN P. HOXMEIER</u>	<u>23-07239</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>847-442-3310</u>	Telephone number (including area code)
	<u>MSC# 17755 PO BOX 1447 LINCOLNSHIRE, IL 60069</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	27018241
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	18557343
9	Amount remaining (line 7 minus line 8)	0	8460898
10	Interest on line 9 using prior year's actual return of <u>8.92</u> %	0	754712
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>5.15</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	9215610

Part III Funding Percentages			
14	Funding target attainment percentage	14	97.76 %
15	Adjusted funding target attainment percentage	15	97.76 %
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	95.45 %
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		
01/15/2025	2630000	0					
04/14/2025	1850000	0					
04/14/2025	3450000	0					
07/14/2025	3400000	0					
09/12/2025	3400000	0					
			Totals ▶	18(b)	14730000	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	13760238

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> 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)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
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 10833851
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	28629291		2604702	
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 13438553
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	9215610	9215610	
36 Additional cash requirement (line 34 minus line 35)				36 4222943
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 13760238
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 9537295
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 9215610
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 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

A Name of plan <u>TRIBUNE MEDIA COMPANY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRIBUNE MEDIA COMPANY</u>	D Employer Identification Number (EIN) <u>36-1880355</u>	

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: MASTER TRUST FOR PENSION PLANS

b Name of sponsor of entity listed in (a): TRIBUNE MEDIA COMPANY

c EIN-PN <u>36-1880355-201</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1029061715</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM PRUPAR SEPARATE ACCT

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

c EIN-PN <u>22-1211670-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5865107</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: AETNA SEPARATE ACCOUNT NUMBER 87

b Name of sponsor of entity listed in (a): AETNA LIFE INSURANCE COMPANY

c EIN-PN <u>06-6033492-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21011209</u>
---------------------------------------	-------------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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	
A Name of plan TRIBUNE MEDIA COMPANY RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 TRIBUNE MEDIA COMPANY	D Employer Identification Number (EIN) 36-1880355

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	14730000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3003703	2837568
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	535172	196951
(2) U.S. Government securities	1c(2)	4461471	4687942
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1253598	980214
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	1098515070	1029061715
(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)	8694776	8859838
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5654640	5739631
(15) Other.....	1c(15)	23831925	21011209

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	1145950355	1088105068
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1145950355	1088105068

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)	14730000	
(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)		14730000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	240405	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		240405
(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)	167778	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		167778
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-431284
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		25287220
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		39994119

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	101424071	
(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)		101424071
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)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		101424071

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-61429952
l Transfers of assets:			
(1) To this plan	2l(1)		3584665
(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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 557483.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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

A Name of plan <u>TRIBUNE MEDIA COMPANY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRIBUNE MEDIA COMPANY</u>	D Employer Identification Number (EIN) <u>36-1880355</u>	

Part I	Distributions
---------------	----------------------

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-3689044

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	57
--	---	----

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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: 36.1 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 59.4 %
 High-Yield Debt: 0.0 % Real Assets: 2.2 % Cash or Cash Equivalents: _____ % Other: 2.3 %

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 _____.

Tribune Media Company
Retirement Plan

Financial Statements and Supplemental Schedule
December 31, 2024 and 2023

Tribune Media Company Retirement Plan Index

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Schedule H, Line 4i: Schedule of Assets (Held at End of Year) December 31, 2024	19
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 Security Act of 1974, as amended ("ERISA") have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Tribune Media Company Retirement Plan

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

We have performed audits of the financial statements of Tribune Media Company 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 qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 12 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet 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 schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Crowe LLP

Crowe LLP

Oakbrook Terrace, Illinois
October 13, 2025

Tribune Media Company Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value		
Plan interest in Tribune Company Master Trust for Pension Plans	\$ 1,029,742,520	\$ 1,099,600,947
Registered investment company	8,859,838	8,694,776
Investments in pooled separate accounts, at fair value		
Corporate and government securities separate account	5,865,107	6,250,241
Real estate separate account	21,011,209	23,831,925
Unallocated insurance contracts, at contract value	5,739,631	5,654,640
Employer contributions receivable	14,730,000	—
Receivable from Nexstar Media Group, Inc. 401(k) Plan	2,837,568	3,003,703
Total assets	<u>1,088,785,873</u>	<u>1,147,036,232</u>
Liabilities		
Accrued expenses	680,805	1,085,877
Total liabilities	<u>680,805</u>	<u>1,085,877</u>
Net assets available for benefits	<u>\$ 1,088,105,068</u>	<u>\$ 1,145,950,355</u>

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

Tribune Media Company Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income from Plan interest in Tribune Company Master Trust for Pension Plans	\$ 36,963,635	\$ 109,556,929
Net appreciation (depreciation) in other investments		
Corporate and government securities separate account	113,980	311,078
Real estate separate account	(377,486)	(4,372,057)
Unallocated insurance contracts	240,405	252,079
	<u>36,940,534</u>	<u>105,748,029</u>
Employer contributions	14,730,000	-
Transfers from Nexstar Media Group, Inc. 401(k) Plan	3,584,665	3,882,019
Total additions	<u>55,255,199</u>	<u>109,630,048</u>
Deductions		
Benefits paid to participants	101,424,071	158,415,757
Administrative fees and expenses	11,676,415	15,058,844
Total deductions	<u>113,100,486</u>	<u>173,474,601</u>
Net decrease in net assets available for benefits	(57,845,287)	(63,844,553)
Net assets available for benefits		
Beginning of year	1,145,950,355	1,209,794,908
End of year	<u>\$ 1,088,105,068</u>	<u>\$ 1,145,950,355</u>

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

Tribune Media Company Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan

The following brief description of Tribune Media Company Retirement Plan (formerly Tribune Company Hourly Pension Plan) (the "Plan") is provided for general information purposes. Participants should refer to the Plan document and related amendments for more complete information. On July 16, 2014, Tribune Company amended and restated its certificate of incorporation and changed its name to Tribune Media Company (the "Company").

General

On December 9, 2013, Tribune Company filed a registration statement on Form 10 with the U.S. Securities and Exchange Commission for the purpose of effecting the separation of its principal publishing operations (the "Publishing Spin-Off") into an independent company, Tribune Publishing Company ("Tribune Publishing") (formerly tronc, Inc.). The Publishing Spin-Off was consummated on August 4, 2014 and the Company retained sponsorship of the Plan. Under the terms of the Plan, on August 4, 2014, all Tribune Publishing employees who were participants in the Plan, were considered as having separated from service. As such, Tribune Publishing participants may be eligible to take a distribution, subject to the terms and conditions of the Plan.

On November 30, 2018, the Company entered into an Agreement and Plan of Merger (the "Nexstar Merger Agreement") with Nexstar Media Group, Inc. ("Nexstar") and Titan Merger Sub, Inc. (the "Nexstar Merger Sub") providing for the acquisition by Nexstar of all of the outstanding shares of the Company's Class A common stock and Class B common stock by means of a merger of Nexstar Merger Sub with and into the Company, with the Company surviving the merger as a wholly owned subsidiary of Nexstar (the "Nexstar Merger"). The Nexstar Merger was consummated on September 19, 2019.

Plan Merger

Effective December 31, 2022, the Tribune Company Cash Balance Pension Plan (the "Cash Balance Plan") merged into the Plan and the Plan was amended to change the name to the Tribune Media Company Retirement Plan.

Lump Sum Offering

In September 2023, the Company offered certain terminated vested participants a voluntary, limited time offer to receive their pension benefit in a single lump sum payment or to start a monthly payment, payable as of December 1, 2023. To be eligible for this offer, one must have terminated employment prior to July 1, 2023, remain terminated through December 1, 2023 and have a lump sum value of more than \$5,000 but less than \$115,000 as of July 1, 2023. In addition, one could not have been part of the previous lump sum offering in 2020. The participants eligible to take this limited time offer submitted their elections on or before November 15, 2023. There were 1,087 participants that elected to take the voluntary offer in 2023 and lump sum payments of \$57,626,156 are included in Benefits paid to participants in the accompanying Statements of Changes in Net Assets Available for Benefits.

Legacy Tribune Company Hourly Pension Plan

Prior to December 31, 2022, the Plan was a noncontributory defined benefit plan providing retirement benefits for union employees of the Company and certain subsidiaries covered by certain collective bargaining agreements and certain hourly employees not covered by a separate collective bargaining agreement.

Legacy Cash Balance Plan

Prior to December 31, 2022, the Cash Balance Plan was a defined benefit pension plan originally established effective September 1, 1938 to provide retirement benefits to employees of The Times Mirror Company (the "Legacy Times Mirror Plan"). Effective December 23, 2002, the Tribune Company Employees' Pension Plan (the "Legacy Tribune Plan") was merged into

Tribune Media Company Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

the Cash Balance Plan, and the Cash Balance Plan was renamed the Tribune Company Pension Plan. Effective June 30, 2007, the Baltimore Sun Pension Plan for Guild Employees (the "Guild Plan") was merged into the Cash Balance Plan. Effective January 1, 2008, the Cash Balance Plan was amended and restated to provide "cash balance" benefits to eligible employees and renamed the Tribune Company Cash Balance Pension Plan. Effective December 31, 2009, the Cash Balance Plan was amended to freeze participation and benefits earned under the cash balance portion of the Plan.

