

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>06/29/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____ B This return/report is: ☒ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☒ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>TEGNA RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>009</u> 1c Effective date of plan <u>06/29/2015</u>
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) <u>TEGNA, INC.</u> <u>7950 JONES BRANCH DRIVE</u> <u>MCLEAN, VA 22107</u>	2b Employer Identification Number (EIN) <u>16-0442930</u> 2c Plan Sponsor's telephone number <u>703-854-6000</u> 2d Business code (see instructions) <u>511110</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2016</u>	<u>JEFFERY NEWMAN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFIT PLANS COMMITTEE 7950 JONES BRANCH DRIVE MCLEAN, VA 22107	3b Administrator's EIN 16-0442930
	3c Administrator's telephone number 703-854-6000
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name TEGNA INC.	4b EIN 16-0442930
	4c PN 003
5 Total number of participants at the beginning of the plan year	5 0
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) 1264
a(2) Total number of active participants at the end of the plan year	6a(2) 1196
b Retired or separated participants receiving benefits.....	6b 842
c Other retired or separated participants entitled to future benefits.....	6c 1087
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3125
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 72
f Total. Add lines 6d and 6e	6f 3197
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 06/29/2015 and ending 12/31/2015	
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 TEGNA RETIREMENT PLAN	B Three-digit plan number (PN) 009
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TEGNA, INC.	D Employer Identification Number (EIN) 16-0442930
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 06 Day 29 Year 2015			
2	Assets:			
a	Market value	2a	169557018	
b	Actuarial value	2b	169557018	
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	909	84498515	84498515
b	For terminated vested participants	1132	31725971	31725971
c	For active participants	1264	52060264	52448712
d	Total	3305	168284750	168673198
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.08%	
6	Target normal cost	6	433073	

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		10/10/2016
PATRICK F. KINLAW	Signature of actuary	Date
WILLIS TOWERS WATSON	Type or print name of actuary	14-06743
901 NORTH GLEBE ROAD ARLINGTON, VA 22203	Firm name	Most recent enrollment number
	Address of the firm	703-258-8201
		Telephone number (including area code)

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	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		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>0.00</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		76133
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	76133

Part III Funding Percentages		
14 Funding target attainment percentage	14	100.47 %
15 Adjusted funding target attainment percentage	15	100.52 %
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	97.39 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c)
				0	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
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 Is the plan required to provide a Schedule of Active Participants? 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 6)	31a	433073	
b Excess assets, if applicable, but not greater than line 31a	31b	433073	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 06/29/2015 and ending 12/31/2015

A Name of plan TEGNA RETIREMENT PLAN	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 TEGNA, INC.	D Employer Identification Number (EIN) 16-0442930	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SEI TRUST COMPANY
06-1271230

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
NORTHERN TRUST
36-1561860

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PYRAMIS
20-4659714

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

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

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

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

TOWERS WATSON DELAWARE INC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	308749	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROCATON INVESTMENT ADVISORS

04-3638035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 70	NONE	102924	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62	TRUSTEE	98765	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

BAILLIE GIFFORD OVERSEAS LIMITED

22-3438530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68 71	NONE	24980	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

WALTER SCOTT & PARTNERS LIMITED

98-0465834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	23070	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NIXON PEABODY LLP

16-0764720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	17327	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WASATCH ADVISORS

87-0319391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 33 51 52 99	NONE	12066	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FIDUCIARY TRUST INTERNATIONAL

65-0080824

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 51	NONE	8966	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NEWSOUTH CAPITAL MANAGEMENT, INC.

62-1237220

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	8844	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

SOUTHEASTERN ASSET MANAGEMENT INC.

62-0951781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	8123	Yes ☒ No ☐	Yes ☐ No ☒	1454	Yes ☐ No ☒

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

TRUST COMPANY OF THE WEST

95-2642764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 51 52 68	NONE	8409	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIMPSON THACHER & BARTLETT LLP

13-5395280

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MONDRIAN INVESTMENT PARTNERS LIMITE

56-2475915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	3902	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2015</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2015 or fiscal plan year beginning 06/29/2015 and ending 12/31/2015

<p>A Name of plan TEGNA RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 009</p>	
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TEGNA, INC.</p>	<p>D Employer Identification Number (EIN) 16-0442930</p>	

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)	

<p>a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EQUITY INDEX</p>				
<p>b Name of sponsor of entity listed in (a): BLACKROCK</p>				
<p>c EIN-PN 45-1743707-001</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12692622</p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: GENESIS EMERGING MARKETS FUND</p>				
<p>b Name of sponsor of entity listed in (a): GENESIS INV MGT LLP</p>				
<p>c EIN-PN 22-3163872-001</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4292202</p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SMALL MID CAP CORE</p>				
<p>b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY</p>				
<p>c EIN-PN 20-4659714-029</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9614027</p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS INTL GR FUND</p>				
<p>b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY</p>				
<p>c EIN-PN 20-4659714-017</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13824963</p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS FID US EQ INDX CL</p>				
<p>b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY</p>				
<p>c EIN-PN 04-3022712-011</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78020993</p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SEL EM MKT EQ PL</p>				
<p>b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY</p>				
<p>c EIN-PN 20-4659714-100</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11370689</p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SELECT INTL EQTY FUND</p>				
<p>b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY</p>				
<p>c EIN-PN 20-4659714-021</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17884624</p>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SEL CDA PL FUND		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-101	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2889443
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SELECT INTL SMALL CAP		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5903658
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS REIT FUND		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10112067
a Name of MTIA, CCT, PSA, or 103-12 IE: TCW CONCENTRATED CORE FUND		
b Name of sponsor of entity listed in (a): TRUST COMPANY OF THE WEST		
c EIN-PN 45-4017309-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5440127
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK DEBT INDEX NL FD		
b Name of sponsor of entity listed in (a): BLACKROCK		
c EIN-PN 26-4370024-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5512631
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN TEMPLETON GLOBAL MULTISECT		
b Name of sponsor of entity listed in (a): FRANKLIN TEMPLETON		
c EIN-PN 80-0733663-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5931383
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES STRATEGIC ALPHA TRUST		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES		
c EIN-PN 27-6848787-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6408023
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST COLTV GOVT STIF		
b Name of sponsor of entity listed in (a): NORTHERN TRUST		
c EIN-PN 45-6138589-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19520300
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS LONG CORP A POOL FUND		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-103	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34792845
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS EMERG MKT DEBT FUND		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7287346

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS LONG DURATION FUND**b** Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY

c EIN-PN 20-4659714-053	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34846074
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a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS HI YLD BD FUND**b** Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY

c EIN-PN 20-4659714-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7070977
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a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS BROAD MKT DURATION**b** Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY

c EIN-PN 20-4659714-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9478246
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a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET US CORE PLUS LLC**b** Name of sponsor of entity listed in (a): WESTERN ASSET

c EIN-PN 20-1575788-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5066596
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a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS CASH FUND**b** Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY

c EIN-PN 20-4659714-055	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1341
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) <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.	OMB No. 1210-0110 <div style="font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 06/29/2015 and ending 12/31/2015		
A Name of plan TEGNA RETIREMENT PLAN	B Three-digit plan number (PN) ►	009
C Plan sponsor's name as shown on line 2a of Form 5500 TEGNA, INC.	D Employer Identification Number (EIN) 16-0442930	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	
(2) Participant contributions		1b(2)	
(3) Other.....		1b(3)	094232
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	01034149
(2) U.S. Government securities.....		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	099746
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	058291257
(5) Partnership/joint venture interests		1c(5)	011796060
(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)	0307959834
(10) Value of interest in pooled separate accounts.....		1c(10)	
(11) Value of interest in master trust investment accounts		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	06658791
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	014289812

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	0	400223881

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	30828
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	30828

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	0	400193053
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	533	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	533	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1066
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	201751	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	111060	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		312811
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	7381827	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5522731	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1859096
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-6428821	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-6428821

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-1556136
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-85919
c Other income	2c		120176
d Total income. Add all income amounts in column (b) and enter total	2d		-5777727

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6605620	
(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)		6605620
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	332076	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	205700	
(4) Other	2i(4)	104041	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		641817
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7247437

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-13025164
l Transfers of assets:			
(1) To this plan	2l(1)		413218217
(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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

	Yes	No	N/A	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		

	Yes	No	N/A	Amount
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			30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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			437806
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 06/29/2015 and ending 12/31/2015

A Name of plan <u>TEGNA RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TEGNA, INC.</u>	D Employer Identification Number (EIN) <u>16-0442930</u>

Part I	Distributions
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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	<u>0</u>
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): <u>36-1561860</u>		
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	<u>50</u>

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
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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
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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.
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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 contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	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
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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) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

TEGNA Retirement Plan
EIN: 16-0442930 Plan Number: 009
6/29/2015-/12/31/2015
Financial Statements and Notes

Financial Statements and Supplemental Schedules

**TEGNA Retirement Plan
June 29, 2015 to December 31, 2015
With Report of Independent Auditors**

TEGNA Retirement Plan
Financial Statements and Supplemental Schedules
June 29, 2015 to December 31, 2015

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Report of Independent Auditors

TEGNA Benefit Plans Committee
TEGNA Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the TEGNA Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the period from June 29, 2015 to December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 1, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2015, and for the period from June 29, 2015 to December 31, 2015, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2015, and reportable transactions for the period from June 29, 2015 to December 31, 2015 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 17, 2016

TEGNA Retirement Plan
Statement of Net Assets Available for Benefits

Dec. 31, 2015

Assets

Investments, at fair value	\$ 400,129,651
Accrued income receivable	94,232
Total assets	<u>400,223,883</u>

Liabilities

Due to broker	30,828
Total liabilities	<u>30,828</u>

Net assets available for benefits	<u><u>\$ 400,193,055</u></u>
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The accompanying notes are an integral part of the financial statements

TEGNA Retirement Plan
Statement of Changes in Net Assets Available for Benefits

**June 29, 2015 to
 Dec. 31, 2015**

Additions to net assets available for benefits:

Investment Income/(Loss):	
Interest and dividends	\$ 460,514
Net depreciation in fair value of investments	(6,238,239)
Total investment loss	<u>(5,777,725)</u>
Other additions	<u>101,779</u>
Total additions	<u>(5,675,946)</u>

Deductions from net assets available for benefits:

Benefits paid to participants	6,707,399
Administrative expenses	641,817
Total deductions	<u>7,349,216</u>
Transfer of assets from other plans	413,218,217
Change in net assets	<u>400,193,055</u>
Net assets available for benefits:	
Beginning of plan	—
End of year	<u><u>\$ 400,193,055</u></u>

The accompanying notes are an integral part of the financial statements

TEGNA Retirement Plan
Notes to the Financial Statements
December 31, 2015

1. Description of the Plan

General

The TEGNA Retirement Plan (the Plan) is a defined benefit plan that provides benefits to eligible employees of TEGNA Inc. (the Company and Plan sponsor) and certain of its subsidiaries. On June 29, 2015, Gannett Co. Inc. separated into two publicly traded companies: Gannett Co., Inc. and TEGNA Inc. The Plan was established on June 29, 2015 to assume assets and liabilities relating to current and former employees of the Company which were previously participants of the Gannett Retirement Plan (the Predecessor Plan). Assets with a fair value of \$168.2 million were transferred into the Plan from the Predecessor Plan on June 29, 2015. The present value of accumulated benefits transferred from the Predecessor Plan on June 29, 2015, was \$162.2 million, as calculated by the Plan's actuary. Effective June 29, 2015, the Plan was closed to new entrants. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more detailed description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

On December 31, 2015, the Plan merged with the G.B. Dealey Retirement Pension Plan (Belo Plan), the participants of which were current and former employees of Belo Corp., a wholly owned subsidiary of the Company. Assets with a fair value of \$245.0 million were transferred into the Plan from the Belo Plan on December 31, 2015. The present value of accumulated benefits of the Belo Plan was \$233.2 million on December 31, 2015, as calculated by the Plan's actuary.

For the period ended December 31, 2015, the Plan was the sole participant in the TEGNA Master Trust. Therefore, the Plan reports all investments as plan assets in 2015 rather than as an investment account to be reported as part of the master trust.

TEGNA Inc. Benefit Plans Committee (the Committee) is responsible for the general administration of the Plan.

The Plan assets are held under trust agreement with Northern Trust Company (the Trustee). All investment information disclosed in the accompanying financial statements for the Plan and supplemental schedules, including investments held, accrued income receivable, and due to broker at December 31, 2015, and net depreciation in fair value of investments, interest and dividends for the period since inception at June 29, 2015 through December 31, 2015, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by the Trustee of the Plan.

Plan Benefits

Under the Predecessor Plan the majority of participants in the Plan had their benefits frozen as of August 1, 2008, meaning that their service and earnings on and after that date will not be considered for purposes of calculating their retirement benefits. As defined by the Plan, Participants whose benefits are frozen have their benefits periodically increased by a cost-of-living adjustment until benefits commence. Participants' final benefits are calculated by applying the total percentage accrued through their termination date to their final average earnings. The calculated benefit may be paid as a lump-sum payment, life annuity, contingent annuity, or other acceptable optional form. Effective January 1, 2008, the majority of participants are fully vested after the third year of service.

Contributions to the Plan

The Company contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements for 2015.

Plan Termination

Although the Company and its subsidiaries have not expressed any intent to terminate the Plan, a brief summary description of the termination procedures follows. Upon termination, participants become fully vested in benefits accrued to date. The net assets of the Plan would be allocated for benefits, as prescribed by ERISA and related regulations,

in the following order: (a) annuity benefits payable to participants or their beneficiaries who were receiving benefits for at least three years and benefits could have been payable to non-retired participants three years prior to termination; (b) other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC); (c) all other vested benefits; and (d) non-vested benefits. The financial position of the Plan and the Company and guarantees available from PBGC would determine the extent of benefits provided to participants if the Plan were terminated.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Risks and Uncertainties

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation and demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements. Investment securities are exposed to various risks, such as interest rate risk, market risk and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Income Recognition

Income on investments is accrued when earned and gains or losses on such assets are recorded when realized. Dividends are recorded on the ex-dividend date.

Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Valuation of Investments

Investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 6 for further discussion and disclosures related to fair value measurements.

Pending purchases and sales of securities as recorded by the Plan relate to security trades executed prior to the balance sheet date, but not yet settled, as the Plan records purchases and sales on a trade-date basis.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan incurs expenses directly related to the Plan, which consist primarily of third party administrator fees, trustee fees for investments, PBGC fees and actuarial fees. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses. The Plan records the administrative expenses on a cash basis. The Plan's management believes that such cash basis amounts would not be materially different on an accrual basis.