The Plan is sponsored by the Company and currently has five components:

1. The Tribune Company Hourly Pension Plan component providing retirement benefits for union employees and certain subsidiaries covered by certain collective bargaining agreements and certain hourly employees not covered by a separate collective bargaining agreement.
2. The Legacy Times Mirror Plan component, which was frozen effective December 31, 2005 for all participants other than participants employed by Newsday, Inc. ("Newsday"), and was frozen effective March 31, 2006 for participants employed by Newsday, except for Newsday union employees who were members of the Communications Workers of America ("CWA") union for whom benefits were frozen on December 31, 2006.
3. The Legacy Tribune Plan component, which was frozen December 31, 1998.
4. The Guild Plan component, which provides benefits to eligible employees at The Baltimore Sun who were members of the Washington-Baltimore Newspaper Guild, was closed to new participants effective June 24, 2003 and was frozen with respect to future benefit accruals effective August 31, 2003.
5. The Cash Balance Plan component, which provided cash balance benefits in the form of an annual allocation equal to 3% of eligible compensation on and after January 1, 2008 to eligible employees of Tribune Company and its participating subsidiaries and was frozen effective December 31, 2009. Participants in the cash balance portion of the Plan have their benefits determined as the sum of (a) their benefit, if any, as of December 31, 2007 under the other components of the Plan as then in effect, plus (b) their benefit, if any, determined under the cash balance component of the Plan for service from January 1, 2008 through December 31, 2009.

Prior to the freezing of the cash balance portion of the Plan, eligible employees of the Company and its participating subsidiaries were generally eligible for benefits under that portion of the Plan after reaching age 21 and completing one year of service, which is 1,000 hours or more of service within the relevant 12-month period.

Administration

Effective March 15, 2016, the Company entered into an agreement with Transamerica Retirement Solutions, LLC ("TRS") to provide administrative, retiree payment and custody services for the Plan. On March 24, 2016, the Company entered into a custody agreement with State Street Bank and Trust Company ("State Street") and TRS. This agreement allows State Street to act as custodian for certain plan assets which are invested in the Vanguard Federal Money Market fund, so that TRS can make benefit payments for the Plan.

The Plan is subject to the provisions of ERISA and was administered by the Tribune Media Company Employee Benefits Committee (the "Tribune Committee") consisting of Company employees who were appointed by the Board of Directors or by the Chairman of the Tribune

Tribune Media Company Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Committee. Upon the consummation of the Nexstar Merger, the Tribune Committee was dissolved and, effective September 19, 2019, a committee selected by Nexstar assumed responsibilities for governance of the Plan.

Pension Benefits Coordinated With Times Mirror ESOP Benefits

Certain participants who were formerly employees of The Times Mirror Company, the Los Angeles Times, Matthew Bender & Company, Inc., Achieve Global, Inc., The Morning Call, Inc., Newsday and Times Mirror Magazines, Inc. have accounts in the Nexstar Media Group, Inc. 401(k) Plan that hold investments attributable to The Times Mirror Employee Stock Ownership Plan (the "Times Mirror ESOP").

Benefits under the Times Mirror ESOP are coordinated with the applicable Plan benefits. Under this arrangement, a participant receives a pension benefit equal to the greater of his applicable benefit amount or the annuity equivalent of the participant's Times Mirror ESOP account. The participant can receive the total benefit amount by transferring his Times Mirror ESOP account balance to the Plan or the participant can elect to receive the Times Mirror ESOP benefit as a lump-sum distribution and receive his or her applicable pension benefit reduced by the annuity equivalent of the distributed Times Mirror ESOP account. If a participant does not affirmatively elect to receive his or her Times Mirror ESOP account balance as a lump sum distribution, his Times Mirror ESOP account balance will automatically be transferred to the Plan in accordance with procedures established by the administrator of the Times Mirror ESOP. Amounts transferred in 2024 are reported in Transfers from Nexstar Media Group, Inc. 401(k) Plan on the Statements of Changes in Net Assets Available for Benefits. Amounts related to ESOP account elections made in 2023 and 2024 but transferred in 2024 or 2025 are included as a receivable in the Statements of Net Assets Available for Benefits.

Pension Benefits - Legacy Hourly Plan

Employees with five or more years of service are entitled to annual pension benefits generally beginning at normal retirement age. Benefits are based on various factors, such as length of service, the applicable dollar multiplier final average compensation and social security limits, as set forth in the Plan document, and are generally payable during the retirees' lifetimes. Upon qualified termination of employment, if a participant's present value of total benefits does not exceed \$5,000, the Plan will pay a lump sum to or on behalf of the participant, and the participant will not be eligible for monthly payments in the future. If a participant's present value of total benefits is greater than \$5,000, the Plan will pay (i) a life annuity payable monthly from retirement, if the retiree is unmarried, or (ii) if the retiree is married, a joint and survivor annuity whereby monthly benefit payments are reduced, and a specified percentage of the benefit payments continues during the retiree spouse's lifetime. Unmarried retirees may, however, elect an available optional form of benefit, and married retirees may waive the automatic joint and survivor annuity with spousal consent and elect an available optional form of benefit. If a participant is vested in the Plan but dies before the Plan payments start, his or her spouse could qualify for monthly lifetime benefits equal to a specified percentage of the amount the participant would have received. A participant who is eligible for a disability pension and who meets the applicable requirements shall receive an annual amount, payable monthly, computed in the same manner as a normal retirement pension, based on benefit service as of the date on which the participant became disabled, without reduction for early commencement of benefits.

Pension Benefits - Legacy Cash Balance Plan

Participants are fully vested in their cash balance benefits if they have three years of service or attain age 65 while employed. Participants who previously earned benefits under the Legacy Times Mirror Plan component of the Plan are fully vested if they were employed by The Times Mirror Company ("Times Mirror") or an affiliate on June 12, 2000 and, if not so employed,

Tribune Media Company Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

generally if they have five years of service or attain age 65 while employed. Participants who previously earned benefits under the Legacy Tribune Plan component of the Plan are fully vested if they were employed by the Company or an affiliate on December 31, 1998 or, if not so employed, generally if they have five years of service or attain age 65 (or, if later, participate in the Legacy Tribune Plan component of the Plan for five years) while employed; or attain age 55 and have at least 10 years of service while employed. Participants who previously earned benefits under the Guild Plan component of the Plan are fully vested generally if they have five years of service, attain age 65 while employed, or attain age 55 and have 15 years of service while employed.

Benefits under the cash balance component of the Plan are payable upon termination of employment in a 50% joint and survivor annuity for married participants or a single life annuity for unmarried participants, unless the participant (with spousal consent if married) elects an available optional form of payment, including a lump sum benefit.

Participants who accrued benefits under the Legacy Times Mirror Plan component of the Plan, the Legacy Tribune Plan component of the Plan, or Guild Plan component of the Plan, continue to be eligible to receive those benefits in accordance with the terms of those components.

2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented 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 conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation

The Plan’s investments in the Tribune Company Master Trust for Pension Plans (the “Master Trust”), which was established for the investment of assets of the Plan and other Company-sponsored pension plans, are stated at fair value.

The Plan’s investment in the registered investment company is stated at fair value which is based on quoted prices of the securities on the last business day of the Plan year.

The Plan’s interest in the Master Trust is determined by The Northern Trust Company (the “Trustee”) on a monthly basis based on the beginning market value of the Plan’s interest plus contributions minus benefit payments which equals the adjusted balance. The Plan’s adjusted balance is divided by the total adjusted balance of the Master Trust to determine the Plan’s percentage interest in the Master Trust.

The fair values of the underlying investments in the Master Trust, shown in Note 9, are based upon published market quotations or fair value as determined by the Trustee. Fair values of investments in the Master Trust not having an established market are developed by reference to quoted market values and other financial data pertaining to investments of a similar nature, quality, and yield, as determined by the Trustee. Refer to Note 9 for fair value measurements.

Tribune Media Company Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Income Recognition

The Plan presents the net appreciation or depreciation in fair value of investments, which includes the realized gains or losses, and the unrealized appreciation or depreciation on those investments, in the Statements of Changes in Net Assets Available for Benefits.

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.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those future periodic payments, including lump-sum distributions that are attributable, under the Plan provisions, to the service that employees have rendered as of the benefit information date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) present employees or their beneficiaries and (c) beneficiaries of employees who have died.

The actuarial present value of accumulated plan benefits under the Plan was calculated by the Plan's 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.

The significant actuarial assumptions used in these valuations were:

- Discount rate – 4.78% and 4.99% per annum at December 31, 2023 and 2022, respectively.
- Mortality - Based on the Pri-2012 Mortality Table with Generational Projections using the MP-2021 Aon Endemic Scale at December 31, 2023 and 2022
- Retirement age - Varying between ages 55 and 70 at December 31, 2023 and 2022.
- Cash balance crediting rate - 4.00% and 3.50% for December 31, 2023 and 2022

These actuarial assumptions are based on presumptions that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Benefit Payments

Benefit payments are recorded when paid.

Administrative Fees and Expenses

Administrative fees are paid by the Plan. Administrative expenses relating to the Master Trust are allocated to the individual plans based upon average balances invested by each plan.

3. Funding Policy

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.

Tribune Media Company Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

4. Plan Termination

In the event the Plan terminates, the funds of the Plan shall be used for the benefit of participants or their contingent annuitants under the Plan as of the date of such termination, except that any funds not required to satisfy all liabilities of the Plan shall be returned to the Company, as allowed for under ERISA. Each participant, contingent annuitant receiving a retirement allowance, or spouse receiving a spousal allowance, shall be entitled to a share in the assets of the Plan available to provide benefits in the manner and to the extent then provided in Section 4044 of ERISA.