Accounting guidance adopted in 2015

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent), which exempts investments measured using the net asset value (NAV) practical expedient in Accounting Standards Codification (ASC) 820, Fair Value Measurement, from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for non-public entities for fiscal years, and interim periods within those years, beginning after December 15, 2016 with early adoption permitted. Management elected to early adopt the provisions of this new standard. Accordingly, the standard was retrospectively applied resulting in such investments no longer being reflected within the fair value hierarchy in Note 6. However, the amounts are presented to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient. This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Parts I and II are effective for fiscal years beginning after December 15, 2015 and should be applied retrospectively, with early application permitted. Part III is effective for fiscal years beginning after December 15, 2015 and should be applied prospectively, with early application permitted. Management has elected to adopt Parts I and II early. Accordingly, Parts I and II were retrospectively applied. Part III is not applicable to this Plan.

3. Actuarial Present Value of Accumulated Plan Benefits and Changes in Accumulated Plan Benefits

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by the employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Participants' interests in the Plan are actuarially determined for each year.

The present value of obligations for benefits is determined to be the present value of retirement benefits accumulated by participants during the current and prior years to be paid at or during retirement, less benefits forfeited or previously paid.

Significant assumptions underlying accumulated benefit information include: (a) discount rate of 7.00% at December 31, 2015 (b) retirement rates ranging from 4% at age 55 to 100% at age 70 and (c) mortality rates as of RP-2014 mortality rates as of 2006 (with no collar adjustment), projected after 2006 using the same model, assumptions and parameters as the MP-2015 projection scale, except that the long-term rate of improvement is assumed to be 0.75% per year for ages up to 84, scaling down to 0% at ages 115 and older. As in the MP-2015 projection scale, the convergence to the long-term rate occurs over 20 years (2010-2029).

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

TEGNA Retirement Plan
Notes to Financial Statements (continued)
December 31, 2015

At December 31, 2015 the actuarial present value of accumulated benefits is summarized as follows:

	Dec. 31, 2015
Vested benefits:	
Active employees	\$ 90,455,189
Participants entitled to deferred benefits	106,705,362
Participants receiving benefits	197,013,861
Total vested accumulated benefits	394,174,412
Non-vested benefits	619,669
Total	<u>\$ 394,794,081</u>

The significant factors affecting the change in the actuarial present value of accumulated plan benefits from June 29, 2015 to December 31, 2015, were as follows:

	2015
Actuarial present value of accumulated Plan benefits as of June 29, 2015	\$ —
Increase (decrease) attributable to:	
Benefits accumulated and actuarial loss	559,290
Benefits paid	(6,707,399)
Increase due to decrease in the discount period	5,576,034
Transfers in from Predecessor Plan ^(a)	162,215,162
Transfers due to merger of Belo Plan ^(b)	233,150,994
Actuarial present value of accumulated Plan benefits as of the end of the year	<u>\$ 394,794,081</u>

(a) Certain participants in the Gannett Retirement Plan transferred to the Plan on June 29, 2015. See Note 1 for details.

(b) The G.B. Dealey Retirement Pension Plan merged with the Plan on December 31, 2015. See Note 1 for details.

4. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated October 5, 2016, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. Related-Party Transactions

TEGNA Inc. as Plan sponsor is a related party. The Plan held no common stock of the Plan sponsor as of December 31, 2015 and the Plan earned no income from common stock of the Plan sponsor for the period since inception at June 29, 2015 to December 31, 2015. In addition, certain of the Plan's assets are invested in funds managed by the Trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

6. Fair Value Measurement

The accounting standard for fair value measurement defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy in ASC 820 are described below:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means; and
 - If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Below is a description of the valuation methodologies used for assets and liabilities measured at fair value.

Cash and cash equivalents: Cash and cash equivalents are classified as level 1 and their fair value is approximated based on their carrying value.

Corporate stock: Corporate stock classified as level 1 is valued primarily at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued based on institutional bid evaluations using proprietary models, using discounted cash flow models or models that derive prices based on similar securities.

Interest in common/collective trusts: Valued using the net asset value as provided monthly by the investment manager or fund company. Shares in this category are generally redeemable upon request.

Fifteen of the investments in collective trusts are invested in fixed income funds, whose strategy is to use individual subfunds to efficiently add a representative sample of securities in individual market sectors to the portfolio. Eleven of the collective trust funds held by the Plan are invested in equity funds. The strategy of these funds is to generate returns predominantly from developed equity markets. These funds are generally redeemable with a short-term written or verbal notice. There are no unfunded commitments related to these types of funds.

Interest in registered investment companies: Valued using the published net asset values as quoted through publicly available pricing sources. The investment strategy of this company is to generate returns from government issued debt securities. These investments are redeemable on request.

Partnership interests: Valued at the net asset value of our investment in the fund as reported by the fund managers. The Plan holds investments in two partnerships. One partnership's strategy is to generate returns through real estate related investments and the other partnership's strategy is to generate returns through investment in developing equity markets. These funds are generally redeemable with a 30 day notice.

TEGNA Retirement Plan
Notes to Financial Statements (continued)
December 31, 2015

The Plan may incur a redemption fee of 0.55% on the withdrawals from the emerging market equity fund. As of December 31, 2015, the unfunded commitments related to these investments were approximately \$0.8 million.

Investments in hedge funds: Valued at the net asset value of our investment in the fund as reported by the fund managers. Included within Plan's portfolio is a fund of hedge funds whose strategy is to produce a return that is uncorrelated with market movements. Shares in the hedge fund are redeemable twice a year or on the last business day of each quarter with at least 30 days' written notice subject to potential 5% holdback. There are no unfunded commitments related to the hedge funds as of December 31, 2015.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets and liabilities at fair value as of December 31, 2015:

In thousands of dollars

Fair value measurement as of Dec. 31, 2015

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 1,034	\$ —	\$ —	\$ 1,034
Corporate stock	58,291	—	—	58,291
Corporate bonds	—	100	—	100
Total	\$ 59,325	\$ 100	\$ —	\$ 59,425

Investments valued using NAV as practical expedient:

Common collective funds - equities	\$ 172,045
Common collective funds - fixed income	135,915
Interest in registered investment companies	6,659
Partnership interests	11,796
Hedge funds	14,290
Total	<u>\$ 340,705</u>

Total investments at fair value	<u><u>\$ 400,130</u></u>
---	--------------------------

There were no transfers between levels during the period presented.

7. Subsequent Events

Management evaluated subsequent events for the Plan through October 17, 2016, the date the financial statements were available to be issued. No material subsequent events have occurred since December 31, 2015 that required recognition or disclosure in these financial statements.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of June 29, 2015

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		1		0		0		0		0		0		0		0		0	
30 - 34	0		57	66,359	7		0		0		0		0		0		0		0	
35 - 39	1		75	77,115	50	66,420	7		1		0		0		0		0		0	
40 - 44	0		55	76,523	80	100,245	42	82,820	1		0		0		0		0		0	
45 - 49	1		29	84,455	57	90,018	79	89,258	21	148,335	1		0		0		0		0	
50 - 54	0		34	94,350	60	97,630	81	83,718	30	85,187	30	114,250	4		0		0		0	
55 - 59	0		28	106,935	29	133,622	67	125,018	33	129,312	59	127,942	23	110,595	5		0		0	
60 - 64	0		11		26	99,171	50	79,359	18		29	206,185	15		10		3		0	
65 - 69	0		5		5		14		5		9		4		3		3		0	
70 & Over	0		1		2		0		2		0		0		0		1		0	