Should termination occur, to the extent unfunded vested benefits exist and the Company is unable to fund these liabilities, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation (the "PBGC") to participants up to specified limitations, as described in ERISA. Whether a participants' accumulated plan benefit will be paid depends on both the priority of those benefits and the level of the benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

5. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits and the changes in the actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits at December 31, 2023	
Vested benefits	
Participants currently receiving payments	\$ 978,507,351
Other participants	324,254,047
Total vested benefits	<u>1,302,761,398</u>
Nonvested benefits	3,054,199
Total actuarial present value of accumulated plan benefits	<u><u>\$ 1,305,815,597</u></u>
Actuarial present value of accumulated plan benefits at December 31, 2022	
Increase (decrease) during the year attributable to	
Benefits accumulated and other changes	11,942,359
Interest due to the change in discount period	64,192,721
Benefits paid	(158,415,757)
Actuarial assumption changes ⁽¹⁾	<u>23,425,335</u>
Net decrease	<u>(58,855,342)</u>
Actuarial present value of accumulated plan benefits at December 31, 2023	<u><u>\$ 1,305,815,597</u></u>

(1) Actuarial assumption changes primarily driven by the decrease in the discount rate.

6. Insurance Company General and Pooled Separate Accounts

Due to the merger of the Cash Balance Plan on December 31, 2022, the Plan has insurance contracts with The Prudential Insurance Company of America ("Prudential") and Aetna Life Insurance Company under which plan assets are administered through general and pooled accounts. At the direction of the plan administrator, a portion of the funds can be used to purchase units in the insurance companies' pooled separate accounts. The separate accounts' portfolios may include positions in money market instruments, common stocks, government and corporate bonds and notes and real estate. Certain restrictions exist such that penalties may

Tribune Media Company Retirement Plan

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result from early withdrawal of assets from the insurance company accounts or termination of the contracts. Certain benefit payments to participants or their beneficiaries are made directly by the insurance companies from the funds accumulated under the contracts.

7. Allocated Insurance Contracts

The former News & Sun-Sentinel Company Pension Plan merged with the Cash Balance Plan effective January 1, 1985. The former News & Sun-Sentinel Company Pension Plan had entered into a paid-up group annuity endowment policy with Prudential that was established under a predecessor pension plan. Employees who met eligibility requirements before September 1, 1967 receive, upon retirement, benefits under this policy. Benefit payments to pensioners or their beneficiaries arising from this policy are fully guaranteed by Prudential, and, accordingly, Plan assets do not include the value of this paid-up group policy. The actuarial present value of accumulated Plan benefits does not include benefits payable under this contract. No income was earned under this policy during 2024 or 2023.

The former Sentinel Communications Company Pension Plan (the "former Sentinel Plan") merged with the Cash Balance Plan, effective January 1, 1985. The former Sentinel Plan had entered into a participating group annuity contract with the Massachusetts Mutual Insurance Company ("Massachusetts Mutual"), the cost of which was determined on an actuarial basis, for those former Sentinel Plan participants who were receiving benefits as of March 1, 1978. Benefit payments to pensioners or their beneficiaries arising from this policy are fully guaranteed by Massachusetts Mutual and, accordingly, Plan assets do not include the value of this paid-up group policy. The actuarial present value of accumulated Plan benefits does not include benefits payable under this contract. No income was earned during 2024 or 2023.

The Cash Balance Plan entered into a group annuity contract with Equitable Life Assurance Society of the United States ("Equitable") where funds have been accumulated in an allocated fund. Annuity payments relating to the allocated fund are guaranteed by Equitable and, accordingly, Plan assets do not include the value of this group annuity contract. The actuarial present value of accumulated Plan benefits does not include benefits payable under the contract. No income was earned under this policy during 2024 or 2023.

Tribune Media Company Retirement Plan
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8. Interest in Tribune Company Master Trust for Pension Plans

The Master Trust was established for the investment of assets of the Plan and several other Company-sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was approximately 94%. The assets of the Master Trust are held by the Trustee. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average balances invested by each plan.

The following is a summary of the fair values of investments held by the Master Trust at December 31, 2024 and 2023:

	2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value		
Commingled pools / collective trusts	\$ 1,090,919,020	\$ 1,029,742,520
Total nonspecifically identified investments in Master Trust	<u>\$ 1,090,919,020</u>	<u>\$ 1,029,742,520</u>
	2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value		
Commingled pools / collective trusts	\$ 1,163,905,438	\$ 1,099,600,947
Total nonspecifically identified investments in Master Trust	<u>\$ 1,163,905,438</u>	<u>\$ 1,099,600,947</u>

Investment income (loss) for the Master Trust for the years ended December 31, 2024 and 2023 is as follows:

	2024	2023
Investment income (loss)		
Net appreciation in fair value investments		
Investments at fair value as determined by quoted market prices		
Commingled pools / collective trusts	\$ 38,334,179	\$ 113,961,458
Fixed income	1,780	3,206
Total net appreciation in fair value of investments	<u>38,335,959</u>	<u>113,964,664</u>
Interest and dividends	<u>909,796</u>	<u>1,839,636</u>
Total investment income in Master Trust related to nonspecifically identified investments	<u>\$ 39,245,755</u>	<u>\$ 115,804,300</u>

Tribune Media Company Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

9. 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 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 valuation methodologies used for investments measured at fair value.

Registered Investment Companies

Registered investment companies consist of investments in mutual funds. Mutual funds are valued based on exchange listed prices, for exchange traded registered investment companies, or the Net Asset Value (“NAV”) for open-ended and continuously offered closed-end registered investment companies.

Commingled Pools / Collective Trusts

Investments in commingled pools / collective trusts are valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets of each of the respective commingled pool / collective trust. The underlying assets are valued based on the NAV as provided by the investment account manager or based on pricing from observable market information in a nonactive market. 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.

Investments in cash commingled pools invest in short-term securities that are valued at amortized cost, which approximates fair value. The amortized cost of an instrument is determined by valuing it at its original cost and thereafter amortizing any discount or premium from its face value at a constant rate until maturity. Securities held by a money market portfolio are generally high quality and liquid; however, they are reflected as Level 2 because the inputs used to determine fair value are not quoted prices in an active market.

Fixed Income

Corporate bonds are generally valued using evaluated prices that reflect observable market information, such as actual trade information of similar securities, adjusted for observable differences and are classified in Level 2 of the fair value hierarchy. Government securities consist of investments in treasury securities, municipal bonds, debt securities issued by the government,

Tribune Media Company Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

index-linked government bonds and government mortgage-backed securities. Government bonds not traded on an active market are valued at a price which is based on a compilation of primarily observable market information or a broker quote in a nonactive market, and are classified in Level 2 of the fair value hierarchy.

Real Estate Investment Funds

The fair value of our real estate investment funds is based on the NAV of our ownership interest in the funds. The NAV is used as a practical expedient to estimate fair value. The NAV is based on information is received from the investment managers and is primarily determined by using the methods most appropriate for the type of investment, including, but not limited to, the following: forecasts of net cash flows based on analyses of revenue and expenses and anticipated net proceeds from the liquidation of the underlying investments, discounted at prevailing risk-adjusted market rates of interest; comparisons of key performance indicators of relevant industry indices; recent negotiations of comparable investments; and/or independent appraisals by lenders or other third parties, when available. Real estate investment funds may be redeemed quarterly with a 60 day notice period, and have no unfunded commitments.

The table below reports by level, within the fair value hierarchy, the Master Trust and Plan investment assets at fair value as of December 31, 2024 and 2023. As required by ASC Topic 820, the assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Tribune Company Master Trust for pension plans				
Registered investment companies	\$ 138,763,843	\$ —	\$ —	\$ 138,763,843
Commingled pools / collective trusts	—	7,269,933	—	7,269,933
Total Master Trust investment assets at fair value	<u>\$ 138,763,843</u>	<u>\$ 7,269,933</u>	<u>\$ —</u>	<u>146,033,776</u>
Master Trust assets measured at NAV as a practical expedient ⁽¹⁾				944,885,244
Total Master Trust investment assets				<u>\$ 1,090,919,020</u>
Specifically identified assets related to the Plan				
Registered investment company	\$ 8,859,838	\$ —	\$ —	\$ 8,859,838
Corporate and government securities	—	5,865,107	—	5,865,107
Total specifically identified assets	<u>\$ 8,859,838</u>	<u>\$ 5,865,107</u>	<u>\$ —</u>	<u>14,724,945</u>
Specifically identified assets at NAV as a practical expedient ⁽²⁾				21,011,209
Total specifically identified assets ⁽³⁾				<u>\$ 35,736,154</u>

(1) Certain commingled pools / collective trusts that are measured at fair value using the NAV per share practical expedient have not been categorized in the fair value hierarchy. The fair value amounts in the table above are intended to permit reconciliation of the fair value hierarchy to the total value of plan assets.

(2) A real estate separate account that is measured at fair value using the NAV per share practical expedient has not been categorized in the fair value hierarchy. The fair value amount in the table above is intended to permit reconciliation of the fair value hierarchy to the total value of plan assets.

(3) Excludes insurance contract of \$5,739,631 measured at contract value.