Plan Name: TEGNA Retirement Plan
 EIN / PN: 16-0442930/009
 Plan Sponsor: TEGNA Inc.
 Valuation Date: June 29, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Plans as of June 29, 2015

	Years of Credited Service																			
	0		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
Attained Age	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		1		0		0		0		0		0		0		0		0	
30 - 34	0		57	1,168	7		0		0		0		0		0		0		0	
35 - 39	1		75	1,803	50	16,529	7		1		0		0		0		0		0	
40 - 44	0		55	1,774	80	23,107	42	34,566	1		0		0		0		0		0	
45 - 49	1		29	3,129	57	28,397	79	43,110	21	85,642	1		0		0		0		0	
50 - 54	0		34	4,656	60	32,403	81	47,537	30	60,775	30	106,246	4		0		0		0	
55 - 59	0		28	4,699	29	34,454	67	60,638	32	82,171	59	125,785	23	147,365	5		0		0	
60 - 64	0		11		26	34,014	50	49,898	18		28	162,787	15		10		3		0	
65 - 69	0		5		5		14		5		9		4		2		1		0	
70 & Over	0		1		2		0		1		0		0		0		0		0	

Plan Name: TEGNA Retirement Plan
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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of actuarial assumptions and methods

Plan Sponsor

TEGNA Inc.

EIN/PN

16-0442930/009

Interest rate basis:

▪ Applicable month	February (four-month lookback)
▪ Yield curve basis	3-Segment Rates
▪ HATFA applied for funding	Yes
▪ HATFA applied for benefit restrictions	Yes

Interest rates:

	<u>Reflecting Corridors</u>	<u>Not Reflecting Corridors</u>
▪ First segment rate	4.72%	1.23%
▪ Second segment rate	6.11%	4.10%
▪ Third segment rate	6.81%	5.18%
▪ Effective interest rate	6.08%	4.07%

Compensation Increase

Future compensation increases are assumed to be 3.00% per year.

Future Increases in Social Security

Social security benefits are assumed to increase in the future due to increases in the national average wage index of 4.00% per year, and compensation and benefit limits are assumed to increase 3.00% per year.

Assumed Cost-of-Living Adjustments

For any active participant as of 7/31/2008 who was frozen as of 8/1/2008, a 2.2% COLA (prorated for partial years) is applied to the frozen benefit until assumed retirement date. The 2.2% is a long-term assumption consistent with historical 10-year and 30-year averages of the relevant index.

Plan Name: TEGNA Retirement Plan
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SCHEDULE SB ATTACHMENTS

Lump Sum Conversion Rate

For the PPA funding valuation, lump sums are determined using the 3-segment rates reflecting HATFA corridors.

Inclusion Date

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

Mortality

For all participants: The prescribed mortality assumption under IRL §430(h)(3)(a) using static tables with separate mortality for annuitants and non-annuitants.

Retirement

Attained Age	Males & Females
55	0.040
56	0.040
57	0.040
58	0.040
59	0.040
60	0.040
61	0.040
62	0.150
63	0.100
64	0.100
65	0.250
66	0.250
67	0.250
68	0.250
69	0.250
70	1.000

All participants are assumed to retire by age 70, or immediately if older.

Disability Rates

None Assumed.

Plan Name: TEGNA Retirement Plan
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Valuation Date: June 29, 2015

SCHEDULE SB ATTACHMENTS

Representative Termination Rates not due to disability, retirement or mortality

Attained Age	Males & Females
20	0.12000
25	0.12000
30	0.10000
35	0.09000
40	0.08949
45	0.06897
50	0.05523
55	0.05041

Form of Payment

Participants under the pension equity formula who are current employees, or terminated employment less than one year before the valuation date, are assumed to take their benefit as a lump sum. 60% of these lump sums are assumed to be paid immediately upon termination, with the remaining 40% paid at age 64 (or their current age if they are older than 64). For terminated vested participants who terminated employment at least one year prior to the census date, and who are eligible to receive their benefits as a lump sum, 10% of such participants are assumed to elect to receive a lump sum immediately, and 90% at the age of 64 (or their current age if they are older than 64). Participants frozen under a grandfathered benefit or still accruing under a formula other than the pension equity formula are assumed to take their benefit as an annuity commencing at age 65 or immediately if eligible for retirement.

Marriage

It is assumed that 80% of active male participants and 50% of active female participants are married to an eligible spouse.

Female spouses are assumed to be three years younger than male participants; male spouses are assumed to be three years older than female participants

Asset Method

The market value of assets, including discounted receivables, on the valuation date, adjusted for 2/3 of the prior year's investment gains (losses) and 1/3 of the second prior year's investment gains (losses). Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 8.00%, not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2014 plan year.)

Plan Name: TEGNA Retirement Plan
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SCHEDULE SB ATTACHMENTS

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Employees

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

Data Sources

The census data as of 6/29/2015 is provided by TEGNA Inc. We received data files containing records for active employees, as well as former employees with deferred vested benefits, from the Willis Towers Watson BenefitConnect (pension administration) system and team. We received additional information, pertaining to retirees and spouse beneficiaries from Gannett. In certain cases, we used stored information that had been provided for purposes of prior years' actuarial valuations.

Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Funding Target

Present value of accrued benefits as required by regulations under IRC §430.

Benefits not Included in Valuation

All benefits described in the attachment titled "Schedule SB, Part V – Summary of Plan Provisions" were valued based on discussions with TEGNA regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with TEGNA and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: TEGNA Retirement Plan
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SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	For plan funding purposes, the basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Rate of COLA increase	The assumption reflects both current conditions and forecasts by economists.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality (Plan Funding)	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality (Plan Funding)	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates represent a best estimate of future experience. Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. The current assumptions are based on a study conducted in 2008.
Retirement	Retirement rates represent a best estimate of future experience. Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. The current assumptions are based on a study conducted in 2008.

Plan Name: TEGNA Retirement Plan
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SCHEDULE SB ATTACHMENTS

Optional Forms of Benefit Among those who are eligible to receive their benefit as a lump sum, the valuation generally assumes that 60% will elect to receive a lump sum immediately upon termination, and that 40% will defer a lump sum payment until age 64 (the average retirement age under current assumptions). The assumed lump sum election rate is based on an expectation of future experience. The current assumption was determined as the result of a study of immediate lump sum elections vs. deferrals for eligible participants during 2008-2010.

There is an exception to this assumption for terminated vested participants who terminated at least one year prior to the valuation census date (in this case, who terminated in 2013 or earlier) and are eligible to receive their benefit as a lump sum. The assumption for such participants is that 10% elect to receive a lump sum immediately, and that 90% will defer a lump sum payment until age 64. This assumption was studied in 2011 based on observed lump sum election rates by the similar population during 2009-2010.

The valuation assumes that the weighted average annuity conversion rate under Internal Revenue Code Section 417(e)(3) will be 0.30% less than the ASC 715-30 discount rate for all future payments, so that the interest rates assumed are effectively a combination of current interest rates on the measurement date and the expected future spread between high quality corporate bond rates and the plan's interest rate basis for determining lump sums.

Form of payment The percentages of retiring participants assumed to elect the varying forms of payment available under the plan are based on recent observed experience.

Marital Assumptions

Percent married The assumed percentage married is based on the general population statistics on the marital status of individuals of retirement age.

Spouse age The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.

Plan Name: TEGNA Retirement Plan
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SCHEDULE SB ATTACHMENTS

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name: TEGNA Retirement Plan
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: June 29, 2015

TEGNA Retirement Plan
EIN # 16-0442930 Plan # 009
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2015

Description	Purchases (P) / Sales (S)	Purchase Value	Selling Value	Gain (loss)
Category (iii) - Transactions or series of transactions by issue during the Plan year ended December 31, 2015, exceeding 5% of fair value of Plan assets at the end of the year (initial Plan year). Five percent of \$400,193,055 is \$20,009,653.				
NTGI Short Term Investment Fund	108 (P)	\$ 31,639,191	\$ 31,639,191	\$ —
NTGI Short Term Investment Fund	106 (S)	12,118,891	12,118,891	—

There were no Category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2015.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

2015**This Form is Open to Public
Inspection**For calendar plan year 2015 or fiscal plan year beginning 06/29/2015 and ending 12/31/2015▶ **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 TEGNA RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TEGNA, INC.		D Employer Identification Number (EIN) 16-0442930
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>06</u> Day <u>29</u> Year <u>2015</u>			
2 Assets:			
a Market value		2a	169,557,018
b Actuarial value		2b	169,557,018
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	909	84,498,515	84,498,515
b For terminated vested participants	1,132	31,725,971	31,725,971
c For active participants	1,264	52,060,264	52,448,712
d Total	3,305	168,284,750	168,673,198
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	6.08%	
6 Target normal cost	6	433,073	

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

Patrick F. Kinlaw

Type or print name of actuary

Willis Towers Watson

Firm name

901 North Glebe Road

Arlington VA 22203

Address of the firm

10/10/2016

Date

1406743

Most recent enrollment number

703-258-8201

Telephone number (including area code)

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2015
v. 150123

(b) Prefunding balance

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: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
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 Is the plan required to provide a Schedule of Active Participants? 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 6)		31a	433,073
b Excess assets, if applicable, but not greater than line 31a		31b	433,073
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	0
43 Excess installment acceleration amount to be carried over to future plan years		43	0

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of June 29, 2015

See the attachment labeled "Schedule SB, Part V – Statement of Actuarial Assumptions/Methods" for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: TEGNA Retirement Plan
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: June 29, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Note: This Attachment summarizes the provisions under Part I of the Summary of Plan Provisions ("SPP"), pertaining to the pension equity ("PEP") formula of the plan. This formula applies almost all current employees covered by the TEGNA Retirement Plan. Other detail for smaller groups of participants can be provided upon request.

Plan Sponsor

TEGNA Inc.

EIN / PN

16-0442930/009

Latest Amendment

The Plan was established on June 29, 2015.

Plan Year

Generally, the twelve-month period ending December 31. The current valuation pertains to the short plan year from June 29, 2015 (the date the Plan was established) to December 31, 2015.

Eligibility

Participants hired before July 28, 1999 became participants in the plan on the first day of the month coincident with or next following employment. Employees under certain union plans have different dates of participation (see SPP).

Generally, employees hired after July 27, 1999 and before August 1, 2008 became participants in the plan the January 1st or July 1st following the later of the date the employee attained age 21 or completed one year of service. Employees in certain locations have different dates of participation (see SPP).

Effective August 1, 2008, no new participants were eligible except for certain publishing employees.

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Credited Service

Frozen Plan Participants: No credited service is earned effective August 1, 2008.

Participants Still Accruing Under the PEP Part (I): One year of service is credited if 1,820 hours is worked in a year. Partial service is awarded if the participant worked more than 1,000 hours.

Vesting Service

Elapsed time method except for final year of employment where a year of vesting service is earned if participant works at least 1,000 hours.

Compensation

Basic compensation, including commissions, overtime pay, and performance-related bonuses, but excluding deferred compensation and profit sharing distributions and/or contributions. Bonuses are included for the year in which earned, even if paid the following year. For the TRP, compensation is subject to IRC 401(a)(17) compensation limits.

For Frozen Participants, earnings after July 31, 2008 shall not count for the purposes of calculating the benefit under the plan.

Final Average Compensation

The average of the participant's compensation during the 60 consecutive months of Credited Service out of the last 120 months of Credited Service prior to retirement or termination resulting in the highest average.

For Frozen Participants, the final average earnings shall be calculated as of July 31, 2008 and not recalculated after.

Normal Retirement Benefit

Normal Retirement Date: Later of age 65 or 5th anniversary of commencement of participation in plan. For those hired before 6/1/1991, age 65.

Annual Benefit: A Participant's Basic Retirement Amount under this Plan as stated as a single lump sum benefit is equal to the sum of Paragraphs (a) and (b) below:

- (a) The product of Paragraphs (i) and (ii):
 - (i) The sum of the Participant's Total Basic Percentage, Starting Percentage, and Transition Percentage.
 - (ii) The Participant's Final Average Earnings.

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- (b) The product of Paragraphs (i) and (ii):
- (i) The Participant's Total Supplemental Percentage.
 - (ii) The Participant's Final Average Earnings in excess of the Social Security Wage Base.

Basic Percentage: A participant's Total Basic Percentage is calculated differently based on the date the participant was hired as follows:

- (a) For a participant who is hired before January 1, 2003, the Total Basic Percentage means the sum of the Basic Percentages a Participant earns for a year or partial year of credited service after December 31, 1997. The Percentage that a participant earns for any one year of Credited Service after December 31, 1997 is based on total years of Credited Service earned pursuant to the following table:

Based on a Participant's Total Years of Credited Service	Basic Percentage Earned for a Year of Credited Service after December 31, 1997
For the Participant's first ten years of Credited Service	5%
For the Participant's next ten years of Credited Service	7%
For the Participant's years of Credited Service over 20	9%

- (b) For a participant who is hired on or after January 1, 2003, the Total Basic Percentage means the sum of the Basic Percentages a Participant earns for a year or partial year of credited service. The Percentage that a participant earns for any one year of Credited Service is based on the participant's age and total years of Credited Service pursuant to the following table.

If the sum of the Participant's Age and Credited Service is	Basic Percentage Earned for a Year of Credited Service after January 1, 2003
Less than 45	1%
Greater than or equal to 45 and less than 55	2%
Greater than or equal to 55 and less than 65	5%
Greater than or equal to 65 and less than 75	6%
Greater than or equal to 75 and less than 85	8%
Greater than or equal to 85	10%

If the Participant has attained age 50 with 20 years of credited service, the following table shall apply in lieu of the table above:

If the sum of the Participant's Age and Credited Service is	Basic Percentage Earned for a Year of Credited Service after January 1, 2003
Greater than or equal to 70 and less than 75	9%
Greater than or equal to 75 and less than 85	11%
Greater than or equal to 85	13%

Starting Percentage: For active participants as of December 31, 1997, the starting percentage is the transitional present value as of December 31, 1997 of the Participant's Accrued Benefit under the Plan divided by the participant's Final Average Earnings as of December 31, 1997.

Transitional Percentage: 0.8% times credited service at 12/31/1997 times credited service from 1998-2002 (maximum of 5 years). This percentage is only applied to participants who had either attained age 50 as of June 30, 1998 or had attained age 45 and completed 10 years of service as of June 30, 1998.

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Supplemental Percentage: Only for those with a hire date before 1/1/2003. Like Basic Percentage, participants are only given credits for years after 1997, but in determining the level of credit, total credited service is used. Participants receive 2% for each of the first ten years of credited service and 3% for any years of credited service over 10.