Tribune Media Company Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Tribune Company Master Trust for pension plans				
Commingled pools / collective trusts	\$ —	\$ 18,258,958	\$ —	\$ 18,258,958
Total Master Trust investment assets at fair value	\$ —	\$ 18,258,958	\$ —	18,258,958
Master Trust assets measured at NAV as a practical expedient ⁽¹⁾				1,145,646,479
Total Master Trust investment assets				\$ 1,163,905,437
Specifically identified assets related to the Plan				
Registered investment company	\$ 8,694,776	\$ —	\$ —	\$ 8,694,776
Corporate and government securities	—	6,250,241	—	6,250,241
Total specifically identified assets	\$ 8,694,776	\$ 6,250,241	\$ —	14,945,017
Specifically identified assets at NAV as a practical expedient ⁽²⁾				23,831,925
Total specifically identified assets ⁽³⁾				\$ 38,776,942

(1) Certain commingled pools / collective trusts that are measured at fair value using the NAV per share practical expedient have not been categorized in the fair value hierarchy. The fair value amounts in the table above are intended to permit reconciliation of the fair value hierarchy to the total value of plan assets.

(2) A real estate separate account that is measured at fair value using the NAV per share practical expedient has not been categorized in the fair value hierarchy. The fair value amount in the table above is intended to permit reconciliation of the fair value hierarchy to the total value of plan assets.

(3) Excludes insurance contract of \$5,654,640 measured at contract value.

10. Income Tax Status

The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter dated April 18, 2017, which considered amendments executed through January 22, 2016 and was contingent on the adoption of a subsequent amendment which was timely executed on April 24, 2017, that the Plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter and the Plan was restated and amended effective January 1, 2023, Plan management believes that the Plan is designed to comply with, and that the Plan is currently being operated in material compliance with, the applicable requirements of the IRC and is not aware of any course of action or series of events that have occurred that might adversely affect the Plan’s tax exempt status.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and 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 a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

11. Risks and Uncertainties

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

The Plan and Master Trust holds various investment securities. Investment securities are

Tribune Media Company Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks will occur in the near term and that the effect of such changes would materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

12. Certified Information

Certain information related to 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, and 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 the Trustee of the Plan and by State Street Bank and Trust Company (the "Custodian").

13. Party-in-Interest Transactions

Certain investments of the Plan and Master Trust are shares of funds managed by the Trustee, and therefore transactions between these entities qualify as party-in-interest transactions. Fees paid by the Plan for investment management and custodial services amounted to approximately \$29,547 and \$29,799 for the years ended December 31, 2024 and 2023, respectively. TRS is considered a party-in-interest to the Plan. Fees paid by the Plan for recordkeeping services amounted to \$1,024,870 and \$1,019,116 for the years ended December 31, 2024 and 2023, respectively. Fidelity Institutional Asset Management Trust Company is an investment manager and an investment adviser to the Plan and is considered a party-in-interest to the Plan. Fees paid by the Plan for investment advising services amount to \$1,986,633 and \$2,336,954 for the years ended December 31, 2024 and 2023, respectively.

14. Subsequent Events

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

Supplemental Schedule

Tribune Media Company Retirement Plan
Schedule H, Line 4i: Schedule of Assets (Held at End of Year)
December 31, 2024
EIN:36-1880355 Plan: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	The Tribune Company Master Trust for Pension Plans	Investment in Master Trust	\$ 1,015,582,757	\$ 1,029,742,520
*	Vanguard Federal Money Market Fund	Registered Investment company	8,859,838	8,859,838
*	Prudential Insurance Company of America (see Exhibit 1)	Corporate and Government Securities Separate Account	6,192,637	5,865,107
	UBS Trumbull Property Fund	Real Estate Commingled Fund	26,083,545	21,011,209
	Aetna Life Insurance Company	Unallocated insurance contracts	5,739,631	5,739,631
			<u>\$ 1,062,458,408</u>	<u>\$ 1,071,218,305</u>

* Indicated party-in-interest to the Plan

See Independent Auditor's Report

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

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

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			7							
35-39			3	4	12					
40-44			2	1	34	6	1			
45-49			2	2	26	16	9			
50-54			4	1	23	16	38	3	1	
55-59			5	4	7	15	27	15	5	
60-64		1	3		12	9	27	17	16	5
65-69		1	1	3	4	6	4	8	6	6
70+					1	1	3	2	1	4

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Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 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	4.00%
Optional Payment Form Election Percentage	It is assumed that 70% of cash balance participants will elect an immediate lump sum upon termination and 30% will elect a deferred lump sum at age 62. It is assumed all other participants with an ESOP or PSI benefit will elect to take those benefits as a life annuity. It is assumed all other participants elect optional forms as indicated in Table 6.
Optional Payment Form Conversion Interest Rate	1.94%
(for Former LTH Plan Supplements H and I)	

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Retirement Age

Active Participants	See Table 1 for Former TCPP Plan See Table 2 for Former Hourly Plan
Terminated Vested Participants	See Table 3 for Former TCPP Plan Age 63 for Former Hourly Plan

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 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 4 for Former TCPP Plan

See Table 5 for Former Hourly Plan

Disability Rates

70% of the 1987 Commissioner's Group Disability Table

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

It is assumed that 85% of males and 85% 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-

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	5.43%
2023 Plan Year	7.11% limited to 5.74%
2024 Plan Year	6.79% limited to 5.59%

Trust Expenses Included in Target Normal Cost

\$9,560,000. 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 \$10,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Table 1 - Active Retirement Rates
Former Tribune Company Cash Balance Pension Plan

Age	Rate
55	13%
56	5%
57	5%
58	10%
59	10%
60	10%
61	10%
62	25%
63	15%
64	15%
65	15%
66	15%
67	15%
68	20%
69	20%
70+	100%

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Table 2 - Active Retirement Rates
Former Tribune Company Hourly Pension Plan

Age	Rate
60	3%
61	10%
62	10%
63	10%
64	10%
65+	100%

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Table 3 - Terminated Vested Retirement Rates
Former Tribune Company Cash Balance Pension Plan

Age	Cash Balance	Others
55	4%	4%
56	4%	3%
57	4%	2%
58	4%	2%
59	6%	4%
60	7%	4%
61	7%	6%
62	10%	7%
63	10%	7%
64	19%	18%
65+	100%	100%

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Table 4 - Withdrawal Rates

Former Tribune Company Cash Balance Pension Plan

Age	Rate
18	20%
19	20%
20	20%
21	20%
22	20%
23	17%
24	17%
25	17%
26	17%
27	17%
28	17%
29	17%
30	17%
31	17%
32	17%
33	14%
34	14%
35	14%
36	14%
37	14%
38	10%
39	10%
40	10%
41	10%
42	10%
43	9%
44	9%

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

45	9%
46	9%
47	9%
48	8%
49	8%
50	8%
51	8%
52	8%
53	7%
54	7%
55+	7%

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Table 5 - Withdrawal Rates

Former Tribune Company Hourly Pension Plan

Age	Years of Service					
	0	1	2	3	4	5+
15	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
16	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
17	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
18	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
19	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
20	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
21	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
22	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%
23	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%
24	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%
25	3.80%	3.80%	3.80%	3.80%	3.80%	3.80%
26	3.60%	3.60%	3.60%	3.60%	3.60%	3.60%
27	3.30%	3.30%	3.30%	3.30%	3.30%	3.30%
28	3.10%	3.10%	3.10%	3.10%	3.10%	3.10%
29	2.90%	2.90%	2.90%	2.90%	2.90%	2.90%
30	2.90%	2.80%	2.80%	2.80%	2.80%	2.80%
31	2.90%	2.80%	2.60%	2.60%	2.60%	2.60%
32	2.90%	2.80%	2.60%	2.50%	2.40%	2.40%
33	2.90%	2.80%	2.60%	2.50%	2.40%	2.20%
34	2.90%	2.80%	2.60%	2.50%	2.40%	2.10%
35	2.90%	2.80%	2.60%	2.50%	2.40%	1.90%
36	2.90%	2.80%	2.60%	2.50%	2.40%	1.80%
37	2.90%	2.80%	2.60%	2.50%	2.40%	1.70%
38	2.90%	2.80%	2.60%	2.50%	2.40%	1.60%
39	2.90%	2.80%	2.60%	2.50%	2.40%	1.50%
40	2.90%	2.80%	2.60%	2.50%	2.40%	1.40%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Tribune Media Company Retirement Plan
 EIN: 36-1880355 PN: 002

41	2.90%	2.80%	2.60%	2.50%	2.40%	1.30%
42	2.90%	2.80%	2.60%	2.50%	2.40%	1.20%
43	2.90%	2.80%	2.60%	2.50%	2.40%	1.20%
44	2.90%	2.80%	2.60%	2.50%	2.40%	1.10%
45	2.90%	2.80%	2.60%	2.50%	2.40%	1.10%
46+	2.90%	2.80%	2.60%	2.50%	2.40%	1.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Table 6 - Optional Form Election

Form of Payment	Former Times Mirror	Former Legacy Tribune	Former Sunpapers	Former Hourly Pension
5-Year Certain & Life	2%	2%	0%	2%
10-Year Certain & Life	3%	2%	2%	5%
15-Year Certain & Life	2%	0%	0%	0%
50% Joint & Survivor	14%	19%	14%	14%
66 2/3% Joint & Survivor	0%	0%	0%	6%
75% Joint & Survivor	3%	4%	3%	2%
100% Joint & Survivor	16%	12%	16%	11%
Single Life Annuity	59%	61%	65%	60%
Level Income Option	1%	0%	0%	0%

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... 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 TRIBUNE MEDIA COMPANY RETIREMENT PLAN 1b Three-digit plan number (PN) 002 1c Effective date of plan 12/01/1945 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) Tribune Media Company 303 E Wacker Drive Suite 1700 Chicago IL 60601 2b Employer Identification Number (EIN) 36-1880355 2c Plan Sponsor's telephone number 312-222-4765 2d Business code (see instructions) 551112

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.

Table with 3 columns: SIGN HERE, Signature, Date, and Name. Row 1: SIGN HERE, [Signature], 10/15/25, D. RANDALL BRADFORD. Row 2: SIGN HERE, Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: 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 <input type="checkbox"/> Same as Plan Sponsor NEXSTAR BROADCASTING, INC. 545 E JOHN CARPENTER FREEWAY SUITE 700 IRVING TX 75062	3b Administrator's EIN 23-3063152 3c Administrator's telephone number 972-383-8800
---	---

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	16,162
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	430
a(2) Total number of active participants at the end of the plan year	6a(2)	388
b Retired or separated participants receiving benefits	6b	9,041
c Other retired or separated participants entitled to future benefits	6c	5,042
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	14,471
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1,390
f Total. Add lines 6d and 6e	6f	15,861
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	2

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 1C 3H

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

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 2

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

**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

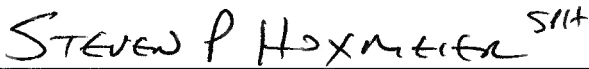
▶ **Round off amounts to nearest dollar.**

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

A Name of plan TRIBUNE MEDIA COMPANY 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 Media Group, Inc.	D Employer Identification Number (EIN) 36-1880355	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	1,145,950,355	
b Actuarial value	2b	1,260,545,390	
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	10,042	959,906,016	959,906,016
b For terminated vested participants	5,690	297,583,338	297,583,338
c For active participants	430	22,122,854	22,469,717
d Total	16,162	1,279,612,208	1,279,959,071
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
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			5.02%
6 Target normal cost			
a Present value of current plan year accruals			893,851
b Expected plan-related expenses			9,940,000
c Target normal cost			10,833,851

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		<u>10/8/2025</u>
	Signature of actuary	Date
	STEVEN P. HOXMEIER	2307239
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	847-442-3310
	Firm name	Telephone number (including area code)
	MSC# 17755 PO BOX 1447 LINCOLNSHIRE IL 60069	
	Address of the firm	

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%	<input type="checkbox"/> 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** 10,833,851

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

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	28,629,291	2,604,702
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** 13,438,553

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	9,215,610	9,215,610
36 Additional cash requirement (line 34 minus line 35).....			36 4,222,943
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 13,760,238

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

a Total (excess, if any, of line 37 over line 36)..... **38a** 9,537,295

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 9,215,610

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.02%	Interest Adjusted Contribution
January 15, 2025	\$ 2,630,000	380	\$ 2,499,584
April 14, 2025	1,850,000	469	1,737,388
April 14, 2025	3,450,000	469	3,239,995
July 14, 2025	3,400,000	560	3,154,283
September 12, 2025	<u>3,400,000</u>	620	<u>3,128,988</u>
Total Contribution	\$ 14,730,000		\$ 13,760,238

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 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 mid-year, except for the 100% retirement age.

Table 1 - Active Retirement Rates
Former Tribune Company Cash Balance Pension Plan

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	12.50%	1.0000	6.94
56.5	5.00%	0.8750	2.47
57.5	5.00%	0.8313	2.39
58.5	10.00%	0.7897	4.62
59.5	10.00%	0.7107	4.23
60.5	10.00%	0.6396	3.87
61.5	10.00%	0.5757	3.54
62.5	25.00%	0.5181	8.10
63.5	15.00%	0.3886	3.70
64.5	15.00%	0.3303	3.20
65.5	15.00%	0.2808	2.76
66.5	15.00%	0.2386	2.38
67.5	15.00%	0.2028	2.05
68.5	20.00%	0.1724	2.36
69.5	20.00%	0.1379	1.92
70	100.00%	0.1103	7.72
		Weighted Average	62.25

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Table 2 - Active Retirement Rates
Former Tribune Company Hourly Pension
Plan

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	3.00%	1.0000	1.82
61.5	10.00%	0.9700	5.97
62.5	10.00%	0.8730	5.46
63.5	10.00%	0.7857	4.99
64.5	10.00%	0.7071	4.56
65	100.00%	0.6364	41.37
		Weighted Average	64.17

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Table 3 - Active Retirement Rates
Tribune Media Company Retirement Plan

Retirement Table	Active Participants	Weight	Average Retirement Age
Former Tribune Company Cash Balance Pension Plan	294	0.6837	62.25
Former Tribune Company Hourly Pension Plan	136	0.3163	64.17
		Weighted Average	62.86

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 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	755,467	10,880,725	98,708,908	110,345,100
2025	842,950	14,908,224	95,426,739	111,177,913
2026	971,803	16,138,538	92,157,386	109,267,727
2027	1,130,017	18,152,560	88,762,590	108,045,167
2028	1,240,301	19,836,457	85,305,819	106,382,577
2029	1,319,501	21,116,217	81,757,445	104,193,163
2030	1,398,331	21,956,320	78,175,707	101,530,358
2031	1,447,843	22,517,540	74,532,340	98,497,723
2032	1,526,701	22,895,761	70,811,222	95,233,684
2033	1,530,656	23,025,131	67,030,752	91,586,539
2034	1,563,829	23,064,520	63,231,092	87,859,441
2035	1,618,098	22,921,822	59,445,405	83,985,325
2036	1,637,565	22,648,608	55,610,111	79,896,284
2037	1,646,366	22,301,972	51,778,203	75,726,541
2038	1,625,155	21,881,819	47,972,716	71,479,690
2039	1,672,280	21,294,109	44,179,322	67,145,711
2040	1,669,980	20,680,713	40,492,119	62,842,812
2041	1,636,210	19,941,663	36,876,014	58,453,887
2042	1,635,840	19,153,071	33,343,990	54,132,901
2043	1,587,014	18,283,554	29,947,336	49,817,904
2044	1,547,156	17,416,671	26,692,024	45,655,851
2045	1,520,440	16,464,183	23,601,212	41,585,835
2046	1,470,878	15,487,330	20,692,406	37,650,614
2047	1,441,169	14,457,946	17,982,794	33,881,909
2048	1,381,136	13,426,184	15,492,219	30,299,539
2049	1,321,281	12,409,926	13,236,064	26,967,271
2050	1,267,676	11,351,180	11,174,789	23,793,645
2051	1,205,669	10,346,595	9,353,348	20,905,612
2052	1,139,903	9,354,804	7,758,393	18,253,100
2053	1,071,707	8,396,983	6,372,384	15,841,074
2054	1,001,518	7,475,517	5,186,821	13,663,856
2055	944,989	6,599,381	4,185,966	11,730,336
2056	877,877	5,776,130	3,365,621	10,019,628
2057	810,394	5,011,801	2,670,156	8,492,351
2058	747,342	4,310,657	2,117,095	7,175,094

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	684,615	3,675,102	1,669,780	6,029,497
2060	624,788	3,105,753	1,314,769	5,045,310
2061	568,139	2,601,599	1,035,864	4,205,602
2062	514,815	2,160,226	818,645	3,493,686
2063	464,853	1,778,097	650,622	2,893,572
2064	418,283	1,450,860	521,968	2,391,111
2065	374,985	1,173,612	422,536	1,971,133
2066	335,013	941,151	346,031	1,622,195
2067	298,229	748,213	286,917	1,333,359
2068	264,489	589,664	240,894	1,095,047
2069	233,678	460,632	204,671	898,981
2070	205,630	356,628	199,620	761,878
2071	180,194	273,591	152,351	606,136
2072	157,213	207,919	133,053	498,185
2073	136,527	156,475	116,891	409,893

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Schedule SB, Part V – Summary of Plan Provisions

Cash Balance Pension Plan

Eligibility	The first anniversary of employment following the completion of one year of service with 1,000 hours and age 21. No new participants after December 31, 2009.
Normal Retirement	
Eligibility	Age 65.
Benefit	Service accruals were frozen as of January 1, 2010. Interest accruals will continue for participants with positive account balances as of December 31, 2009. An amount equal to the actuarial equivalent of the participant's cash balance account payable in the form of a life annuity.
Pay Credits	The annual pay credit is added to the cash balance account after interest is credited for the year. A participant is eligible for a pay credit if he or she has worked 1,000 hours during the year, is retirement eligible, or disabled. The annual pay credit is 3% of annual pension earnings. A 2% opening account balance was provided as of December 31, 2007 to eligible participants. Effective February 15, 2008, the plan was amended to provide additional cash balance account credits to eligible employees in the Involuntary Separation Plan or the Employee Voluntary Separation Plan. Benefits equal a cash balance allocation equal to 103% times weekly rate of base pay times the participant's number of consecutive periods of six months of completed service (minimum of six months and maximum of 52 months).
Interest Credits	Interest is credited to the account quarterly using compound interest. The annual interest rate is the 10-year Treasury rate for November of the year prior to the year in which interest is credited.
Early Retirement	
Eligibility	Age 55 and 10 years of vesting service.
Benefit	An amount equal to the actuarial equivalent of the participant's cash balance account payable in the form of a life annuity.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Disability Retirement

Eligibility	Participants are vested immediately upon disability.
Benefit	An amount equal to the actuarial equivalent of the participant's cash balance account payable in the form of a life annuity.