The basic retirement amount shall not be less than the Actuarial Equivalent of the participant's Accrued Benefit. The Accrued Benefit is calculated as:

- a) the PEP lump sum calculated as above but based on the participant's potential credited service at normal retirement age and final average earnings as of the determination date
- b) Divided by the participant's single life annuity factor at normal retirement age
- c) Multiplied by the ratio of actual credited service to potential credited service (maximum of 1).

For Frozen Participants: Effective July 31, 2008, the PEP lump sum and Accrued Benefit shall be calculated as of July 31, 2008 and not increased past this date (except with regard to COLA provisions described below).

Early Retirement Benefit

Eligibility: Age 55 and five years of vesting service.

Early Retirement Benefit: Benefit based on Credited Service at retirement, payable immediately in the form of a lump sum or actuarial equivalent annuity. No additional interest or accruals are credited after retirement.

Actuarial Equivalence

The Plan uses the Applicable Interest Rate and Applicable Mortality Table under 417(e)(3) to convert from a lump sum to an annuity.

Disability Benefit

The Disability Benefit is paid from a separate Long Term Disability Plan. Benefits from this plan are payable at age 65 or when LTD coverage ceases. Participants on LTD as of July 31, 2008 are still accruing benefits in the TRP and are not considered Frozen Participants.

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Vested Benefits Upon Termination of Service

Vesting: 3 year cliff vesting

Vested Termination Benefit: The Normal Retirement Benefit based on Credited Service at termination, payable immediately in the form of a lump sum or actuarial equivalent single life annuity.

Death Benefits for Vested Participants in Active Service or Terminated Vested Participants

Eligibility: Vested at date of death and at least one year of marriage.

Benefit: Spouses receive the benefit that would have been payable had the participant terminated on the 1st of the month following the date of death. Benefit is available as lump sum or actuarially equivalent single life annuity.

Death Benefits for Retired Participants

Any death benefits payable to a beneficiary will be paid in accordance with the optional form of benefit chosen at retirement.

Cost of Living Adjustment

All Frozen Participants as of 8/1/2008 have a COLA factor applied to their accrued benefit. The COLA Factor equals the percentage change in the CPI for all Urban Consumers for All Items Less Food and Energy published by the U.S. Bureau of Labor and Statistics for the 12-month period ending on October 31st prior to the Plan Year in which the index will be applied. The COLA Factor is prorated for any partial year that it applies. The COLA Factor is applied after all applicable Prior Plan Offsets. The frozen benefit as of 7/31/2008 will be increased annually by the COLA Factor for the period commencing 8/1/2008, until the participant's Annuity Starting Date.

Normal Form of Payment

For single participants, a single life annuity and for married participants, a 100% joint and survivor annuity.

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Optional Forms of Payment

Actuarially Equivalent optional forms of payment include:

- a) Single Life Annuity
- b) 50%, 66.67%, 75%, or 100% contingent annuitant options
- c) 10 Year Certain and Continuous Annuity
- d) Lump Sum Distribution

Change in Plan Provisions Since Last Actuarial Valuation

N/A

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Cash and cash equivalents	United States dollar	\$ 1,034,149	\$ 1,034,149
Corporate debt instruments - other	Chesapeake Energy Corp Contingent 2.5% due 05-15-2037/05-15-2017	45,150	49,350
Corporate debt instruments - other	Chesapeake Energy Corp Contingent 2.25% due 12-15-2038/12-15-2018	39,543	50,396
		<u>84,693</u>	<u>99,746</u>
Corporate stock	Abaxis Inc Com	105,279	104,289
Corporate stock	Adidas AG	327,825	404,644
Corporate stock	Adobe Systems Inc	185,557	488,488
Corporate stock	ADR Alibaba Group Hldg Ltd-Sp A	683,788	666,414
Corporate stock	ADR Baidu Inc	608,878	1,379,992
Corporate stock	ADR Ctrip Com Intl Ltd ADS	343,212	768,615
Corporate stock	ADR HDFC Bk Ltd	139,360	169,154
Corporate stock	Aerojet Rocketdyne Hldgs Inc	267,180	228,636
Corporate stock	AIA Group Ltd Npv	686,353	887,487
Corporate stock	Allegiant Travel Co	91,100	101,705
Corporate stock	Alphabet Inc	973,833	1,912,441
Corporate stock	Amazon Com Inc	435,747	2,093,907
Corporate stock	Amerisafe Inc	172,193	206,909
Corporate stock	Amphenol Corp	192,391	454,401
Corporate stock	Angie'S List Inc	8,734	13,109
Corporate stock	Aon Plc	159,159	289,078
Corporate stock	Archrock Inc	6,519	3,000
Corporate stock	Ares Cap Corp	131,082	119,700
Corporate stock	Argos Therapeutics Inc	36,716	9,155
Corporate stock	Arm Holdings Ord	359,633	392,095
Corporate stock	Atlas Copco AB Ser'A'NPV (Post Split)	218,952	357,963
Corporate stock	Auris Medical Holding AG	22,985	23,663
Corporate stock	Automatic Data Processing Inc	187,927	432,072
Corporate stock	Belmond Ltd	259,257	219,070
Corporate stock	BK Haw Corp	124,260	122,466
Corporate stock	Blue Nile Inc	100,857	106,043
Corporate stock	Bluebird Bio Inc	442,334	216,871
Corporate stock	Brookdale Sr Living Inc	454,850	273,577
Corporate stock	Burberry Group Ord Gbp0.0005	296,038	239,750
Corporate stock	C R Bard	145,163	359,936
Corporate stock	Cardtronics Inc Com Stk	232,577	231,512
Corporate stock	Cavium Inc Com	147,553	150,739
Corporate stock	Cempra Inc	87,626	121,127
Corporate stock	Chefs' Warehouse Holdings In	156,558	116,994
Corporate stock	Chemocentryx Inc	28,843	34,206
Corporate stock	Chesapeake Energy Corp	497,951	88,767
Corporate stock	China Mobile Ltd	276,351	282,253
Corporate stock	Chuys Holdings Inc Com	12,852	13,069

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Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Corporate stock	Cimpress NV	37,345	40,489
Corporate stock	Cisco Systems Inc	318,935	415,472
Corporate stock	CK Hutchison Hldgs	244,010	341,273
Corporate stock	CK Property Ltd	136,783	199,248
Corporate stock	CLP Holdings NPV	155,433	182,677
Corporate stock	CNH Industrial NV	131,735	127,825
Corporate stock	CNOOC Ltd	483,627	356,114
Corporate stock	Cognizant Tech Solutions Corp	440,549	435,205
Corporate stock	Colgate-Palmolive Co	268,699	413,044
Corporate stock	Compass Group Plc	289,115	311,730
Corporate stock	Consol Energy Inc	307,172	80,304
Corporate stock	Copart Inc	226,566	236,004
Corporate stock	Cornerstone Ondemand Inc	283,395	277,483
Corporate stock	Corrections Corp Amer	301,622	219,867
Corporate stock	CSL Ltd NPV	184,505	413,739
Corporate stock	Denso Corp NPV	331,299	415,934
Corporate stock	Dorman Prods Inc	335,445	337,037
Corporate stock	Dril-Quip Inc	40,130	30,977
Corporate stock	Eagle Bancorp Inc	88,473	105,634
Corporate stock	Echo Global Logistics Inc	152,387	110,391
Corporate stock	Ensign Group Inc	104,014	105,501
Corporate stock	Envestnet Inc	162,974	115,908
Corporate stock	Eog Resources Inc	242,020	339,792
Corporate stock	EP Energy Corp CL A	21,801	7,091
Corporate stock	Esperion Therapeutics Inc	58,841	28,626
Corporate stock	Essilor Intl Eur0.18	131,460	274,953
Corporate stock	Exact Sciences Corp	60,929	28,262
Corporate stock	Examworks Group Inc	237,050	156,142
Corporate stock	Exlservice Com Inc	50,271	78,672
Corporate stock	Exor Spa Eur1	255,295	276,757
Corporate stock	Exterran Corp	4,508	3,194
Corporate stock	Facebook Inc	655,223	1,541,537
Corporate stock	Factset Resh Sys Inc	50,389	58,200
Corporate stock	Fanuc Corp NPV	250,505	385,519
Corporate stock	Fastenal Co	200,389	302,068
Corporate stock	Fedex Corp	231,649	316,157
Corporate stock	First Cash Financial Services Inc	324,464	235,809
Corporate stock	Five Below Inc	75,101	67,185
Corporate stock	Fleetmatics Group Plc Com	103,051	136,727
Corporate stock	Flexion Therapeutics Inc	16,553	15,609
Corporate stock	Fluidigm Corp Del	142,599	47,575
Corporate stock	Genting Berhad	80,697	62,005
Corporate stock	Gilead Sciences Inc	385,386	384,522
Corporate stock	Glacier Bancorp Inc	80,314	76,645

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Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Corporate stock	Globant SA	40,679	51,389
Corporate stock	Grainger W W Inc	170,316	141,813
Corporate stock	Haynes Intl Inc	169,750	128,415
Corporate stock	Healthequity Inc	43,202	52,948
Corporate stock	Heico Corp	103,197	107,207
Corporate stock	Hennes & Mauritz Ser'B'NPV	257,475	293,837
Corporate stock	Hermes Intl NPV	195,534	356,603
Corporate stock	HFF Inc	67,698	50,240
Corporate stock	Honda Motor Co NPV	209,576	188,520
Corporate stock	Hong Kong & China Gas Hkd0.25	218,584	262,808
Corporate stock	Hopewell Hldgs NPV	186,439	194,465
Corporate stock	Howard Hughes Corp	326,050	282,900
Corporate stock	HSN Inc	425,600	283,752
Corporate stock	Hubspot Inc	91,026	98,430
Corporate stock	Icon Plc	111,821	170,396
Corporate stock	Ilex Corp	68,110	67,034
Corporate stock	Illumina Inc	927,785	2,039,224
Corporate stock	Inditex (Ind.De Diseno Textil SA)	730,280	1,547,087
Corporate stock	Infinity Pty & Cas Corp	262,684	279,582
Corporate stock	Infoblox Inc	65,501	59,602
Corporate stock	Inovio Pharmaceuticals Inc	32,176	23,553
Corporate stock	Intra-Cellular Therapies Inc	36,645	76,167
Corporate stock	Intuitive Surgical Inc	861,229	1,332,630
Corporate stock	Ionis Pharmaceuticals Inc	325,394	408,304
Corporate stock	IPG Photonics Corp	97,621	116,175
Corporate stock	Jarden Corp	251,131	299,594
Corporate stock	Johnson & Johnson	253,853	421,152
Corporate stock	Kering	502,408	614,603
Corporate stock	Keyence Corp NPV	222,997	557,629
Corporate stock	Knight Transn Inc	346,868	256,160
Corporate stock	Komatsu NPV	346,288	233,486
Corporate stock	Koninklijke Philips NV	215,849	290,461
Corporate stock	Lafargeholcim Ltd	294,559	297,356
Corporate stock	Lendingclub Corp	415,232	257,465
Corporate stock	Level 3 Communications Inc	429,776	518,323
Corporate stock	Linkedin Corp	320,208	529,613
Corporate stock	L'Oreal Eur0.20	438,409	657,433
Corporate stock	Luxoft Hldg Inc Com NPV	100,309	115,618
Corporate stock	LVMH Moet Hennessy Louis Vuitton Se Eur0.30	375,158	346,291
Corporate stock	Makemytrip Ltd	186,169	123,844
Corporate stock	Mastercard Inc	150,037	623,104
Corporate stock	Mattress Firm Holding Corp	136,778	105,104
Corporate stock	Mednax Inc	109,280	118,454
Corporate stock	Melco Intl Dev NPV	615,188	313,571

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December 31, 2015

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Corporate stock	Microsoft Corp	230,194	477,128
Corporate stock	Mineral Resources NPV	195,925	57,002
Corporate stock	Monolithic Pwr Sys Inc	87,352	104,612
Corporate stock	Monro Muffler Brake Inc	154,702	177,470
Corporate stock	MSC Indl Direct Inc	395,871	278,930
Corporate stock	MTS Sys Corp	292,617	247,299
Corporate stock	National Oilwell Varco	223,857	197,591
Corporate stock	Nestle Sa CHF0.10(Regd)	212,641	335,140
Corporate stock	Netflix Inc	211,993	400,330
Corporate stock	Netsuite Inc	48,471	37,571
Corporate stock	Nike Inc Cl B	112,259	500,000
Corporate stock	Novartis AG CHF0.50 (Regd)	411,088	390,210
Corporate stock	Novo-Nordisk AS DKK0.2 Ser'B'	83,688	401,658
Corporate stock	Novozymes A/S Ser'B'	210,926	480,996
Corporate stock	O Reilly Automotive Inc	156,793	206,284
Corporate stock	Oceaneering Intl Inc	11,114	10,656
Corporate stock	OCI NV	192,074	157,820
Corporate stock	Oracle Corp	216,999	328,770
Corporate stock	Oversea-Chinese Banking Corporation	289,853	243,117
Corporate stock	Papa Murphys Hldgs Inc	60,617	44,308
Corporate stock	Paylocity Hldg Corp	47,099	64,353
Corporate stock	Pool Corp Com Stk	164,944	210,028
Corporate stock	Power Integrations Inc	92,408	86,853
Corporate stock	Praxair Inc	257,131	256,000
Corporate stock	Proto Labs Inc	77,656	72,861
Corporate stock	Qualys Inc Com Usd0.001	87,239	71,607
Corporate stock	Reckitt Benck Grp Ord Gbp0.10	240,341	435,106
Corporate stock	Ritchie Bros Auctioneers Inc	34,070	30,547
Corporate stock	Roche Hldgs Ag Genusscheine NPV	175,426	165,674
Corporate stock	Rocket Internet SE NPV	366,175	266,369
Corporate stock	RPC Inc Com	22,293	17,578
Corporate stock	Rush Enterprises Inc	342,625	251,735
Corporate stock	Salesforce Com Inc	212,111	525,123
Corporate stock	Sangamo Biosciences Inc	99,518	69,689
Corporate stock	Schlumberger Ltd	356,506	355,725
Corporate stock	Seadrill Ltd	10,992	4,190
Corporate stock	Seattle Genetics Inc	406,036	487,620
Corporate stock	SGS SA	148,664	210,000
Corporate stock	Shin-Etsu Chemical NPV	386,298	390,546
Corporate stock	Shutterstock Inc	93,936	46,149
Corporate stock	Silicon Laboratories Inc	62,668	63,879
Corporate stock	Softbank Group Corp	150,520	131,563
Corporate stock	Spirit Airls Inc	158,090	134,334