Vested Deferred Retirement

Eligibility	Five years of service.
Benefit	An amount equal to the actuarial equivalent of the participant's cash balance account payable in the form of a life annuity.

Preretirement Death Benefit

Eligibility	Eligible for a vested benefit.
Benefit	100% of the cash balance account will be paid to the beneficiary if a participant dies before commencement of benefits.

Definitions

Pensionable Earnings	Compensation including elective deferrals and commissions and excluding overtime, bonuses and shift differentials.
Normal Form of Benefit	Life annuity for unmarried participants or an actuarially equivalent 50% joint and survivor annuity if the participant is married.
Optional Payment Forms	Single life annuity (for married participants), 50%, 75%, or 100% joint and survivor annuity, 5- or 10-year certain and life lump sum.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Tribune Media Company Retirement Plan
EIN: 36-1880355 PN: 002

Former Times Mirror Pension Plan

Plan Year	January 1–December 31.
Eligibility	An employee becomes a participant on the first anniversary of employment following the completion of one year of service with 1,000 hours. No new participants after December 31, 2005.
Normal Retirement	
Eligibility	Age 65.
Benefit	<p>Benefits were frozen December 31, 2005 for Non-Newsday participants. Benefits were frozen March 31, 2006 for Newsday participants. Benefits were frozen December 31, 2006 for Compositors participants.</p> <p>A monthly amount equal to the sum of (a) minus (b) multiplied by one-twelfth:</p> <ul style="list-style-type: none">(a) 1.75% of average compensation multiplied by benefit service; minus(b) 1.75% of primary Social Security benefit multiplied by benefit service (maximum offset of 50% times benefit service at termination divided by projected benefit service at normal retirement date). <p>For Southern Connecticut, the 1.75% in part (a) and (b) should be replaced by 1.50%.</p> <p>Hartford Courant has a different benefit formula as follows:</p> <ul style="list-style-type: none">(a) 0.80% of average compensation below average Social Security wage base multiplied by benefit service; plus(b) 1.50% of average compensation above average Social Security wage base multiplied by benefit service. <p>Homestead Publishing has a different formula as follows:</p> <ul style="list-style-type: none">(a) 0.60% of average compensation below \$700 times benefit service (maximum 35 years); plus(b) 1.20% of average compensation times service (maximum 35 years); plus(c) 0.80% of average compensation times benefit service in excess of 35 years.

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Past Service Improvement (PSI)	For participants employed at L.A. Times and Newsday on March 29, 1985, the PSI equals 2% of 1984 pension earnings times benefit service as of January 1, 1985. The PSI is credited with interest at 7.50% from January 1, 1985 to date of termination. PSI was not frozen December 31, 2005 and continues to accrue interest.
ESOP Offset	For participants at L.A. Times, Morning Call and Newsday who have an ESOP balance, the deferred to age 65 annuity equivalent of the ESOP balance at termination is offset from the normal retirement benefit plus PSI. If the ESOP benefit is larger than the company-provided portion of normal retirement benefit plus PSI, the employee will receive the larger ESOP benefit. The employee can elect to receive the ESOP as a lump sum, with spousal consent, and receive a reduced annuity. ESOP was not frozen December 31, 2005 and continues to accrue interest.
Grandfathered Benefits	For the following grandfathered formulas, the participant will receive the greater of the normal retirement benefit and the grandfathered formula. Benefits were frozen December 31, 2005.
L.A. Times	A career average formula plus 2.5% of average compensation times benefit service (maximum 30 years).
Morning Call	Accrued benefit as of January 1, 1979 plus 1.0% of average compensation times benefit service after January 1, 1979.
Early Retirement	
Eligibility	Age 55 and five years of vesting service.
Benefit	An amount equal to the normal retirement benefit, based on benefit service, average compensation, and the primary Social Security as of the date of actual termination. Benefits commencing prior to age 65 will be reduced by 6 ² / ₃ % for each of the first five years and 3 ¹ / ₃ % for each additional year that the commencement date precedes age 65. For participants at Hartford Courant, benefits are reduced by 4.8% for each year that the commencement date precedes age 65.
Disability Retirement	
Eligibility	Immediate vesting.
Benefit	Normal or early retirement when otherwise eligible.

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Vested Termination Benefits

Eligibility	Five years of vesting service.
Benefit	An amount equal to the normal retirement benefit, based on benefit service, average compensation, and the average Social Security wage base as of the date of termination. The participant may elect to begin receiving benefits at age 55. This benefit will be reduced for early retirement.

Preretirement Survivor Benefit

Eligibility	Five years of vesting service.
Benefit	<p>If a participant is not eligible for early retirement at the time of death, the surviving beneficiary is entitled to an annuity equal to one-half of the annuity the participant would have received if the participant had incurred a break in service on the day before death, survived to earliest retirement date, and elected a pension payable in the form of a qualified 50% joint and survivor annuity.</p> <p>If a participant is eligible for early retirement at the time of death, the surviving beneficiary is entitled to an immediate life annuity equal to the amount which would have been paid to the spouse if the participant had retired the day preceding death and had elected a pension payable in the form of a qualified 50% joint and survivor annuity.</p> <p>Participants employed at Hartford Courant receive a 100% joint and survivor benefit instead of a 50% joint and survivor benefit.</p>

Form of Benefit

Normal Form of Benefit	Life annuity, payable on a reduced basis as a 50% (100% for Hartford Courant) qualified joint and survivor annuity to married participants unless otherwise elected.
Optional Payment Forms	50%, 75% and 100% joint and survivor annuity; 5-year and 10-year certain and life annuity; Social Security level income option; and lump sum option (less than \$10,000).

Source of Contributions

Employee Contributions	The plan is fully employer-paid since January 1, 1976. Eliminated January 1, 1976, employee contributions are refunded at any time upon request, with spousal consent after termination but before benefit commencement. As a result of any refund, the benefit will be reduced by an annuity equivalent.
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Definitions

Vesting Service	One year of vesting service is credited for each plan year an employee completes 1,000 or more hours of service. No credit is granted for years in which the employee completes less than 1,000 hours.
Benefit Service	<p>Benefit service was frozen December 31, 2005 for Non-Newsday participants. A one-time service enhancement of one year for every 10 years of service, with a maximum of two years, was added to the frozen service amount. One year of benefit service is earned for each plan year an employee completes 1,800 or more hours of service. A partial year is earned if completes at least 1,000 hours. Service for an employee's first year of participation is based on all hours of service earned during the year. Partial service is credited for the first year of employment and during the last year of employment.</p> <p>The following caps apply to benefit service:</p> <p>L.A. Times: Greater of 30 years or benefit service as of January 1, 2006.</p> <p>Baltimore Sun Pension: 30 years.</p> <p>Southern Connecticut and Morning Call: Greater of 30 years or benefit service as of January 1, 1998.</p> <p>The service transition of one year for every 10 years with a maximum of two years is not subject to any caps or service.</p>
Compensation	<p>Compensation was frozen December 31, 2005. Compensation including elective deferrals and commissions and excluding overtime and bonuses.</p> <p>For employees who worked less than 1,800 hours during a calendar year, compensation is annualized based on scheduled pay and hours for that calendar year.</p>
Average Compensation	One-fifth of the compensation of a participant for the five years in which compensation is highest out of the last 10 years of service.
Average Social Security Wage Base	The average Social Security wage base was frozen December 31, 2005. The 35-year average of Social Security wage bases ending in the year a participant attains Social Security retirement age. The current wage base is assumed to continue after termination of employment.

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Former Tribune Company Employees' Pension Plan

Plan Year	January 1–December 31.
Effective Date	<p>The plan was effective December 1, 1964 (originally named the Chicago Tribune Salaried Employees Pension Plan) and was subsequently amended and restated effective January 1, 1976, July 14, 1980, January 1, 1985, and January 1, 1989.</p> <p>Effective with the January 1, 1989 restatement, the plan name was changed from the Tribune Company Salaried Employees' Pension Plan to the Tribune Company Employees' Pension Plan.</p>
Eligible Employees	Eligible employees are all employees of the company and any related company who adopts the plan, who is included in a classification of employees covered by the applicable benefit schedule.
Eligibility for Participation	<p>All employees who were participants in the plan as of December 31, 1988, or who were accruing benefits under a prior plan on December 31, 1988, continue to participate after that date. All other employees become a participant at the later of:</p> <ul style="list-style-type: none">(a) Attainment of age 21, completion of one year of service; or(b) Date of becoming an eligible employee. <p>No new participants are permitted after December 31, 1998.</p>
Normal Retirement	
Eligibility	Age 65.
Benefit	
Tribune Company, Tribune Properties, Chicago Tribune, WGN-TV, WGN-AM	<p>An annual amount equal to the sum of (a) and (b) below:</p> <ul style="list-style-type: none">(a) 0.8% of final average compensation up to covered compensation plus 1.2% of final average compensation in excess of covered compensation, times benefit service prior to January 1, 1989.(b) 1.2% of final average compensation up to covered compensation plus 1.6% of final average compensation in excess of covered compensation, times benefit service after December 31, 1988.