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December 31, 2015

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Corporate stock	Splunk Inc	325,460	320,044
Corporate stock	SPS Comm Inc	74,899	89,377
Corporate stock	Stantec Inc	63,943	57,810
Corporate stock	Starbucks Corp	293,595	348,174
Corporate stock	Stratasys Inc	359,850	79,832
Corporate stock	Stryker Corp	377,259	427,524
Corporate stock	Suncor Energy Inc Com NPV 'New'	222,084	159,430
Corporate stock	Swatch Group Chf2.25(Br)	169,063	104,955
Corporate stock	Syngenta Chf0.10 (Regd)	310,473	352,717
Corporate stock	Taiwan Semiconductor Mfg Co Ltd Sponsored Adr	404,056	384,475
Corporate stock	Tandem Diabetes Care Inc	23,165	21,541
Corporate stock	Tencent Hldgs Limited	276,938	1,389,199
Corporate stock	Tesla Mtrs Inc	867,153	1,200,050
Corporate stock	Tetra Tech Inc	14,418	14,051
Corporate stock	Thermon Group Hldgs Inc	166,911	116,748
Corporate stock	TJX Cos Inc	208,156	609,826
Corporate stock	Tripadvisor Inc	228,521	313,379
Corporate stock	Trupanion Inc	20,255	28,402
Corporate stock	Tubemogul Inc	40,708	34,422
Corporate stock	Twitter Inc	182,774	104,778
Corporate stock	Tx Cap Bancshares Inc	47,291	38,646
Corporate stock	Ultimate Software Group Inc	296,758	384,177
Corporate stock	Unifirst Corp Mass	255,045	218,820
Corporate stock	United Technologies Corp	211,706	220,961
Corporate stock	Viasat Inc	282,789	280,646
Corporate stock	Walter Invnt Mgmt Corp	161,798	139,356
Corporate stock	Waste Connections Inc	151,985	194,586
Corporate stock	Wayfair Inc	72,800	97,145
Corporate stock	Westn Refng Inc	8,079	6,803
Corporate stock	Whole Foods Mkt Inc	170,088	309,473
Corporate stock	Workday Inc	440,267	463,100
Corporate stock	Wpx Energy Inc	20,529	8,891
Corporate stock	Wynn Resorts Ltd	263,376	283,679
Corporate stock	Zebra Technologies Corp	394,791	355,215
Corporate stock	Zendesk Inc	105,593	123,396
Corporate stock	Zoes Kitchen Inc	50,656	43,285
Corporate stock	Zumiez Inc	170,576	71,382
Total corporate stock		45,550,638	58,291,257

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
December 31, 2015

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Common Collective Trust - Equities	Blackrock MSCI ACWI Equity Index Non-Lendable Fund	\$ 10,126,863	\$ 12,692,622
Common Collective Trust - Equities	Genesis Group Trust Employee Benefit plans - Category B	3,761,221	4,292,202
Common Collective Trust - Equities	Pyramis Small Mid Cap Core Commingled fund	6,180,161	9,614,027
Common Collective Trust - Equities	Pyramis Intl Gr Fund	11,441,582	13,824,963
Common Collective Trust - Equities	Pyramis Fid US Eq Indx Cl 3 Fund	59,595,204	78,020,993
Common Collective Trust - Equities	Pyramis Sel Em Mkt Eq PI Fund	12,823,772	11,370,689
Common Collective Trust - Equities	Pyramis Select Intl Eqty Fund	15,604,193	17,884,624
Common Collective Trust - Equities	Pyramis Sel CDA PI Fund	3,103,617	2,889,443
Common Collective Trust - Equities	Pyramis Select Intl Small Cap Commingled Fund	4,758,769	5,903,658
Common Collective Trust - Equities	Pyramis REIT Fund	7,539,294	10,112,067
Common Collective Trust - Equities	TCW Concentrated Core Fund - Class B	4,184,988	5,440,127
Total CCT - Equities		<u>139,119,664</u>	<u>172,045,415</u>
Common Collective Trust - Fixed Income	Blackrock Debt Index NI Fd	4,899,289	5,512,631
Common Collective Trust - Fixed Income	Franklin Templeton Global Multisector Plus Trust	5,966,302	5,931,383
Common Collective Trust - Fixed Income	Loomis Sayles Strategic Alpha Trust Cl B 723 Fd	6,442,849	6,408,023
Common Collective Trust - Fixed Income	NTGI COLTV Govt STIF*	19,520,300	19,520,300
Common Collective Trust - Fixed Income	Pyramis Long Corp A Pool Fund	28,754,972	34,792,845
Common Collective Trust - Fixed Income	Pyramis Emerg Mkt Debt Fund	6,793,864	7,287,346
Common Collective Trust - Fixed Income	Pyramis Long Duration Fund	32,056,772	34,846,074
Common Collective Trust - Fixed Income	Pyramis Hi Yld Bd Fund	6,898,770	7,070,977
Common Collective Trust - Fixed Income	Pyramis Broad Mkt Duration Pyramis Smcap Core Fund	6,378,957	9,478,246
Common Collective Trust - Fixed Income	Westn Ast US Core Plus LLC	5,075,764	5,066,596
Total CCT - Fixed income		<u>122,787,839</u>	<u>135,914,421</u>
Registered Investment Co.'s	MFO Doubleline Total Return Bond Fund-I	6,775,314	6,658,791
Hedge funds	Blackstone Partners Investment Fund Non-Taxable	10,492,226	14,289,812
Partnership interests	Blackstone Real Estate Partners VI TE 2 LP	6,565,479	9,364,192
Partnership interests	Mondrian Focused Emerging Markets Equity fund	3,191,980	2,431,868
Total partnership interests		<u>9,757,459</u>	<u>11,796,060</u>
Total investments		<u>\$ 335,601,982</u>	<u>\$ 400,129,651</u>

* Party-in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	TEGNA Inc.
EIN/PN	16-0442930/009
Plan Name	TEGNA Retirement Plan
Valuation Date	June 29, 2015
Enrolled Actuary	Patrick Kinlaw
Enrollment Number	14-06743

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

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

Entries on the Schedule SB do not reflect any participants or costs associated with The G. B. Dealey Retirement Pension Plan (EIN/PN 75-0135890/001), which was merged into this plan effective December 31, 2015.

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date:	June 29, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 11
Explanation of Prefunding Balance
as of June 29, 2015

The TEGNA Retirement Plan is a new plan that was created by assets and liabilities spun-off in 2015 from the Gannett Retirement Plan (EIN/PN 16-0442930/001 in 2014, 47-2390983/001 in 2015). The 2015 Schedule SB is the first filing for this plan and there is no prior year Schedule SB. Therefore, the balance shown on line 11 is the prefunding balance that was allocated from the Gannett Retirement Plan as part of the spin-off, as of the valuation date of June 29, 2015.

Plan Name: TEGNA Retirement Plan
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: June 29, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Description of Change in Method as of June 29, 2015

The TEGNA Retirement Plan is a new plan, created by a spin-off of certain assets and liabilities from the Gannett Retirement Plan effective June 29, 2015. A valuation of assets and liabilities of the TEGNA Retirement Plan was performed as of June 29, 2015.

All actuarial methods remain the same as the methods used for the prior year by the Gannett Retirement Plan.

The actuarial value of assets is equal to the market value of assets at the plan's initial valuation date. However, the asset averaging method as elected by the plan sponsor remains the same as the method used by the Gannett Retirement Plan prior to the spinoff. Future gains and losses will be recognized in the actuarial value of assets according to that asset averaging method.

Plan Name: TEGNA Retirement Plan
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: June 29, 2015