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	<p>A maximum of 35 years of benefit service is recognized, with service after December 31, 1988, counted first toward the maximum.</p>
Remaining Groups	<p>An annual amount equal to 1.2% of final average compensation up to covered compensation plus 1.6% of final average compensation in excess of covered compensation, times benefit service (maximum 35 years).</p>
All Participants	<p>The accrued benefit as of December 31, 1988, under the provisions of the plan applicable to the individual at that date, is a minimum to the benefit determined under the formulas described above.</p> <p>See the “Special Provisions” section for further details pertaining to specific benefit schedules.</p>
Early Retirement	
Eligibility	<p>Age 55 and completion of 10 years of service.</p>
Benefit	<p>The accrued retirement benefit, based on benefit service, final average compensation and covered compensation at date of early retirement, reduced by 0.3333% for each of the first 24 months by which benefit commencement precedes age 62, and 0.4166% for each of the next 60 months by which benefit commencement precedes age 62.</p>
Disability Retirement	<p>The plan has no specific disability benefit provision.</p>
Vested Termination Benefits	
Eligibility	<p>Five years of vesting service.</p> <p>All active participants as of December 31, 1998 were immediately fully vested.</p>
Benefit	<p>The accrued benefit, based on benefit service, final average compensation and covered compensation at date of termination, payable at normal retirement date. For a deferred vested participant with 10 or more years of service, benefits may commence any time subsequent to attainment of age 55, reduced 0.4166% for each month by which benefit commencement precedes normal retirement date.</p>

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Late Retirement

Eligibility

Continuation of employment after normal retirement date.

Benefit

The late retirement benefit is equal to the normal retirement benefit using final average compensation, covered compensation, and benefit service as of the participant's late retirement date.

Preretirement Survivor Benefit

Eligibility

A vested participant who has an eligible spouse and who

- Completed one hour of service on or after August 23, 1984; or
- Completed one hour of service on or after January 1, 1976, and had five or more years of service; or
- Completed one hour of service on or after September 2, 1974, and who was age 55 with 10 years of service at termination and whose benefit payments had not begun on August 23, 1984, is eligible for a preretirement death benefit.

Benefit

The preretirement death benefit is equal to the amount the spouse would have received had the participant terminated his employment the day of his death, survived to his earliest retirement age (if not yet eligible to retire at date of death), and elected to retire immediately and receive a benefit in the form of a 50% joint and survivor annuity.

Benefits for Transferred Employees

(Transfers Between Plans)

Benefits for transferred employees are determined based on final average compensation and covered compensation in effect at termination of employment from the company or any related companies. The resulting benefit is then multiplied by a fraction (not greater than 1.0), the numerator of which is 35 and the denominator of which is the total benefit service under all qualified defined benefit pension plans maintained by the company or any related company.

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Benefits for Transferred Employees
(Transfers Within Plan)

Benefits for a participant covered by more than one benefit schedule within the plan throughout his career is determined as follows:

- Benefits are determined under each benefit schedule separately, based on final average compensation as of the date of termination and on the benefit service earned while under that benefit schedule;
- If the participant's aggregate benefit service exceeds 35 years, the benefit is determined by counting those years of benefit service first which produce the greatest benefit, with a maximum of 35 years of benefit service recognized.

Form of Benefit

Normal Form of Benefit

For a participant who is not married as of his annuity commencement date, life annuity is the normal form. If a participant has an eligible spouse as of his annuity commencement date, a reduced monthly retirement benefit shall automatically be paid in the form of a 50% joint and survivor annuity unless he elects an alternative form in writing and his spouse consents.

Optional Payment Forms

Life annuity; joint and survivor annuity with either 50% or 100% continued to the beneficiary; 5-year or 10-year continuous and certain annuity. The company may distribute the benefit in lump sum form if the present value is less than \$3,500. Certain other payment forms are preserved for the portion of the accrued benefit earned under prior plans.

Definitions

Prior Plans

The Chicago Tribune Salaried Employees Pension Plan as in effect on December 31, 1984, and each of the following plans which were merged (in whole or in part) into the current plan:

- Chicago's American Salaried Employees Pension Plan (merged December 31, 1974)
- Tribune Company Syndicate, Inc. Pension Plan (merged effective July 1, 1984)
- New York News Supervisory Employees Pension Plan (merged effective January 1, 1985)
- News and Sun-Sentinel Company Pension Plan (merged effective January 1, 1985)

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- Peninsula Newspapers Incorporated Pension Plan (merged effective January 1, 1985)
- Sentinel Communications Company Pension Plan (merged effective January 1, 1985)
- The Times-Advocate, Inc. Pension Plan (merged effective January 1, 1985)
- The Van Nuys Publishing Company Pension Plan (merged effective January 1, 1985)
- WPIX Pension Plan for Salaried Employees (merged effective January 1, 1985)
- Retirement Plan for Employees of the Daily Press, Inc. (merged effective January 1, 1989)
- Retirement Income Plan for Employees of Chicago National League Ball Club, Inc. (nonunion active and all inactive portions merged effective January 1, 1989)
- Chicago Tribune Company Retirement Plan for Hourly Employees (merged effective January 1, 1989, followed immediately by a spin-off of union and certain nonunion portions)
- Unit Benefit Retirement Plan for Employees who are Members of I.B.E.W. Local No. 111 (merged effective January 1, 1995)

Service

Prior to January 1, 1985: Based on the provisions of the plan as in effect on December 31, 1984 (or such later date as the prior plan was merged into this plan).

After December 31, 1984 (or such later applicable date): One year of service is credited for each computation period (12-month period commencing on a participant's anniversary date) for which the participant completes 1,000 hours.

Benefit Service

Prior to January 1, 1985: Based on the provisions of the plan as in effect on December 31, 1984 (or such later date as the prior plan was merged into this plan).

After December 31, 1984 (or such later applicable date): Based on service in years and nearest months (adjusted by any additional periods of employment as specified by the applicable benefit schedule). In addition, 12 additional months are credited for any service completed after

Schedule SB Attachment (Form 5500) –2024 Plan Year
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	<p>December 31, 1984, that was required to participate in the plan.</p> <p>Benefit service will not be credited beyond December 31, 1998.</p> <p>The above definition is subject to the break-in-service and severance provisions specified in the plan.</p>
Compensation	<p>Earnings (determined prior to any reduction for contributions to a plan qualified under Section 125 or Section 401(k) of the Internal Revenue Code) including salary and commissions, and excluding overtime, bonuses, incentive awards, other deferred compensation, and special allowances.</p>
Final Average Compensation	<p>Average annual compensation paid during the 60 consecutive months of plan participation immediately preceding the earlier of termination and December 31, 1998. Any period of leave of absence (whether or not compensated) is excluded. If the employee has been a participant for less than 60 consecutive months, the average annual compensation during the most recent uninterrupted period of participation is used.</p>
Covered Compensation	<p>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 and December 31, 1998.</p>
Former Participant	<p>A participant who is no longer accruing additional retirement benefits, or is no longer an eligible employee, but who has vested benefits under the plan which have not been paid in full.</p>
Supplements to Plan and Applicable Special Provisions	
Supplement A (effective January 1, 1989)	<p>Chicago Tribune Company, Tribune Entertainment, WGN</p> <p>Eligible employees exclude hourly-rated telephone solicitors of Newspaper Readers Agency, Inc. and hourly-rated driver's helpers of Chicago Tribune Company.</p> <p>Benefits payable are inclusive of benefits under Banker's Life Company group insurance policy GP-103 on December 22, 1943.</p>
Supplement B (effective January 1, 1989)	<p>News and Sun-Sentinel Company</p> <p>Eligible employees include members of the collective bargaining unit represented by Fort Lauderdale Newspaper Web Pressmen's Union No. 61 of the Graphic</p>

Schedule SB Attachment (Form 5500) –2024 Plan Year
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Communications International Union (subsequently decertified).

Benefits payable are inclusive of benefits under Prudential Group Annuity Contract GA-1012, effective September 1, 1973.

Supplement C (effective January 1, 1989)

Peninsula Newspapers, Inc.

Benefits attributable to benefit service prior to January 1, 1981, are no longer reduced by the single life annuity equivalent of the portion of the “prior plan account” which is attributable to employer contributions for plan years beginning after December 31, 1977. (Such reduction was applicable for terminations prior to January 1, 1989.) The prior plan is the Pension Plan for Employees of Peninsula Newspapers Incorporated.

A former participant who was also a participant in the prior plan who receives his prior plan account in a lump sum may no longer elect to also receive his pension benefit in lump sum form.

Supplement D (effective January 1, 1989)

Times-Advocate Company

Benefits attributable to benefit service prior to March 1, 1977, are no longer reduced by the single life annuity equivalent of the “prior plan company contribution account”. (Such reduction was applicable for terminations prior to January 1, 1989.) The prior plan is the Thrift and Profit Sharing Plan for Employees of the Times-Advocate, Inc.

Supplement E (effective January 1, 1989)

WPIX, Inc.

Special provisions apply to the determination of service for the period prior to January 1, 1986.

Supplement F (effective January 1, 1989)

KTLA Inc.

Benefit service excludes periods of employment prior to January 1, 1986, with KTLA Inc. or any predecessor employers.

Effective October 13, 1989, members of the International Alliance of Theatrical Stage Employees and Moving Picture Machine Operators of the United States and Canada (Newswriters) became eligible employees of the plan as a result of the decertification of the union. Benefit service for such employees commences as of October 13, 1989.

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Supplement G (effective January 1, 1989)

The Daily Press, Inc.

Benefits accrued as of December 31, 1988, under the prior plan are guaranteed as a minimum benefit under the plan. The guarantee includes the right to optional payment forms and late retirement increases as provided under the prior plan. The prior plan is the Retirement Plan for Employees of the Daily Press, Incorporated.

Supplement H (effective January 1, 1989)

Chicago National League Ball Club, Inc.

Benefits accrued as of December 31, 1988, under the prior plan are guaranteed as a minimum benefit under the plan. The guarantee includes the right to optional payment forms, early retirement benefits, death benefits, and benefits related to employee contributions. The prior plan is the Retirement Income Plan for Employees of Chicago National League Ball Club, Inc.

Certain special provisions relate to the crediting of service with other Baseball employers.

Supplement I (effective January 1, 1989)

Chicago Tribune Company, Newspaper Readers Agency, Inc., Peninsula Newspaper, Inc., Tribune Properties, Inc., WGN Continental Broadcasting Company.

Benefits accrued as of December 31, 1988, under the prior plan are guaranteed as a minimum benefit under the plan. The prior plan is the Chicago Tribune Company Retirement Plan for Hourly Employees.

Supplement J (effective January 1, 1989)

New York News Inc.

The supplement preserves certain provisions of the prior plan in effect on December 31, 1988, in accordance with IRC section 411(d)(6). The prior plan is the New York News Inc. Supervisory Employees Pension Plan.

Supplement K (effective January 1, 1989)

Provides for the transfer of assets and liabilities to the Retirement Income Plan for Employees of Chicago National League Ball Club, Inc. (which is renamed the Tribune Company Hourly Pension Plan).

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The assets and liabilities transferred are attributable to the accrued benefits of participants who:

- (a) Were covered by a collective bargaining agreement;
- (b) Were not covered by a collective bargaining agreement but employed by Chicago Tribune Company; or
- (c) Terminated employees who satisfied either (a) or (b) on their date of termination.

Supplement L (effective January 1, 1989)

Tribune Properties, Inc.

Effective August 7, 1989, the International Union of Operating Engineers Local 399 was decertified.

Benefits determined under the plan will be equal to the benefit determined under the Chicago Tribune Company Retirement Plan for Hourly Employees through December 31, 1988, plus \$90 times benefit service from January 1, 1989 to August 6, 1989, plus the benefit earned under the plan for service after August 6, 1989.

Supplement M (effective January 1, 1989)

Tribune New York Holdings, Inc. (formerly New York News Inc.)

For employees formerly covered under another New York News Retirement Plan, benefit service includes service under the prior plan, with an offset of the benefit to be paid from the prior plan.

Supplement N

Tribune New York Holdings, Inc. (formerly New York News Inc.)

Provides for the spin-off of assets and liabilities on behalf of the New York News employees who were actively employed by Maxwell Newspapers, Inc. on June 23, 1991.

This spin-off was later reversed, and the assets and liabilities on behalf of these employees are included in the plan.

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Supplement O (effective January 1, 1995)

Unit Benefit Retirement Plan for Employees who are Members of I.B.E.W. Local No. 111.

Benefits accrued as of February 19, 1995, under the prior plan are guaranteed as a minimum benefit under the plan. The guarantee includes the right to deferred vested early retirement, disability benefit, and actuarial equivalence as provided under the prior plan.

Benefits determined under the plan will be equal to the benefit determined under the prior plan for service through February 19, 1995 plus the benefit determined under this plan for service after February 19, 1995.

Supplement P

GCIU-Employer Retirement Fund.

For employees listed in the amendment the benefit payable as a single life annuity at age 65 is increased by the amount shown in the amendment.

Supplement Q (effective January 1, 1998)

For employees listed in the amendment the benefit payable as a single life annuity at age 65 is increased by the amount shown in the amendment.

Supplement R

The Voluntary Retirement Program 2001, during plan year 2001, provided to eligible employees unreduced early retirement pension benefits, an optional lump sum payment form, and a temporary pension supplement of \$300 to age 65. Eligible employees had attained age 50 and five years of service with their employer, were participants in the Tribune Company (Nonunion) Plan, and were listed by name or otherwise met the eligibility criteria as applied to their business unit.

Schedule SB Attachment (Form 5500) –2024 Plan Year
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Former Baltimore Sun Pension Plan for Guild Employees

Plan Year	January 1–December 31.																							
Eligibility for Participation	An employee covered by the collective bargaining agreement between the Guild and The Baltimore Sunpapers becomes a participant on his date of employment after meeting a one year requirement. No new participants after August 31, 2003.																							
Normal Retirement																								
Eligibility	Age 65.																							
Benefit	0.616% of final average compensation x benefit service (maximum 30 years).																							
	Benefits were frozen August 31, 2003.																							
Early Retirement																								
Eligibility	Age 55 and 15 years of vesting service.																							
Benefit	Accrued benefit earned to date but with actuarial reduction to reflect early payment. Sample early retirement factors are as follows:																							
	<table border="0"> <thead> <tr> <th style="text-align: left;">Years Preceding NRD</th> <th style="text-align: left;">Factor</th> </tr> </thead> <tbody> <tr><td>1</td><td>93.33%</td></tr> <tr><td>2</td><td>86.67%</td></tr> <tr><td>3</td><td>80.00%</td></tr> <tr><td>4</td><td>73.33%</td></tr> <tr><td>5</td><td>66.67%</td></tr> <tr><td>6</td><td>50.61%</td></tr> <tr><td>7</td><td>45.52%</td></tr> <tr><td>8</td><td>41.03%</td></tr> <tr><td>9</td><td>37.04%</td></tr> <tr><td>10</td><td>33.49%</td></tr> </tbody> </table>		Years Preceding NRD	Factor	1	93.33%	2	86.67%	3	80.00%	4	73.33%	5	66.67%	6	50.61%	7	45.52%	8	41.03%	9	37.04%	10	33.49%
Years Preceding NRD	Factor																							
1	93.33%																							
2	86.67%																							
3	80.00%																							
4	73.33%																							
5	66.67%																							
6	50.61%																							
7	45.52%																							
8	41.03%																							
9	37.04%																							
10	33.49%																							
Disability Retirement																								
Eligibility	Ten years of continuous service.																							
Benefit	Unreduced accrued benefit payable immediately.																							

Schedule SB Attachment (Form 5500) –2024 Plan Year
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Vested Termination Benefits

Eligibility	Five years of vesting service.
Benefit	An amount equal to the normal retirement benefit, based on benefit service and average compensation as of the date of termination. The participant may elect to begin receiving benefits at age 55 if the participant had 15 years of vesting service when terminated. This benefit will be reduced for early retirement.

10-Year Benefit

Eligibility	Age 45 and 10 years of vesting service.
Benefit	50% of the participant's unreduced accrued benefit payable for 10 years to the surviving spouse. If there is not a spouse or the spouse dies before the 10-year period ends, payments continue to be made to any child under the age of 18 until the earlier of the end of the 10-year period or the date the child attains age 18.

Preretirement Survivor Benefit

Eligibility	Five years of vesting service.
Benefit	<p>If a participant is not eligible for early retirement at the time of death, the surviving beneficiary is entitled to an annuity equal to one-half of the annuity the participant would have received if the participant had incurred a break in service on the day before death, survived to earliest retirement date, and elected a pension payable in the form of a qualified 50% joint and survivor annuity.</p> <p>If a participant is eligible for early retirement at the time of death, the surviving beneficiary is entitled to an immediate life annuity equal to the amount which would have been paid to the spouse if the participant had retired the day preceding death and had elected a pension payable in the form of a qualified 50% joint and survivor annuity.</p> <p>The preretirement surviving spouse benefit is payable to the spouse once the 10-year benefit has been paid out.</p>

Form of Benefit

Normal Form of Benefit	Life annuity payable on a reduced basis as a 50% qualified joint and survivor annuity to married participants unless otherwise elected.
Optional Payment Forms	50% and 100% joint and survivor annuity; and 10-year certain and life annuity.

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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.

Tribune Media Company Retirement Plan
Schedule H, Line 4i: Schedule of Assets (Held at End of Year)
December 31, 2024
EIN:36-1880355 Plan: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	The Tribune Company Master Trust for Pension Plans	Investment in Master Trust	\$ 1,015,582,757	\$ 1,029,742,520
*	Vanguard Federal Money Market Fund	Registered Investment company	8,859,838	8,859,838
*	Prudential Insurance Company of America (see Exhibit 1)	Corporate and Government Securities Separate Account	6,192,637	5,865,107
	UBS Trumbull Property Fund	Real Estate Commingled Fund	26,083,545	21,011,209
	Aetna Life Insurance Company	Unallocated insurance contracts	5,739,631	5,739,631
			<u>\$ 1,062,458,408</u>	<u>\$ 1,071,218,305</u>

* Indicated party-in-interest to the Plan

See Independent Auditor's Report

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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 28,629,291	January 1, 2024	15	\$ 2,604,702

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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 3.50% to 4.00%.
- A change in the unlimited expected rate of return on plan assets from 7.11% to 6.79% to better reflect future expectations.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.